



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.....Afya Kwanza Pharmacy.....Facility Identification Number (FIN).....0200246
Physical address:
Street.....SINZA A.....Ward.....SINZA.....District/Municipal.....UBUNGO.....Region.....DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.....DR.NELSON.ENOS.MASOTA.....PIN.....0101153.....Phone.....0711905952
Address.....P.O:BOX 65013 DSM.....Email.....masotanelson@gmail.com.....

A.3. REASON(S) FOR CHANGE

Non payment of remunerations for Superintendency for a period of 4 months consecutively

Time frame of notification: (As per Contract) 31/10/2025.....Immediately by.....Signature.....Date.....8th October, 2025

A.4. OWNER'S DETAILS

Full Name.....CECILIA BRENDA MWINGIRA.....Phone Number.....0659840958
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.

Dr. Nelson Enos Masota
P.O.Box 65013,
Dar es Salaam
+255711905952
23 October 2025

The Registrar
Pharmacy Council of Tanzania
P.O. Box 1277
Dodoma, Tanzania

Dear Registrar,

**RE: IMMEDIATE TERMINATION OF SERVICES AS SUPERINTENDENT
PHARMACIST AT AFYA KWANZA PHARMACY, IN UBUNGO MUNICIPALITY,
DAR ES SALAAM**

I wish to formally notify the Pharmacy Council of Tanzania of my immediate termination of services as the Superintendent Pharmacist for **Afya Kwanza Pharmacy (FIN 0200246)**, effective **31st October 2025**.

This decision has been necessitated by the pharmacy's failure to fulfill its contractual obligations, specifically the non-payment of my professional remuneration for a period of four (4) consecutive months (**July to September 2025**). This default constitutes a breach of the terms of our agreement and has rendered the continuation of my service untenable.

I would also want to inform you that the Proprietor has **REJECTED** my multiple requests for signing the respective parts of the attached *Notification of Change of Management Forms*, leaving me with no other option but to submit the form as it is for your further action.

Thank you for your attention to this matter.

Yours faithfully,



Dr. Nelson Enos Masota
Pharmacist.
PIN: 0101153

CC. Proprietor- Afya Kwanza Pharmacy, Ubungu, Dar es Salaam.