



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(t) 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 NUNDU Facility Identification Number (FIN) 0101274
Physical address
Street NUNDU Ward NYAKATU District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name DAVID S. GUMBA PIN 0405751 Phone 0677 515641
Address MWANZA Email charlesdaines1@gmail.com

A.3. REASON(S) FOR CHANGE

Change of residence due to employment from Mwanza to
Lindi

Time frame of notification (As per Contract)

Signature D. Gamba Date 26/05/2025

A.4. OWNER'S DETAILS

Full Name SAULO S. NGUMDA Phone Number 0764-864220
Remarks I agree to change the pharmaceutical technician
Signature S. Ngumda Date 26/05/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PENDO SAMUEL PIN 079366007 Email pendosamuel232@gmail.com
Physical address
Street NUNDU Ward NYAKATU District/Municipal ILEMELA Region MWANZA
Details of Previous pharmacy
Name of Pharmacy NUNDU FIN 0101274 District/Municipal ILEMELA Region MWANZA

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.



THE UNITED REPUBLIC OF TANZANIA



PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect. 26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

PENDO SAMWEL

PIN NO: 0406389

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a **Pharmaceutical Technicians** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: 16 February 2023

Expires on: 31 December 2025

**Registrar
Pharmacy Council**





F.58

THE UNITED REPUBLIC OF TANZANIA

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THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)



Full Name

Pendo Samwel

*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0406389	16 th February, 2023	10 th September, 2001	Tanzanian	P.O. Box 467 Tasime	Diploma in Pharmaceutical Sciences	Tabosa East Africa Polytechnic College 2021

Date 14th April 2023

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

Government Printer, Dsm

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 PENDO SAMUEL PIN 0406389
2. Namba ya simu 0793662073 barua pepe Pendosamuel2335@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/1/2024
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi Pendo Samuel mwenye
taaluma ya dawa ngazi ya diploma nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
Nundu pharmacy FIN 0101274 lililopo katika
Wilaya ya ilemela Mkoani Mwanza
Sahihi P. Samuel Tarehe 23/5/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Felister Makwari Tarehe 26/05/25
Muhuri KNY:
DMO
n.y DAKTARI WA MANISIPALI
KEMASHAURI YA MANISIPAA YA ILEME
S. L. P. 735
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MILTON KATABAZU Kata ya MECCO
Nathibitisha kwamba Ndugu PENDO SAMUEL anaishi
langu mtaa/kijiji NHUNDU kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe

23/05/2025



AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 25 day of 05 2025

BETWEEN

SAULO S. NGUNDA (Name) of P.O.BOX _____ Region MWANZA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

PENDO SAMUEL 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 NUNDA 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 25 day of 05 2025 to 25 day of 05 2026

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 25 day of 05 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

400,000/=

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

Signed and delivered by the parties at this 23rd day of May 2025

SIGNED and DELIVERED

By the said SAULO S. NUNDA

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 23rd day of May 2025

S. Nunda

PROPRIETOR

In the presence of:

Name BENSON BERNARD NYAMBUCHU

Designation ADVOCATE

Signature [Signature]

Date 23rd May 2025



SIGNED and DELIVERED

By the said

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 23rd day of May 2025

P. Samuel

PHARMACEUTICAL

TECHNICIAN

In the presence of:

Name BENSON BERNARD NYAMBUCHU

Designation ADVOCATE

Signature [Signature]

Date 23rd May 2025

