



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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: DOUBLE H
Physical address: RESHA MRAY
Street: MWILUMA Ward: MWANANYAMA District/Municipal: KINORDENI Region: DARES SALAM
Facility Identification Number (FIN): 0102992

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: RESHA MRAY PIN: 01279 Phone: 0672455061
Address: MWANANYAMA Email: ecymray@gmail.com

A.3. REASON(S) FOR CHANGE

END OF CONTRACT AND CLOSURE OF PHARMACY

Time frame of notification: (As per Contract) Signature: MRAY Date: 8/7/2025

A.4. OWNER'S DETAILS

Full Name: HAKANI HAMU MPURU Phone Number: 0687203316
Remarks: END OF CONTRACT AND CLOSURE OF PHARMACY
Signature: HMPURU Date: 8/7/2025

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.



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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: DOUBLE H Facility Identification Number (FIN): 0102992
Physical address: MUSUMU Ward: MUSUMU District/Municipal: KINORDON Region: DAR-ES-SALAAM
Street: MUSUMU

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: PAUL MUYANZA PIN: 0402991 Phone: 0659738260
Address: KINORDON Email: Paulmuyan2994@gmail.com

A.3. REASON(S) FOR CHANGE

END OF CONTRACT AND CLOSURE OF PHARMACY
Time frame of notification: (As per Contract) Signature: PM Date: 08/07/2025

A.4. OWNER'S DETAILS

Full Name: HASSAN HAMNI MPUTO Phone Number: 068720316
Remarks: END OF CONTRACT AND CLOSURE OF PHARMACY
Signature: HMP Date: 8/7/2025

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
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C. FOR OFFICIAL USE ONLY

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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.

HASSANI HASSANI MPUTO
J.L.P 46343
KINONDONI - DAR ES SALAAM
8/7/2015

MWAJILI BARAZA LA FAMAJI

J.L.P 1277

DODOMA



YAH: TAAJIFA YA KUTOKUENDELEA NA
BIASHARA YA FAMAJI

Husika na kuchungu chya habari tajwa hapa juu
Mimi Hassani Hassani Mputo mmiliki wa
Famasi ya Double H choko Mwananywala
Kinondoni - Dar es Salaam

Dhummuni la barua hii ni kutoa taarifa
ya kutokuendelea na biashara ya famasi ya
Double H kutokana na changamoto za
eneo la biashara yenye mruguko
mdogo na kupelekea kutokwa mahitaji
ya biashara

Pamoja na hilo ninasoma kwa maadili
wasimamizi kuu huu.

Natumaini taarifa ya ombi litapokelewa

Waleo katika yenzi wa Taifa

Hassani

Hassani H. Mputo

0687 203316

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0102992

This is to certify that the premises owned by M/S Double H Pharmacy of P.O.Box, Dar es Salaam located at Bongomovie, Mwananyamala, Kinondoni, Dar es Salaam Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102992

Issued in: February 2024

Expires on: 30 June 2029

20-03-2024

DATE:

SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises

