



## 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 THE PROMISE PHARMACY Facility Identification Number (FIN) 0103382  
 Physical address:  
 Street MBEZI SHUKU Ward MBEZI LUIS District/Municipal USUNSO Region DSM

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

Full Name SARAFINA JANUARY COSTANTINO PIN 0103919 Phone 0762439292  
 Address 114 KIJITONYAMA Email januari.sarafina@gmail.com

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

THE PREMISES RENTAL COST HAVE BEEN INCREASED AND TOO MUCH TO RUN A RETAIL PHARMACY

Time frame of notification: (As per Contract) ..... Signature [Signature] Date 13/02/2025

## A.4. OWNER'S DETAILS

Full Name ENOCK DYSON MURDAPUBELA Phone Number 0787055848  
 Remarks AGREED TO FREE A PHARMACY. A NEW LOCATION TO BE FOUND  
 Signature [Signature] Date 13/02/2025

## 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.

Enock Dyson Mwafubela

P.O Box 14389

Dar es Salaam  
18/02/2025.

Msayili

Baraza la Pharmacy Tanzania

P.O Box 31818

Dar es Salaam



YAH! KUFUNGA PHARMACY "THE PROMISE  
PHARMACY MBEZI LUIS

Ndugu

Husika na kichwa cha habari hapo  
jua. Mimi Enock Dyson Mwafubela, ni  
Mmiliki wa Duka la dawa 'The promise  
pharmacy mbezi Luis, lilipo kale ya  
Mbezi Luis PIN NO. 0103382.

Nataa taarifa kwenye ofisi yako muhimu  
kwamba Nafunga Pharmacy hii katika  
eneo hili taywa hapo jua kutokana na  
mwenye jengo kupandisha rent (pango)  
hadi Laki Tisa (TShs. 900,000/=) kwa mwezi.  
Kama midani wa kutokua kushyamba ya uzaji  
wa dawa, na tafuta eneo lingine. Naambata  
nisha na Leseni / Kibali (Original) halisi kwenye  
Baraza hii.

Nashukuru kwa ushirikiano wa ofisi yako.

ENOCK D. MWAFUBELA

Enock D.



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

**FIN: 0103382**

This is to certify that the premises owned by M/S The Promise Pharmacy-Mbezi Luis branch of P.O. Box 14398, Dar es Salaam located at Mbezi Luis street, Mbezi, Ubungo Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103382

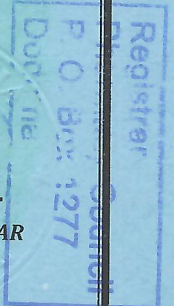
Issued in: November 2024

Expires on: 30 June 2029

11-12-2024

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
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

