PCF. 17

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.....FIDELIS PHARMACY.....Facility Identification Number (FIN)...D101561...

Physical address:

Street.UHURU/MSIMBAZI.Ward...KARIAKOO.....District/Municipal...ILALA.....Region..DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name...ARON VALENTINE.....PIN..D102353...Phone...0763199951.....

Address.SINZA MAPAMBANO - KINONDONI.....Email...valentinearon2015@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....TEMPRARY CLOSURE OF THE PHARMACY TO ALLOW RENOVATIONS OF THE PREMISES.....

.....

Time frame of notification: (As per Contract) MUTUAL CONSENT Signature.....Date...18/09/2025.....

A.4. OWNER'S DETAILS

Full Name...FIDELIS SIMANGO WANGOLO...Phone Number...0759-859532

Remarks...WE MET IN AGREEMENT BOTH SIDE FOR TEMPORARY CLOSE OF THE PREMISES.

Signature.....Date.01/09/2025

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.

Fidelis Pharmacy
Plot No. 2/3, Uhuru - Msimbazi Street
Dar-es-Salaam
18.09.2025

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

PHARMACY COUNCIL
RECEIVED
03 OCT 2025
P.O. BOX 31818, DAR ES SALAAM

Dear Sir,

RE: NOTIFICATION OF TEMPORARY CLOSURE OF FIDELIS PHARMACY - KARIAKOO BRANCH FOR RENOVATION

On behalf of Fidelis Pharmacy, located at Plot No. 2/3 Uhuru/Msimbazi/Mchikichini, Ilala Municipality/District in Dar es Salaam Region with FIN No. 0101561 under superintendent Pharmacist Mr. Aron Valentine with PIN No. 0102353. I hereby notify of the temporary closure of our pharmacy business to allow for renovations of the premises.

The pharmacy will remain closed during the renovation period for two months from 18th September 2025 to 17th November 2025, after which we shall notify the council for inspection and approval prior to resumptions of operations.

We kindly request your office to acknowledge receipt of this notification. The business permit and a letter for ending the supervision role as a pharmacist has been attached.

Thank you for your cooperation.

Yours faithfully,

Fidelis Simango Wangota
Proprietor