



## 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 Twenty Four Hours JK Pharmacy Facility Identification Number (FIN) 0103141  
Physical address: Karatu Branch  
Street Karatu Street Ward Karatu District/Municipal Arusha Region Arusha

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

Full Name MARIO ODENARYI TARIMO PIN 0103020 Phone 0755102127/0688752579  
Address P.O. BOX 10347 DSM Email odenaryi015@yahoo.com

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

He doesn't pay on time, it almost three months he doesn't pay he has no respect for a pharmacist profession.Time frame of notification: (As per Contract) 30 days Signature [Signature] Date 18/07/2025

## A.4. OWNER'S DETAILS

Full Name JAPHET KITEMBE Phone Number 0629054402/0789187200  
Remarks Kweli kumekabaliwa kuhimicho na kado na tofauti mifanisia  
Signature [Signature] Date 18/07/2025

## 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.