



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 IRA PHARMACY Facility Identification Number (FIN) 0102757
 Physical address:
 Street SOMBETINI Ward ARUSHA NGINI District/Municipal ARUSHA Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name FRANK JOSEPH KISANKO PIN 0102765 Phone 0752604498
 Address P.O. Box 10452 ARUSHA Email frankkisanke@gmail.com

A.3. REASON(S) FOR CHANGE

The pharmacy is too far from my residence making it hard to fulfill my duties.

Time frame of notification: (As per Contract) Signature [Signature] Date 11/8/2025

A.4. OWNER'S DETAILS

Full Name ERICK KATO EDWARD Phone Number 0753332385
 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.

FRANK JOSEPH KISANKO

P.O. BOX 10452

Arusha

0752604498

frankkisanko@gmail.com

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

Ref: TERMIANTION OF CONTRACT WITH PROPRIETOR ERICK KATO EDWARD/ EKA PHARMACY

Sir Registrar,

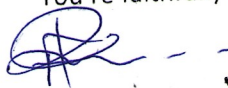
My name is Frank Joseph Kisanko a pharmacist with Pin 0102765 and superintendent of EKA Pharmacy FIN 0102757, writing a formally notify your office of the termination of our contractual engagement with the proprietor, Mr. Erick Kato Edward owner of EKA Pharmacy. I humbly request to effective immediate termination of the contrast since the other pharmacy I wish and have agree to superintend is Murriet Pharmacy which has no superintend for now and has not renewed their permit because of the lack of presence of a pharmacist also is nearby my residence which I will be able to superintend easily.

Despite of the reason for my termination is of two reasons, first the pharmacy is far away and second is the delay of payment or even paid less that the agreed amount in the contract. This has caused the difficult in fulfilling my duties as the superintendant of EKA Pharmacy for quite a while now.

I humbly request the council to assign me to Murriet Pharmacy so as I can could continue with my professional duties to the society since my current proprietor has refused to sign me notification form so as I could submit it earlier and start the process of termination.

Thank you for your understanding and continued support to the pharmacy profession.

You're faithfully



Pharm Frank J. Kisanko

12/09/2025