



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 ALCA PHARMACY Facility Identification Number (FIN) 0101357
 Physical address:
 Street CCM Ward 1 District/Municipal KIRAMBA Region DARES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name GLORY AMBROSE KESSI PIN 0102088 Phone 0714507086
 Address — Email glakessy@gmail.com

A.3. REASON(S) FOR CHANGE

MUTUAL AGREEMENT

Time frame of notification: (As per Contract) Signature Date

A.4. OWNER'S DETAILS

Full Name CAROLINE CHAD Phone Number 0655 467099
 Remarks And
 Signature And Date 20/10/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PIN Phone Number Email
 Physical address:
 Street KIRAMBA Ward District/Municipal UBUNGO Region DARES SALAAM
 Details of Previous pharmacy:
 Name of Pharmacy ALCA PHARMACY FIN District/Municipal UBUNGO Region DARES SALAAM

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.

