



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 KAMANKA PHARMACY Facility Identification Number (FIN) 0101905
 Physical address:
 Street MAINI KATI Ward IBISABALEM District/Municipal SENKEREWA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name AMON M MCHUMA PIN 0102670 Phone 062577743
 Address GEITA CHATO Email

A.3. REASON(S) FOR CHANGE

CHANGE OF RESIDENCE REGION WISE.

Time frame of notification: (As per Contract) Signature [Signature] Date 16/07/2018

A.4. OWNER'S DETAILS

Full Name KENETH HILARY Phone Number 0763000364
 Remarks NEW SUPERINTENDENT
 Signature [Signature] Date 16/07/2018

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name TIMOTHY ERIC KILAS PIN 010280 Phone Number 075264771 Email elas.timo95@gmail.com
 Physical address:
 Street MISSION Ward MISSION District/Municipal SENKEREWA Region MWANZA
 Details of Previous pharmacy:
 Name of Pharmacy MEDGREEN PHARMACY FIN 0300430 District/Municipal KATAMA Region SCHIMBAHQA

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.

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 TIMOTHEO ERICK KILAPIN 0102280
2. Namba ya simu 0752 647717 barua pepe kilapin99@gmail.co
3. Tarehe ya mwisho kuhisha jina (Retention) 11/12/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](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 TIMOTHEO KILAPIN mwenye

taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya

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

KAMAHQA PAMASI FIN 0101905 lililopo katika

Wilaya ya SENGEREMA Mkoani MWANZA

Sahihi Kilapin Tarehe 16/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi VENANCE KADALAH Tarehe 16/7/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

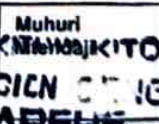
Jina la mtendaji (Kata) JOSEPH FERRELL PROBS Kata ya MISSIWO

Nadhibitisha kwamba Ndugu TIMOTHEO ERICK KILAPIN anaishi

langu mtaa/kijiji MISSIWO kuanzia mwaka 2023 MWENYFAKARUWAJI KITONGOJI CHA

Sahihi Afisa mtendaji

Tarehe 16.07.2025 TAREHE



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

KENEIH YEKOMA HILARY

(PROPRIETOR)

AND

TIMOTHEO ERIC IC KILASI

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 16 day of 07 2025

BETWEEN

KENETH YEKOMA MUNEY (Name) of P.O. BOX 3 Region MWANZA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

TIMOTHEO ERIC KILASI 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 ILAMANGA 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 16 day of 07 2025 to 15 day of 07 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 16 day of 07 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 allowance/emoluments of 800,000/= TZS Eight Hundred Thousands only 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 matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

§. 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 16 day of 07 2025

SIGNED and DELIVERED at 16 Sengerema by the said
KENETH YELUNIA HILARY who is known
to me personally/identified to me by
..... the latter being
personally known to me this 16th day of July 2025

[Signature]
PROPRIETOR

In the presence of:

Name: ARNOLD PETER KUDILLA
Designation: ADVOCATE
Signature: [Signature]
Address: P.O Box 210, Sengerema
Date: 16/07/2025



SIGNED and DELIVERED at Sengerema by the said
TIMOTHEO ERICK who is known
to me personally/identified to me by KENETH
HILARY the latter being
personally known to me this 16th day of July 2025

[Signature]
SUPERINTENDENT

In the presence of:

Name: ARNOLD PETER KUDILLA
Designation: ADVOCATE
Signature: [Signature]
Address: P.O Box 210, Sengerema
Date: 16/07/2025





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

TIMOTHEO ERICK KILASI

PIN NO: 0102280

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:08 January 2021

Expires on:31 December 2025

**Registrar
Pharmacy Council**