



## 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... HEART OF HOPE PHARMACY Facility Identification Number (FIN)... 0103374  
 Physical address:  
 Street... PLOT NO 75 Ward... IPTL RD District/Municipal... SALASALA Region... DAR-ES-SALAAM

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

Full Name... DATIVA PAUL PIN... 0101201 Phone... 0752292888  
 Address... P.O. BOX 3592 DAR-ES-SALAAM Email... pauldativa@gmail.com

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

Changing place of residence.  
 Time frame of notification: (As per Contract) one month Signature... [Signature] Date... 6/03/2025

## A.4. OWNER'S DETAILS

Full Name... PETER KAPWIA Phone Number... 0689808655  
 Remarks... Agreed with above  
 Signature... [Signature] Date... 6/03/2025

## 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.