



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 ASAM PHARMACY Facility Identification Number (FIN) 0101334
Physical address:
Street ILLOMANZALA Ward ILEMELA District/Municipal ILEMELA MC Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JULIETH VINCENT PIN 0102153 Phone 0755 240256
Address ILEMELA - Mwanza Email malifimbujulreth@gmail.com

A.3. REASON(S) FOR CHANGE

Change of work place from Mwanza
to Tabora MC

Time frame of notification: (As per Contract) 1st - 30th April Signature [Signature] Date 20/3/2025

A.4. OWNER'S DETAILS

Full Name VALER JACK VUDI Phone Number 0656518742
Remarks I agree with this notification
Signature [Signature] Date 23/03/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name FLORA J. MCHALLAH PIN 0102972 Phone Number 0746770593 Email floramchallah@gmail.com
Physical address:
Street SAHANATI Ward PAMBA District/Municipal NYAMAGANA Region MWANZA
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 _____ Designation _____ Signature _____ Date _____
Full Name _____

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.

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. FLORA J. MCHALLAH PIN 0103972
2. Namba ya simu. 0746770593 barua pepe floramchallah@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 27/3/2025
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

(Mfumo wa Taarifa za Mwanataaluma) ☒ NDIYO. Stakabadhi Na. 991620302270 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. FLORA J. MCHALLAH mwenye

taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo

ASAM PHARMACY FIN 0101334 lililopo katika

Wilaya ya ILEMELE Mkoani MWANZA

Sahihi Floramchallah Tarehe 06/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Telesfor Makwani Tarehe 07/05/2025
Muhuri KNY: DMO
n.9 DAKTARI WA MANISI
AL MASHAURI YA MANISPAI YAL
L. P 73
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PRISCA ERARISI Kata ya PAMBA

Nadhibitisha kwamba Ndugu FLORA J. MCHALLAH analishi

langu mtaa/kijiji ZAHANI kuanzia mwaka 2019

Sahihi Afisamtendaji

Prisca Erarisi

Tarehe
06/05/2025

Muhuri
AFISA
MTENDAJI
MTAA
KATA YA ZAHANI
JIJI LA PAMBA
MWANZA



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



The Pharmacy Act

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

I Hereby Certify that

FLORA J MCHALLAH

PIN NO: 0103972

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 27 March 2025

Expires on: 31 December 2025

Registrar
Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002006

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, Cap 311)



Full Name Flora J. Mchallan

* I hereby certify that the following is a true extract from the entry in the Register relating to a fully registered pharmacist details in respect of whom are set out below.

Registration No.		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0103972	27th March, 2025	29th October, 1999	Tanzanian	P.O. Box 1370 Mwanza	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2023

Date 20th April 2025

REGISTRAR

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

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

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

VALES VURI
(PROPRIETOR)

AND

FLORA J. MCINTOSH
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 6TH day of MAY 20 25

BETWEEN

VALIS VURI TIA ASAM ASAM (Name) of P.O. BOX 2601 Region _____
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

FLORA - J. MCHILLIAT a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the SUPERINTENDENT) of another part.

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

AND WHEREAS in compliance with section 43 of the Act the Proprietor wishes to engage the professional services of a pharmacist to be in charge of his business;

AND WHEREAS the Superintendent 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;

AND WHEREAS the proprietor and superintendent (together referred as "the Parties") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

AND WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as ASAM ASAM Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. Interpretation:

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

"Act" means the Pharmacy Act, [Cap 311 R: E 2002] Laws of Tanzania.

"Agreement" means this Agreement between the parties to establish and 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;

"Council" means the Pharmacy Council established under section 3 of the Act.

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.

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

“Proprietor” means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

“Registrar” means Registrar of the Council appointed under Section 11 of the Act

“Superintendent” means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under 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 6th day of MAY 20 25 to 5th day of MAY 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 6th day of MAY 20 25

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 allowance/emoluments of TZS Eight hundred thousand (800,000) payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

(a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than the 1st day of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for ten (10) days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and

The 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 6th day of MM 2025

SIGNED and DELIVERED at MUMBAI by the said
VALLI WRI who is known
to me personally/identified to me by
.....the latter being
personally known to me this 6th day of MM 2025

[Signature]
PROPRIETOR

In the presence of:

Name: ROSE EDWARDS
Designation: ADWINT
Signature: [Signature]
Address: 664, MUMBAI
Date: 6th MM 2025
Signed and delivered by the parties at this 6th day of MM 2025



SIGNED and DELIVERED at MUMBAI by the said
FLORA J. MUTHUMY who is known
to me personally/identified to me by
VALLI WRI the latter being
personally known to me this 6th day of MM 2025

[Signature]
SUPERITENDENT

In the presence of:

Name: ROSE EDWARDS
Designation: ADWINT
Signature: [Signature]
Address: 664, MUMBAI
Date: 6th MM 2025

