



## 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 VATICAN PHARMACY Facility Identification Number (FIN) 0101326  
Physical address:  
Street ELIKIROWA Ward BARAA District/Municipal ARUSHA JTI Region ARUSHA

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

Full Name HENRY FILIPMON IRUNDE PIN 0100211 Phone 0754310696  
Address CORRIDOR AREA, ARUSHA Email henry.irunde@gmail.com

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

END OF CONTRACT

Time frame of notification: (As per Contract) 90 days Signature H. Irunde Date 08/10/2024

**A.4. OWNER'S DETAILS**

Full Name DOMINICK EUSEBI MUNISHI Phone Number 0753783923  
Remarks:  
Signature [Signature] Date 15/10/2024

**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.