



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... ISENGA PHARMACY Facility Identification Number (FIN)... 0102328
Physical address:
Street... KISEKE PPF Ward... ILEMELA District/Municipal... MWANZA Region... MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... EMMANUEL B. ROBERT PIN... 0101784 Phone... 0759 059506
Address... 1370 MWANZA Email... emmanuel92@gmail.com

A.3. REASON(S) FOR CHANGE

Change of Residential Area.

Time frame of notification: (As per Contract) 30 days Signature... [Signature] Date... 15/03/2025

A.4. OWNER'S DETAILS

Full Name... JUSTINE MULINDWA MWGURU Phone Number... 0782945156/0688378492
Remarks... [Signature]
Signature... [Signature] Date... 28/03/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... DAVID GODWIN AIKO PIN... 0101264 Phone Number... 075852056 Email... davidgaitop@gmail.com
Physical address:
Street... POITA Ward... NYAMAGANA District/Municipal... NYAMAGANA Region... MWANZA
Details of Previous pharmacy:
Name of Pharmacy... AIKO PHARMACY FIN... 0200197 District/Municipal... NYAMAGANA 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.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

DAVID GODWIN AIKO

PIN NO: 0101264

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: **30 April 2015**

Expires on: **31 December 2025**

Registrar
Pharmacy Council



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 DAVID GODWIN AIKO PIN 0101264
2. Namba ya simu 0755652056 barua pepe daudigaiko@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-](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 DAVID GODWIN AIKO mwenye

taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya

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

LENGA PHARMACY FIN 0102328 lililopo katika

Wilaya ya ILEMELA Mkoani MWANZA

Sahihi [Signature] Tarehe 27/03/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi JESCA NUTELA Tarehe 28/3/25

Muhuri KNY:
PMO

MGANGA MKUU WA JIJ
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Kva Gershon Kata ya Nyamagana

Nadhibitisha kwamba Ndugu David Godwin Aiko anaishi

langu mtaa/kijiji Nyamagana Mahaki kuanzia mwaka 2018

Sahihi Afisa mtendaji

Tarehe
28/03/2025



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

JUSTINE MULINDWA MUGURUBI
(PROPRIETOR)

AND

DAVID GODWIN AIKO
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 15th day of APRIL 20 25

BETWEEN

JUSTINE M. NUGURUBA (Name) of P.O. BOX 811 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

DAVID GODWIN AIKO 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 ISENGA 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 1st day of APRIL 20 25 to 31st day of MARCH 20 26.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 1st day of APRIL 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 700,000 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

8. 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 1st day of APRIL 2025


SIGNED and DELIVERED at MWANZA by the said
JUSTINE MALLINDWA MUGARUSI who is known
to me personally/identified to me by
..... the latter being
personally known to me this 1st day of APRIL 2025.


PROPRIETOR

In the presence of:

Name: KENEDY JOSEPH MWAKALINGA

Designation: ADVOCATE

Signature: 

Address: 11463 MWANZA

Date: 1st APRIL 2025



Signed and delivered by the parties at this 1st day of APRIL 2025

SIGNED and DELIVERED at MWANZA by the said
DAVID GODWIN AIKO who is known
to me personally/identified to me by
..... the latter being
personally known to me this 1st day of APRIL 2025.


SUPERITENDENT

In the presence of:

Name: KENEDY JOSEPH MWAKALINGA

Designation: ADVOCATE

Signature: 

Address: 11463 MWANZA

Date: 1st APRIL 2025

