PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent [✓] **Other Pharmaceutical Personnel** [ ]

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy.....IMOD PHARMACY.....Facility Identification Number (FIN).D102103....
Physical address:
Street.....Ward.....District/Municipal.....Region.....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..FAIUMA ZUBERI MUHINDA.....PIN D103261.....Phone 0659771926.....
Address...MIKOCHENI, DAR-ES-SALAAM.....Email..mamuwankas@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....Late payment ; Lack of professionalism ; Not cooperative.....
.....

Time frame of notification: (As per Contract) .04/11/2024..Signature.....Date.23/12/2024.....

A.4. OWNER'S DETAILS

Full Name....AMINA JUMA MSANGI.....Phone Number..0713041205.....
Remarks.....
Signature..... Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name .....PIN..... Phone Number.....Email.....
Physical address:
Street.....Ward.....District/Municipal.....Region.....
Details of Previous pharmacy:
Name of Pharmacy.....FIN..... District/Municipal..... Region.....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice
(ii) Contract Agreement/MOU
(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations.....
Full Name..... Designation.....Signature.....Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

FATUMA ZUBERI MSHINDA
MFAMASIA
0103261
0659771926
23/12/2024

MSAJILI
BARAZA LA FARMASI
P.O. Box 1277, DODOMA

YAHUSU: KUSITISHA MKATABA NA IMOD FARMASI

Mimi mfamasi FATUMA ZUBERI MSHINDA, nasimami pharmacy IMOD iliyo magomeni naomba kusitisha mkataba kutokana na usumbufu uliyojitokeza na mmiliki wa pharmacy. Hana ushirikiano, anachelewesha kunilipa na nilivyomfuata kusign form ya kusitisha mkataba amekua akinikwepa. ~~Hali~~ Pia farmasi ilikua haina ratiba maalumu, ilikua ikifungwa na kufunguliwa bila mpangilio bila kunihusisha.

Natangulize shukrani,

FATUMA ZUBERI MSHINDA.

[signature]