



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



**MINISTRY OF HEALTH**

**PHARMACY COUNCIL**

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A  
PHARMACY

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

### A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy: NEW LIFE CARE UMBANDE  
Physical address:  
Street: UMBANDE Ward: CHAMATI Facility Identification Number (FIN): 103-145-465

Physical address: 01-111-0

Physical address:  
Street... MMBANDÉ Ward... CHAMAZI District/Municipal... TEMEKE Region... DAR-ES-SALAAM Facility Identification Number (FIN)... 103-145-465

**A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name.....

**A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name.....  
 Address.....  
 District/Municipal.....  
 PIN.....

Address.....

A.3. REASON(S) FOR.....

..... PIN..... Phone.....  
Email.....

**A.3. REASON(S) FOR CHANGE**

REASON(S) FOR CHANGE  
ASSIGNMENT OF SUPERINTENDENT

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

**A.4. OWNER'S DETAILS**

#### A.4. OWNER'S DETAILS

Full Name: JUDITH STEPHEN NYANDA  
Remarks:  
Signature: Date: Phone Number: 0785700440

Signature: Myranda Date: 12/6/2025 Phone Number: 0785700440

**B. TO BE COMPLETED BY THE OWNER ONLY**

**B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL**  
Full Name LUCIA M. MORA PIN 0103804

Full Name LUCIA M. MSOMA PIN 0103334 Phone Number 0768167113 Email msomalucia@gmail.com  
Physical address: SABA SABA Ward UKONGA District/Municipality UKONGA  
Street: SABA SABA Details of Province: UKONGA

Physical address: SABA SABA Ward UKONGA District/Municipality UKONGA  
Street SABA SABA PIN 0103334 Phone Number 0768167113 Email msomalucia@gmail.com

Street: SABA SABA Ward: UKONGA District/Municipal: ILALA ILALA Region: DAR-EC-SALAMA  
Phone Number: 0768167113 Email: msomaliu(a)gmail.com

Details of Previous pharmacy:  
 Name of Pharmacy MABROUK PHARMACY EIN 0300482 District/Municipal HALA ILALA Region DAR-ES-SALAAM

Name of Pharmacy... MABROUK PHARMACY FIN... 0300483 District/Municipal... ILALA Region... DAR-ES-SALAAM

**B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)**

**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.



## 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. LUCIA MISUNGWI MSOMA PIN 0103334
2. Namba ya simu. 0768167113 barua pepe maria.lucia@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) DECEMBER 2024
4. Je, umehisha 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. .... ☐ HAPANA

**SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:**

Mimi LUCIA MISUNGWI MSOMA mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo NEW LIFE CARE MBAMBE PHARMACY FIN 103-145-465 lililopo katika Wilaya ya TEMEKE Mkoani DAR-ES-SALAAM Sahihi Msoma Tarehe 12/6/2024

**Uthibitisho wa Mfamasia wa Halmashauri**

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

Muhuri KNY:  
DMO

Jina na Sahihi DANIEL EMMEL MKUMBO Tarehe 12/06/24

MUNICIPAL MEDICAL OFFICER  
OF HEALTH  
TEMEKE

**SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:**

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ASTURAT Z. BWATAMU Kata ya UKONGA

Nadhibitisha kwamba Ndugu LUCIA MISUNGWI MSOMA anaishi

langu mtaa/kijiji BARABARA kuanzia mwaka 10/2024

Sahihi Afisa mtendaji

Tarehe

12/06/2025

Muhuri  
Mtendaji

AFISA MTENDAJI WA KATA  
KATA YA UKONGA



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

**LUCIA M MSOMA**

**PIN NO: 0103334**

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: **02 February 2023**

Expires on: **31 December 2025**

**Registrar  
Pharmacy Council**





00001986

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

**CERTIFICATE OF FULL REGISTRATION***(Section 20 of the Pharmacy Act, CAP. 311)*Full Name ..... *Lucia M. Msoma*

Pharmacy Council

P.O. Box 1277

Dedoma

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

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0103334	2nd February, 2023	23rd October, 1996	Tanzanian	P.O. Box 186 Magu	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date *15<sup>th</sup> February 2023*
  
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 used as such.

# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 31<sup>st</sup> day of MAY 2025

## BETWEEN

JUDITH STEPHEN NYANDA (Name) of P.O.BOX 100254 Region DAR ES SALAAM.  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

## AND

LUCIA MISUNGWI MSOMA a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

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

**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,

**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;

**WHEREAS** the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled as ~~NON-PARTNERSHIP~~ NEW LIFE <sup>CARE</sup> PHARMACY Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

### 1. Interpretation:

**"Act"** means the Pharmacy Act, Cap 311.

**"Agreement"** means the 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;

**"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.

**"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 1<sup>st</sup> day of JUNE 2025 to 1<sup>st</sup> day of JUNE 2026

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 1<sup>st</sup> day of JUNE 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. 800,000/= payable monthly to the **SUPERINTENDENT** 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 1<sup>st</sup> 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 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.
- 4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 Shall ensure pharmaceutical services are provided with due care.
- 4.1.9 Shall ensure all proper records are maintained and managed well.

- 4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

#### **4.2 The Superintendent;**

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

**The superintendent shall have the following duties and obligations: -**

- 4.2.1 Shall obtain from the Pharmacy Council and other appropriate authorities collect the requisite licenses, permits and authorization and keep the pharmacy within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.
- 4.2.2 Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.

- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16 Shall perform any other duty as the Council may determine.

## **5. Termination**

Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract.

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

## **6. Dispute Settlement**

- 6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

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 Superintended 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 11 day of JUNE 2025

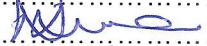
### SIGNED and DELIVERED

By the said.....  
Who is known to me personally/.....  
Introduced to me by .....  
..... the latter known to me personally  
This 11 day of JUNE 2025



PROPRIETOR

### In the presence of:

Name: Nancy A Mwanjati  
Designation: Advocate  
Signature:   
Date: 11/06/2025




### SIGNED and DELIVERED

By the said LUCIA MURUGWI MSOMA  
Who is known to me personally/.....  
Introduced to me by .....  
..... the latter known to me personally  
This 11 day of JUNE 2025



SUPERINTENDENT

### In the presence of:

Name: Nancy A Mwanjati  
Designation: Advocate  
Signature:   
Date: 11/06/2025

