

PHARMACY COUNCIL



NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY

(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER

DETAILS OF THE PHARMACY

Name of the pharmacy... MINNATH CARE PHARMACY

Physical address:

Street... BARABARA BONYOKWA Ward... SEGEREA

District/Municipal... ILALA

Region... DAR ES SALAAM

DETAILS OF SUPERINTENDENT

Name... DILAYA DARIO ZACHARIAH

Registration Number... 0103564

Phone... 0687 203075

Address... MBEZI DAR ES SALAAM

REASON(S) FOR CHANGE

Personal career development (advancement)

TIME FRAME: (Notify Registrar the time frame as per Contract)

1 month

Signature... [Signature]

Date... 20/11/2025

OWNER REMARKS

I've discussed with our superintendent, and all things are well

Name... MINATH KOKUSHUBILA MUSSA

Phone Number... 0765059050

Signature... [Signature]

Date... 20 NOVEMBER 2025

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....

Name..... Designation..... Signature.....

Date.....