



## 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 NGULELO PHARMACY Facility Identification Number (FIN) D101298  
 Physical address:  
 Street KITIENGARE Ward KIMANDULU District/Municipal ARUSHA CITY Region ARUSHA

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

Full Name..... PIN..... Phone.....  
 Address..... Email.....

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

TRAVEL TO OTHER REGIONTime frame of notification: (As per Contract) IMMEDIATELY Signature [Signature] Date 01/10/2025

## A.4. OWNER'S DETAILS

Full Name BARTHOLOMEW JOSEPH MWACHA Phone Number 0754 201067  
 Remarks I AGREE FOR CHANGE  
 Signature [Signature] Date 01/10/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name WABYAKALE ERATU PIN 0405382 Phone Number 062080748 Email eratw.buraka@gmail.com  
 Physical address:  
 Street KITIENGARE Ward KIMANDULU District/Municipal ARUSHA CITY Region ARUSHA  
 Details of Previous pharmacy:  
 Name of Pharmacy NGULELO PHARMACY FIN 0101298 District/Municipal ARUSHA CITY Region ARUSHA

## 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 MV  
KWENYE MAJENGO YA KUTOLEA HUDI  
(kutoka katika Kifungu No. 44 (1) (a) cha Sh

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMU

☐ MFAMASIA ☒ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma WAMBYAKALE E BORATO PIN D4DS38D
2. Namba ya simu 0620807148 barua pepe erastus.borato@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) .....
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 WAMBYAKALE ERASTUS BORATO mwenye  
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo  
NGULELO PHARMACY FIN D1D1298 lililopo katika  
Wilaya ya ARUSHA Mkoani ARUSHA  
Sahihi Eus Tarehe 21/10/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Sipwasi Eus Tarehe .....

Muhuri KNY:  
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HAKI MUSSA MKOSE Kata ya KIMANDUHU

Nadhibitisha kwamba Ndugu WAMBYAKALE E BORATO anaishi  
langu mtaa/kijiji KIAMGARE kuanzia mwaka 2024

Sahihi Afisamtendaji

HAKI MUSSA MKOSE

Tarehe

19/09/2025

Muhuri  
Mtendaji





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

**WAMBYAKALE ERASTUS BORSATO**

**PIN NO: 0405380**

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: **18 September 2022**

Expires on: **31 December 2025**

**Registrar  
Pharmacy Council**





Handwritten: 29/4/2023



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THE UNITED REPUBLIC OF TANZANIA

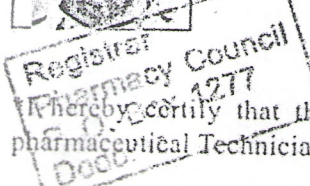
THE PHARMACY COUNCIL  
CERTIFICATE OF ENROLLMENT

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



Full Name

Wambyakale Erastus Borsato



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                 |                 |             |                       |                                       |  |
| 0405330    | 18th September, 2022 | 18th July, 1997 | Tanzanian   | P.O. Box 47<br>Dodoma | Diploma in<br>Pharmaceutical Sciences | St. John's University<br>of Tanzania<br>2021 |

Date: 29<sup>th</sup> October 2022

*[Signature]*  
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.

AGREEMENT FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 01 day of 10 2025

BETWEEN

BARTHOLOMEW JOSEPH MWACHA (Name) of P.O.BOX 960 Region ARUSHA  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

WAMBYAKALE ERASTUS BDRISATD an enrolled pharmaceutical technician who provides pharmaceutical services

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

**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 a pharmaceutical technician are desirous to enter into an agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as hereinafter appearing;

**WHEREAS** the Parties agree that the pharmaceutical technician will be providing pharmaceutical services to a business of a pharmacy styled as RETAIL 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.



**"Pharmaceutical technician"** means a person enrolled as such under section 24 of the Act.

### **Duration of Agreement**

This Agreement shall be effective for a period of twelve (12) months, commencing from the 01 day of 10 2025 to 30 day of 06 2026.

### **2. Commencement of Services**

The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 01 day of 10 2025

### **3. Obligation of the Parties:**

### **4. The Proprietor:**

**The proprietor shall have the following duties and responsibilities; -**

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS. 500,000. payable monthly to the **Pharmaceutical technician** upon discharging his duties and functions as per this Agreement and 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 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Shall ensure pharmaceutical services are provided with due care.
- 4.1.7 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 pharmaceutical technician.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.ePC 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 is 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 pharmaceutical technician shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

**The pharmaceutical technician shall have the following duties and obligations: -**

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

#### **5. Termination**

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

This agreement may be terminated by either 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. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.2 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or pharmaceutical technician 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 Dar es salaam this 1<sup>st</sup> day of Oct 2025

**SIGNED and DELIVERED**

By .....the Said Bartholomew Joseph Mwacha

Who is known to me personally/.....

Introduced.....to me by .....

.....the latter known to me personally

This..... day of..... 01..... 10..... 2025

**In the presence of:**

Name..... JANEITH SIKATO

Designation..... MAGISTRATE

Signature..... [Signature]

Date..... 01/10/2025

[Signature]

**PROPRIETOR**

**SIGNED and DELIVERED**

By the said WAMBYAKALE ERASTUS BORCATO

Who is known to me personally/.....

Introduced to me by Bartholomew Joseph Mwacha

.....the latter known to me

personally.....

This..... 01..... day of..... Oct..... 2025

**In the presence of:**

Name..... JANEITH SIKATO

Designation..... MAGISTRATE

Signature..... [Signature]

Date..... 01/10/2025

[Signature]

**PHARMACEUTICAL  
TECHNICIAN**

HAKIMU  
MAHAKAMA YAMWANZO MINTI  
ARUSHA