



# THE UNITED REPUBLIC OF TANZANIA

## 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 MABROUK PHARMACY Facility Identification Number (FIN) 0300483  
Physical address:  
Street UHURU/NYAMWEZI Ward GEREZANI District/Municipal ILALA Region DAR ES SALAAM

##### A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name LUCIA M. MJOJA PIN 0103334 Phone 0768167113  
Address DAR ES SALAAM Email momalucia@gmail.com

##### A.3. REASON(s) FOR CHANGE

FAILURE TO PAY MY MONTHLY ALLOWANCE

Time frame of notification: (As per Contract) 30 days Signature M. MJOJA Date 12/5/2025

##### 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.

Lucia M Msoma  
P.O. BOX 45232  
Dar Es Salaam  
13 May, 2025

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

Dear Registrar,

**RE: REQUEST FOR ASSISTANCE OF TERMINATION OF PHARMACIST CONTRACT AT  
MABROUK PHARMACY (FIN:0300483)**

The subject above refers,

I am a registered pharmacist with registration Number 0103334.

I am writing to formally request for assistance of your office in terminating my contract as the Superintendent Pharmacist of Mabrouk Pharmacy, located in Dar Es Salaam since the owner of Mabrouk Pharmacy has failed to pay my monthly allowance for two months with no valid explanation, in direct violation of our contractual agreement.

I have attempted to resolve these issues with the pharmacy owner; however, he was neither responsive regarding the outstanding payments nor cooperative about filling and signing of Notice for change of management form (PCF.17)

Considering this circumstance, I kindly request that the Council to assist me on terminating this contract.

Thank you very much for your understanding and assistance in this matter.

Yours sincerely,



**Lucia M. Msoma**  
Pharmacist  
+255768167113