MASOUD SADIKI RASHIDI,

S.L.P 219,

BUNDA

17- 03- 2025.

Kumb.Na.CA.313/329/01E/96.

MSAJILI,

BARAZA LA FAMASI TANZANIA,

S.L.P 1277,

DODOMA-TANZANIA.

YAH: KUKIRI KUSITISHA USIMAMIZI WA FAMASI.

Tafadhali rejea kichwa cha Habari hapo juu.

2. Mimi mfamasia mwenye usajili PIN : 010250 na mfamasia msimamizi wa Maranatha pharmacy mwanjelwa FIN : 0300133 iliyoko mkoani Mbeya.

3. Nakiri kua kwa sasa nimepata ajira wilayani Bunda mkoani Mara ambapo ni mbali na sehemu ninayosimamia Famasi.

4. Nakiri kusitisha usimamizi wa famasi hiyo kama utaratibu unavoelekeza ili kuhakikisha huduma bora za dawa zinatolewa kikamilifu kwa jamii.

5. Wako katika ujenzi wa taifa.

Masoud S. Rashidi

MFAMASIA.

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. MARANATHA PHARMACY LTD. Facility Identification Number (FIN). 0300133

Physical address:

Street. NDONGOLE Ward. MAANGA District/Municipal. MBEYA REGION Region. MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. MASOUD SADIKI RASHIDI PIN 0102507 Phone 0744 362 936

Address. P.O.BOX 219 BUNDA Email. masoudsadiki5@gmail.com

A.3. REASON(s) FOR CHANGE

RESIDENTIAL CHANGE

Time frame of notification: (As per Contract) 15 days Signature. M.Rashidi Date. 17/3/2025

A.4. OWNER'S DETAILS

Full Name. STEPHEN SAMWEL LANGENI Phone Number. +255 764 602 228

Remarks. Compitent Pharmacist and Hard Worker

Signature. Date. 18TH MARCH 2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name DIALO MYUKI PIN 0103018 Phone Number 0676682757 Email myukidialo99@gmail.com

Physical address:

Street. Ward. Maanga District/Municipal. Mbeya Region. Mbeya

Details of Previous pharmacy:

Name of Pharmacy. Maranatha Pharmacy LTD Magnelias FIN 0300133 District/Municipal. Mbeya Region. Mbeya

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.