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 KIBO PHARMACY Facility Identification Number (FIN) 0100757

Physical address:
Street Uhuru Ward Mirongo District/Municipal Nyamagana Region Mwanza

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name YOHANA E. GABRIEL PIN 0103425 Phone 0717488165
Address P.O.Box 28 SHINYANGA Email yohanagabriel3@gmail.com

A.3. REASON(s) FOR CHANGE Change of PERmanent residence from Mwanza to Shinyanga

Time frame of notification: (As per Contract) 30 days Signature [signature] Date 15/01/2025

A.4. OWNER'S DETAILS

Full Name JESCA JEUS JULIUS Phone Number 0763503242
Remarks AGREED
Signature [signature] Date 15/01/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name EMILIANA MKWAYA JAMES PIN 0102740 Phone Number 0678905593 Email emilianajames@yahoo.com
Physical address:
Street Nyalingi Ward Mkolani District/Municipal Nyamagana Region MWANZA
Details of Previous pharmacy
Name of Pharmacy Kigala pharmacy FIN District/Municipal Ilemela Region MWANZA

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.

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI

FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA

(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☑ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma EMILIANA MKWAYA JAMES PIN 0102740
2. Namba ya simu 0678 905593 barua pepe emiliangjames@yahoo.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 31/12/2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (...wmodules/registration/pharmacist) ☑ NDIYO, Stakabadhi Na. 1941dcd28460bbbb ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi EMILIANA MKWAYA JAMES mwenye taaluma ya dawa ngazi ya DIGRII nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo KIBO PHARMACY FIN .... lililopo katika Wilaya ya .... Mkoani MWANZA

Sahihi [signature] Tarehe 11/01/2025

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni **miongoni**/ si miongoni mwa wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Emmanuel J. Mtuhuh [signature] Tarehe 15/01/2025

Muhuri KNY: DMO

MGANGA MKUU WA JIJI MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PILLY KAMBI Kata ya MKOLANI

Nathibitisha kwamba Ndugu EMILIANA MKWAYA anaishi langu mtaa/kijiji NYANG'HINGI, kuanzia mwaka 11/2024

Sahihi Afisamtendaji [signature]

Tarehe 15/01/2025

Muhuri Mtendaji

AFISA MTENDAJI WA MTAA
MTAA WA NYANG'HINGI
KATA YA MKOLANI
JIJI LA MWANZA

SIGNED and DELIVERED
By thesaid...S. ES.Ge. D - Julius.............
Whoisknowntomepersonally/..................................
Introducedtomeby..
..............................thelatter known to mepersonally
This...11..............dayof...January.........20.25..........
In the presenceof:
Name:....REVINA TIBILENGWA.............................
Designation:...PRINCIPAL STATE ATTORNEY..................
Signature:...
Date:..............11th day of January, 2025...................

STATE ATTORNEY
11 JAN 2025
P.O.Box 331
MWANZA

PROPRIETOR

SIGNED and DELIVERED
By thesaid...EMILIANA MIKWAYA JAMES.............
Whoisknowntomepersonally/..................................
Introducedtomeby..
..............................thelatter known to mepersonally
This........11..........dayof...JANUARY.......20..25..........

In the presence of:
Name: ....REVINA TIBILENGWA.............................
Designation:...PRINCIPAL STATE ATTORNEY..................
Signature:...
Date:..............11th day of January, 2025...................

STATE ATTORNEY
11 JAN 2025
P.O.Box 331
MWANZA

SUPERINTENDENT

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

EMILIANA MKWAYA JAMES

PIN NO: 0102740

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**11 February 2022**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

PCF. 14

00001387

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, Cap. 311)

Full Name ..... Emiliana Mkinga James .....

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
01027740	11th February, 2022	18th June, 1996	Tanzanian	P.O. Box 1978 Ilvanga	Bachelor of Pharmacy	St. John's University of Tanzania 2020

Date 24th February 2022

REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and referene should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

GP-1293