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: AISOH PHARMACY Facility Identification Number (FIN): 0102089

Physical address:

Street: TEGETA AZANIA Ward: KUNDUCHI District/Municipal: KINONDONI Region: DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: EMIL EMANUEL NGAPONDA PIN: Phone: 0754616791

Address: MUHIMBILI NATIONAL HOSPITAL P.O BOX 65000 DAR-ES-SALAAM Email: emilngaponda86@gmail.com

A.3. REASON(s) FOR CHANGE

(1) Breach of Contract by Not paying me for five months todate (2) Refusal to follow my Professional Advice always (3) Indisplined doesn't receive Calls, sms even avoiding official meetings for Bussiness Strategies

Time frame of notification: (As per Contract) 30 days as from 26th/03/2023 Signature: [signature] Date: 26/03/2023

A.4. OWNER'S DETAILS

Full Name: ROSE CHENGO Phone Number: 0714 92 9922

Remarks: KWA MAKUNDI - HB1 HAPOKEI SIMU, WALA KUJIBU SMS UNATAKI TULIPIE MIEZI MITANO SASA

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