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..NAREG PHARMACY..... Facility Identification Number (FIN).....

Physical address:

Street..MREZI JUU.....Ward..MREZI JUU.....District/Municipal..KINONDONI.....Region..DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..DIETRAM S. MHADINA..... FIN ..02449.. Phone..0763829399.....

Address..mhadisdietram19@gmail.com..... Email..mhadisdietram19@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....failure to practice pharmacy superintendent contract agreed amount agreed. And she doesn't allow pharmacist to practice professionalism.....

Time frame of notification: (As per Contract) ..01 Month.....Signature..DHR.....Date..30/03/2024.....

A.4. OWNER'S DETAILS

Full Name..... .....Phone Number.....

Remarks.....

Signature..... Date..... HAPOKELI SIMU MMILIKI

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.

DIETRAM MHADISA,

0763 829 399,

DAR ES SALAAM

04/04/2024.

PHARMACY COUNCIL,

EASTERN ZONE OFFICE

OFF MANDELA ROAD, TMDA,

CAMPUS, EPI MABIBO

P.O.BOX 31818

DAR ES SALAAM

REF: TERMINATION OF CONTRACT TO SUPERINTENDENT NABEG PHARMACY

Reference is made to the heading above,

I am writing this letter to inform that I will not continue to superintendent **NABEG** pharmacy since my contract has been terminated by proprietor.

Not only that but also the owner of pharmacy she is not cooperative in signing change of management form and she doesn't respect professional for pharmacist to operate pharmacy as professional requires.

Furthermore I recommend for other superintendent to be careful with her.

DIETRAM MHADISA

NABEG PHARMACY

DIETRAM MHADISA,
0763 829 399,
DAR ES SALAAM

MANAGING DIRECTOR,
NABEG PHARMACY-MBEZI BEACH
P.O.BOX 6677
DAR ES SAALAM,

Dear Dietram,

RE: NOTICE OF INTATION TO END YOUR CONTACT.

Reference is made to the heading above and further to our discussion made via the phone on the last month of Jan 31st 2024.

Due to the business situation we have in our pharmacy currently, we declare that we cannot meet the agreed amount signed in the contract. Due to that we are hereby giving you a notice of one month ending march 31st, being a last month.

We wish you all the best in your future endeavour.

Yours Faithfully

.....
Managing Director.
Nancy Moshi.