



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.....CRH Pharmacy.....Facility Identification Number (FIN).....0101046...
Physical address:
Street.....MADAFU.....Ward.....UKONGA.....District/Municipal.....ILALA.....Region DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name.....MARY SPICAR KILAPILO.....PIN.....0102880.....Phone.....+255688291970.....
Address.....P.O.BOX 65013 ILALA DAR ES SALAAM.....Email.....kilapilomary468@gmail.com.....

A.3. REASON(S) FOR CHANGE

DELAYING MONTHLY PAYMENT FOR MORE THAN 9 MONTHS SINCE JULY 2024 WHICH IS AGAINST THE CONTRACT.I TRIED TO ASK THE INCHARGE TO FIND
ANOTHER PHARMACIST SINCE DECEMBER 2024 WITHOUT ANY REPLY.

Time frame of notification: (As per Contract)ONE MONTH.....Signature.....Date.....8th APRIL, 2025

A.4. OWNER'S DETAILS

Full Name.....Phone Number.....
Remarks.....
Signature.....Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full NamePIN..... 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.

Pharm Mary Kilapilo
Kalenga 2 street Kinondoni
P. O. Box 65013 Dar es Salaam
26th June, 2025

Registrar, Pharmacy Council
NHIF Building, 1st Floor, UDOM Road,
P.O.Box 1277,DODOMA

RE: TERMINATION OF CONTRACT TO SUPERINTEND CRH-PHARMACY

I, Mary Kilapilo, a registered pharmacist with PIN 0102880, currently superintendent of CRH-Pharmacy with facility identification number 0101046 located at Madafu street, Ukonga ward, Ilala district in Dar es Salaam region.

I am asking to terminate this contract due to delaying in payment of monthly superintendence allowance, as I am writing this it has been 12 months (July 2024 to June 2025) without payment. I informed the proprietor and authority at Cardinal Rugambwa Hospital (owner of the CRH-Pharmacy) through Sr. Agripina since December 2024 on intention to terminate the contract and on 8th April 2025 I sent the notification for change of management of pharmacy, but since then I did not receive the reply about the change and signing of the form.

Kindly find the attached copy of notification for change that I sent to CRH-Pharmacy proprietor and authority.

Your sincerely



Pharm Mary Kilapilo