



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... HEALTHZONE PHARMACY ... Facility Identification Number (FIN)... 020039
 Physical address:
 Street... JONGO ... Ward... CHAMKA ... District/Municipal... ILALA ... Region... DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... GAUDENCE BONIPHACE CHUWA ... PIN... 0102773 ... Phone... 0762735583
 Address... .. Email... gaudencechuwa0@gmail.com

A.3. REASON(s) FOR CHANGE

DEATH OF ONE OF THE DIRECTOR AND NEED TO CHANGE OF THE LOCATION
CLOSURE OF BUSINESS

Time frame of notification: (As per Contract) 30 days ... Signature... GAUDENCE ... Date... 17/09/2025

A.4. OWNER'S DETAILS

Full Name... HADIJA SEMVUA ... Phone Number... 0754377777
 Remarks... ..
 Signature... HADIJA ... Date... 17/09/2025

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.