

JONES TUNZO
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KYELA
TANZANIA
PIN:0100594

REGISTRAR,
PHARMACY COUNCIL
P.O.BOX 1277
DODOMA

Dear Sir/Madam

REF: CHANGE OF MANAGEMENT

The above subject refers.

I would like to change my management from MCC PHARMACY in Kyela to MPITA PHARMACY IN DAR ES SALAAM, ILALA MUNICIPALITY.


The reasons for this change are as follows.

- MMC pharmacy was sold without my knowledge.
- The owner is not cooperating as well as not honoring our agreement. The owner has not responded to my communication for over a month.
- The new owner is not willing to proceed with the same agreement.

I'm personally relocating to DAR ES SALAAM as of 12th September 2025 so per regulations I won't be able to render my services.

Thank you for the anticipation of your help

JONES TUNZO





MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICATION 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 MIMC PHARMACY Facility Identification Number (FIN) 0103740
Physical address:
Street MWISHOWA LANE Ward KYE LA District/Municipal KYE LA Region MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JAMES TUNZO PIN 0100594 Phone 0760030225
Address KYE LA Email ginjon20@yahoo.com

A.3. REASON(S) FOR CHANGE

MOVING TO DAR ES SALAAM
OWNER SOLD THE BUSINESS WITHOUT INFORMING THE
SUPERINTENDENT. OWNER NOT COOPERATING.
Time frame of notification: (As per Contract) IMMEDIATE Signature [Signature] Date 11-09-2025

A.4. OWNER'S DETAILS

Full Name CHARLES MWAKINGILI Phone Number 0765 706688
Remarks
Signature [Signature] Date 11-09-2025

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.