



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF.



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... ROMBO PHARMACY Facility Identification Number (FIN)... 0100301
Physical address:
Street... STERILIANO Ward... UBUNGO District/Municipal... UBUNGO Region... DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... DIANA KIMARIO PIN... 0945 Phone... 0658040178
Address... 2508 DM Email... onannezi@icloud.com

A.3. REASON(S) FOR CHANGE

Time frame of notification: (As per Contract) ONE YEAR Signature... [Signature] Date... 15/11/2025

A.4. OWNER'S DETAILS

Full Name... DIANA KIMARIO Phone Number... 0658040178
Remarks... Private own pharmacy
Signature... [Signature] Date... 15/11/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... DIANA KIMARIO PIN... 0945 Phone Number... 0658040178 Email... [Email]
Physical address:
Street... STERILIANO Ward... UBUNGO District/Municipal... UBUNGO Region... DAR-ES-SALAAM
Details of Previous pharmacy:
Name of Pharmacy... ROMBO PHARMACY FIN... 0100301 District/Municipal... UBUNGO Region... DAR

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.



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**DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL**
(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☐ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☒ Other Pharmaceutical Personnel ☐

I DIANA KIMABLO with Personal Identification Number
(PIN) 0945 of Year 2012, residing at DAR district, in UBUNGO
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named ROMBO PHARMACY
, with Facility Identification Number (FIN) 0100301 of year 2014, located at UBUNGOMU
District, UBUNGO Region with a Business Tax Identification Number (TIN) 109-353-817
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 0658 040178 Email Address: orionne21@icloud.com

Signature: [Signature] Date: 15/11/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory