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 SATH PHARMACY Facility Identification Number (FIN) 0103518

Physical address:

Street AMANI STREET Ward KINYEREZI District/Municipal ILALA Region DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name CATHERINE DOMINICK MNALUMBE PIN 0103837 Phone 0752139499

Address P.O BOX 65000 DAR ES SALAAM Email catherinemnalumbe@gmail.com

A.3. REASON(s) FOR CHANGE

DELAY OF PAYMENT

Time frame of notification: (As per Contract) ONE MONTH Signature [signature] Date 06/10/2025

A.4. OWNER'S DETAILS

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

Remarks .....

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.

CATHERINE · DOMINICK · MWAISUMBE,
P·O· Box 65013,
DAR-ES-SALAAM

20/10/2025

MSAJILI,
BARAZA LA FAMASI,
S.L.P 1277,
DODOMA.

Ndugu,

YAH: KUOMBA KUONDOLEWA KAMA MFAMASIA MSIMAMIZI WA SATH FAMASI

Tafadhali rejea kichwa hapo juu.

Mimi Catherine Dominick Mwaisumbe mwenye namba ya usajili 0103518 naomba kujiondoa kama mfamasia msimamizi wa SATH PHARMACY iliyopo Amani street, Kinyerezi, Dar-es-Salaam. Hii imesababishwa na uchelewashaji wa malipo ya mishahara. Fomu ya notisi imeshindwa kuyazwa na mmiliki kutokana na kuchinjwa kuwepo na kupatikana kwa mmda, na hapokai simu zangu wala kuyibu message.

Naamini ombi langu litakubalika na kufanyiwa kazi.

Wako mtiifu,

Catherine Dominick Mwaisumbe