THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PHARMACY COUNCIL RECEIVED 17 MAR 2025 P.O. Box 1253, DODOMA

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 CHOOSER PHARMACY Facility Identification Number (FIN) 0300115

Physical address:

Street SOKONI Ward MIOMBONI District/Municipal IRINGA TOWN Region IRINGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MARIA M. KILUMBE PIN 0102201 Phone .....

Address P.O. BOX 16, MAKETE, NJOMBE Email .....

A.3. REASON(s) FOR CHANGE

Relocating to other region for work which will led to inability to fulfill the pharmaceutical responsibilities

Time frame of notification: (As per Contract) 30 days Signature M. Kilumbe Date .....

A.4. OWNER'S DETAILS

Full Name JOYCE M WAKIPONDELE Phone Number 0673409041

Remarks Good.

Signature [signature] Date 04/MARCH 2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name LEVINA D. MTWEVE PIN 0103729 Phone Number 0716097267 Email mdegerentweve@gmail.com

Physical address:

Street MAWELEWELE Ward MWANGATA District/Municipal IRINGA TOWN Region IRINGA

Details of Previous pharmacy:

Name of Pharmacy MABADAGA PHARMACY FIN 0103383 District/Municipal MBARALI 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.

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

LEVINA DOMINICUS MTWEVE

PIN NO: 0103729

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:**21 June 2024**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

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 LEVINA D. MTWEVE PIN 0103729
2. Namba ya simu 0716097267 barua pepe mdegesemtweve@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 18/12/2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☑ NDIYO, Stakabadhi Na. GWX10133003495 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi LEVINA DOMINICUS MTWEVE mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo CHOOSER PHARMACY FIN 0300115 lililopo katika Wilaya ya IRINGA MJINI Mkoani IRINGA

Sahihi ~~M~~ MTWEVE Tarehe 07/02/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

Jina na Sahihi Helen Bamboo **Tarehe** 07/03/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) OBED MTATIFIKOLO... Kata ya MWANGATA

Nathibitisha kwamba Ndugu. LEVINA DOMINICUS MTWEVE anaishi langu mtaa/kijiji MAWE LEWELE ..., kuanzia mwaka 2024

Muhuri Mtendaji

Sahihi Afisamtendaji **Tarehe** 07.02.2025