PCF. 17

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: SAFARI PHARMACY Facility Identification Number (FIN): 010.1.269

Physical address:

Street: WAZO Ward: WAZO District/Municipal: KINONDONI Region: Dar-es-Salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: VANIEIH S. MRAIHANI PIN: 0102987 Phone: 0719 054587

Address: KINONDONI, wazo Bwawani Email: earthvan@gmail.com

A.3. REASON(s) FOR CHANGE

Not renewed contract, No payments as per contract; no pharmaceutical technician

Time frame of notification: (As per Contract) .... Signature: [signature] Date: 10/8/2025

A.4. OWNER'S DETAILS

Full Name: DAVID P. MWAKAMBINDA Phone Number: 0625 626336; 0657390672

Remarks ....

Signature .... Date ....

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.

VANIETH S. NURAHANI
P.O BOX 35472
ARDHI UNIVERSITY
DAR-ES-SALAAM

14th AUGUST 2025

REGISTRAR PHARMACY COUNCIL
P.O BOX 31818
DAR-ES-SALAAM

RE: CHANGE OF MANAGEMENT AT SAFARI PHARMACY

Above heading concerned; I Vanieth S. Nurahani with PIN 0102987 provide notice for change of management at Safari Pharmacy with facility identification number 0101269 located at wazo hill road as its superintendent due to expired contract that was signed on 1st April 2024 and not renewed till date, there is no registered pharmaceutical personel providing services despite continous reminder to the owner David Mwakambinda that we need another one and also I have not being payed for thirteen months despite all the efforts of sitting down for discussions and proposing daily payments that served within a week. I tried to call the owner who is not available since July. I hope my request will be considered.

Yours in building the nation

VANIETH S. NURAHANI