



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... NOTE PHARMACY Facility Identification Number (FIN)... D100621
Physical address:
Street... LASTIMBA Ward... GORA District/Municipal... UDUNGO Region... DAREJ-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... GODWELL NDUMGUU PONDA PIN... 0102781 Phone... 076339 2073
Address... P.O. BOX 2440 MWANZA Email... godwellponda20@gmail.com

A.3. REASON(S) FOR CHANGE

Change of my permanent Address from Dar-es-Salaam to Mwanza.

Time frame of notification: (As per Contract) 1 month Signature... GODWELL Date... 09/01/2025

A.4. OWNER'S DETAILS

Full Name... JAMES JOSEPH MAKENE Phone Number... 0714 411098
Remarks... NO OBJECTION AND RECEIVED FOR FURTHER PROGRESS
Signature... James Date... 10/01/2025

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 provide the copies of another superintendent/Other Pharmaceutical Personnel...