



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 SHILOBA PHARMACY Facility Identification Number (FIN) 0300222

Physical address:

Street MANGAKA Ward MANGAKA District/Municipal NANYUMBU Region MTWARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SAID KILAZA SAID PIN 0102102 Phone Number 0765655981

Address Assignment of a new pharmacist Email frankjumberco@gmail.com

A.3. REASON(s) FOR CHANGE

Time frame of notification: (As per Contract) 22/10/25 Signature SAID KILAZA SAID Date 22/10/25

A.4. OWNER'S DETAILS

Full Name SAID KILAZA SAID Phone Number 0765655981

Remarks Assignment of a new pharmacist

Signature SAID KILAZA SAID Date 22/10/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name FRANK JUMBE PIN 0102102 Phone Number 0765655981 Email frankjumberco@gmail.com

Physical address:

Street MANGAKA Ward MANGAKA District/Municipal NANYUMBU Region MTWARA

Details of Previous pharmacy:

Name of Pharmacy RED HOUSE PHARMA FIN 0101865 District/Municipal MJIMBA Region ARUSHA

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 SAID KILAZA SAID Signature SAID KILAZA SAID Date 22/10/25

Full Name SAID KILAZA SAID Designation SAID KILAZA SAID Signature SAID KILAZA SAID Date 22/10/25

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.

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 16th day of October 2025

BETWEEN

SAID KILAZA SAID (Name) of P.O.BOX 246 Region MTWARA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

NICOLAS P. MARE enrolled Pharmaceutical Technician
who will perform all the technical activities in the Pharmacy under pharmacist supervision
(hereinafter referred to as the **Pharmaceutical Technician**).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business,

WHEREAS the Pharmaceutical Technician is willing to offer professional services to the proprietor in lieu of remuneration for such services or such other terms and conditions as stipulated hereunder;

WHEREAS the proprietor and Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as RETAIL & WHOLESALE Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to operate a business of Pharmacist.

"Business of pharmacy or pharmacist" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of the Act.

"Pharmaceutical Technician" means a person enrolled as such under section 23 of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing or transferring power of authority of owning of pharmacy to a third person during existence of its operation

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 16th day of October 2025 to 16th day of October 2026

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 16th day of October 2025

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS. 500,000 payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging his duties and functions as per this Agreement. At any event, the salary **shall not be paid in advance**.
- 4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1st day of the following month.
- 4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- 4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- 4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Pharmaceutical Technician from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

The **Proprietor** shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

9. The Pharmacy Council will accept additional clauses but this Agreement is a generic contract for **guidance only**.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 16th day of October 2025

SIGNED and DELIVERED

By the said... SAID KILAZA SAID

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally
This... 16th day of October 2025

R. Porreha
Proprietor

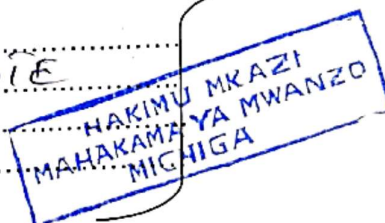
In the presence of:

Name: HELFRIED - K Bumba

Designation: RESIDENT MAGISTRATE

Signature: [Signature]

Date: 16/10/2025



SIGNED and DELIVERED

By the said... NICOLAUS P MAIGE

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally
This... 16th day of October 2025

[Signature]
PHARMACEUTICAL
TECHNICIAN

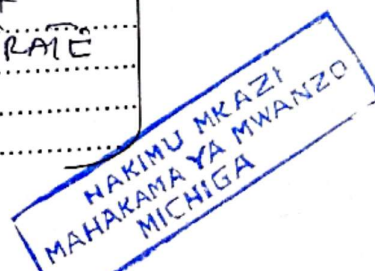
In the presence of:

Name: HELFRIED - K Bumba

Designation: RESIDENT MAGISTRATE

Signature: [Signature]

Date: 16/10/2025



WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☐ MFAMASIA ☒ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma... NICOLAUS P. MAIGE... PIN... 0401205
2. Namba ya simu... 0621431479... barua pepe... nicholausmaige@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 31-12-2024
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na... GWX101348717821 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... NICOLAUS P. MAIGE... mwenye
taaluma ya dawa ngazi ya PHARMACEUTICAL TECHNOLOGY makiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
... SHILOBA PHARMACY... FIN... 0300232... lililopo katika
Wilaya ya NANYUMBU Mkoani... MTWARA
Sahihi... [Signature]... Tarehe... 16/10/2025

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi... Adolf Samson... Tarehe... 20/10/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... FADHI JUMA SAIDI... Kata ya... MANGAKA

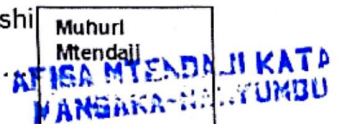
Nadhibitisha kwamba Ndugu... NICOLAUS P. MAIGE... anaishi

langu mtaa/kijiji... MANGAKA... kuanzia mwaka... 2024

Sahihi Afisa mtendaji

Tarehe

16/10/2025





THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

FRANK JUMBE

PIN NO: 0102102

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311
is entitled to practice as a **Full Registered Pharmacist** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued: **26 August 2020**

Expires on: **31 December 2025**

Registrar
Pharmacy Council

