



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 CORNER CARE PHARMACY Facility Identification Number (FIN) 0100204  
Physical address:  
Street KAME Ward KAME District/Municipal KINONDWI Region DAR ES SALAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SALUM MKATA PIN 0100396 Phone 0749 696905  
Address KIMARA / UBUNGU, DAR ES SALAM Email Salummkata02@gmail.com

A.3. REASON(S) FOR CHANGE

END OF CONTRACT

Time frame of notification: (As per Contract) 1 MONTH Signature [Signature] Date 28/05/2025

A.4. OWNER'S DETAILS

Full Name DEVOTHA MCHAINA Phone Number 0752029187  
Remarks NO OBJECTION REGARDING END OF CONTRACT  
Signature [Signature] Date 28/05/2025

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.