



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..... GODROSE PHARMACY..... Facility Identification Number (FIN)..... 0102671  
Physical address:  
Street..... Bombari..... Ward..... PUKU..... District/Municipal..... KALA..... Region..... DDM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... ABES MDEM..... PIN..... 0100376..... Phone..... 0713689174  
Address..... DDM - K. NENONI..... Email..... amdem2791@gmail.com

A.3. REASON(S) FOR CHANGE

EXPIRY OF CONTRACT - 30 JUNE 2025  
Time frame of notification: (As per Contract) 30/06/2025 Signature..... Date 25/06/2025

A.4. OWNER'S DETAILS

Full Name..... HASSANGA M KAMBAY..... Phone Number..... 0754 918 918  
Remarks..... Request for contract withdrawal  
Signature..... Date 25/06/2025



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.