



## 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... Mchito pharmacy Facility Identification Number (FIN)... 0101289  
Physical address: Mwenge Ward... Kijitanyama District/Municipal... Kinondoni Region... Dar-es-Salaam  
Street...

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

Full Name... Sergio J. Carantino PIN... 0763439297 Phone... 0763439297  
Address... 14 Kijitanyama Email... januar-carantino@gmail.com

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

The premise is closed for almost 3 weeks and the owner is  
nowhere to be found physically and even through phone  
and the premise was closed without prior notification.  
Time frame of notification: (As per Contract) 30 days Signature... [Signature] Date... 24/08/2025

## A.4. OWNER'S DETAILS

Full Name... Godfrey David Urio Phone Number... 0717002716  
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.

Sarafina J. Costantino  
P.O. Box 114  
Kijitonyama, Dar-es-salaam  
27th August, 2025

Registrar, Pharmacy Council  
NHIF Building, 1st Floor, UDOM Road  
P.O. Box 1277,  
Dodoma


**RE: TERMINATION OF CONTRACT TO SUPERINTEND MCHITO  
PHARMACY**

Refer to the heading above,

I, Sarafina Costantino, a registered pharmacist with PIN 0103919, currently serving as superintendent of Mchito Pharmacy with facility identification number 0101289, located at Mwenge, Kinondoni District, Dar es Salaam, hereby request termination of my superintendence contract.

This is due to lack of cooperation from the proprietor, who does not allow me to perform my duties, and recently closed the premises for four weeks without informing me. For the past three weeks, he has also been unreachable both physically and by phone.

Given these circumstances, I am unable to continue discharging my professional responsibilities at the facility.

Yours sincerely,  


Sarafina Costantino  
PIN: 0103919