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** [V] **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..VOLCANO PHARMACY.....Facility Identification Number (FIN).....
Physical address:
Street..12 SANGWI.....Ward..TEMEKE.....District/Municipal..TEMEKE.....Region..DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..TITO MYHUMBA.....PIN .....Phone..0713971819
Address..7727, DAR ES SALAAM.....Email..tmyhumba@gmail.com

A.3. REASON(s) FOR CHANGE

.....PHARMACY CLOSED WITHOUT NOTIFICATION
FROM OWNER FOR MORE THAN THREE MONTHS

Time frame of notification: (As per Contract) .....Signature.....Date..24/06/2025

A.4. OWNER'S DETAILS

Full Name..IBRAHIM ALLY THIHA.....Phone Number..0754-747363
Remarks.....
Signature..... Date..24/06/2025

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.

TITO MUHUMBA

PO BOX 77277

DAR ES SALAAM

0713971819

REGISTRAR

PHARMAC COUNCIL

P O BOX 31818

DAR ES SALAAM

PHARMACY COUNCIL
RECEIVED
25 JUN 2025
P.O. Box 31818, DAR ES SALAAM

YAH: KUJIONDOA KATIKA USIMAMIZI WA PHARMACY YA VOLCANO

Tafadhari husika na kichwa cha Habari hapo juu mimi ni mfamasia mwenye usajiri namba 997, naomba kusitisha usismamizi wa Pharmacy tajwa hapo juu kwakua mmiliki ameifunga Pharmacy hiyo bila utaratibu na kupotea na kutopatikana kabisa hata kwenye simu kwa miezi zaidi ya 3, hivyo basi naomba baraza la Famasi kunitoa katika list ya wasimamizi wa pharmacy hiyo.

Natanguliza shukrani

Tito Muhumba