



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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..... TOKYO PHARMACY..... Facility Identification Number (FIN) 0103534
Physical address:
Street..... BUNSU SOKONI Ward..... BUNSU B..... District/Municipal..... KINWONDO..... Region..... DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... DANIEL K. MANDOKO..... PIN 0103840..... Phone..... 0718 498948
Address..... D. SALAAM..... Email..... dmandoko@gmail.com

A.3. REASON(S) FOR CHANGE

TEMPORARY CLOSURE

Time frame of notification: (As per Contract)..... Signature..... Mandoko Date..... 11/06/2025

A.4. OWNER'S DETAILS

Full Name..... STEVEN FANUEL VEGULA..... Phone Number..... 0655512179
Remarks..... Good
Signature..... Paul Date..... 11/06/2025

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.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0103534

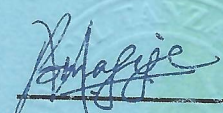
This is to certify that the premises owned by M/S Tokyo Pharmacy of P.O.Box 16104, Dar es Salaam located at Plot No.96, Block 21, Bunju B sokoni, Bunju Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103534

Issued in: February 2025

Expires on: 30 June 2030

17-04-2025

DATE:


SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 03534-2025

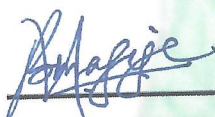
This Permit is hereby granted to M/S Tokyo Pharmacy of P.O.Box 16104, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Plot No.96, Block 21, Bunju B sokoni, Bunju Municipality/ District in Dar es Salaam Region with Facility Identification Number (FIN) 0103534 under a superintendent Pharmacist Daniel K Mrindoko with Personal Identification Number (PIN) 0103840

Issued in: February 2025

Expires on: 30 June 2025

18-03-2025

DATE:


SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated



STEVEN F VEGULA,
0655512179
Stevenfanuel80@gmail.com
DAR ES SALAAM.

11/06/2025

MSAJILI,
BARAZA LA FAMASI,
S.L.P 1277.
DODOMA.



YAH: KUFUNGA KWA MUDA BIASHARA YA FAMASI (TEMPORARY CLOSURE)

Tafadhali rejea kichwa cha Habari hapo juu.

Mimi **Steven F Vegula**, mmiliki na mtoa huduma mwenye PIN: **0404514** wa **Tokyo Pharmacy**, FIN: **0103534** iliyopo **Bunju B Sokoni**, kata ya **Bunju**, wilaya ya **Kinondoni Dar Es Salaam**; nimeamua kusitisha biashara kwa muda kutokana kumtunza mzazi wangu hivo kupelekea kushindwa kuiendesha.

Kwa barua hii naomba kufunga kwa muda (*temporary closure*) famasi tajwa hapo juu mpaka pale afya ya mzazi wangu itakapo kuwa sawa

Aidha, naambatanisha orodha ya dawa na famasi nitakapozihamishia kwa ajili ya uhifadhi salama.

Wako


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STEVEN F. VEGULA