



## 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 GRINTALIFE LIMITED Facility Identification Number (FIN) 0200279  
 Physical address:  
 Street VINZUMUTI Ward VINZUMUTI District/Municipal ILALA Region DAR ES SALAAM

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

Full Name GERMANUS G. PLIWA PIN 0103266 Phone 0657718078  
 Address KITUNDA, ILALA, DAR ES SALAAM Email ggalikeno@gmail.com

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

Resignation of the contract

Time frame of notification: (As per Contract) 7 Days Signature y Date 19.09.2025

## A.4. OWNER'S DETAILS

Full Name GRINTALIFE LIMITED Phone Number +277 255749504000  
 Remarks  
 Signature y Date 19.09.2025

## B. TO BE COMPLETED BY THE OWNER ONLY

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

Full Name JAPHET W NYANGE PIN 0103335 Phone Number 0766445369 Email japhwiston@gmail.com  
 Physical address:  
 Street IKWAZANI Ward VIZIBWENI District/Municipal IKWAZANI Region DAR ES SALAAM  
 Details of Previous pharmacy:  
 Name of Pharmacy IKWAZANI FIN 0103335 District/Municipal IKWAZANI Region DAR ES SALAAM

## 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 y Designation y Signature y Date y

## 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. JAPHET W. NYANGE PIN 0102535
2. Namba ya simu. 0766445369 barua pepe jephwinston@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
4. Je, umehusha 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. JAPHET W. NYANGE mwenye

taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya

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

GRINTALIFE LIMITED FIN 0200279 lililopo katika

Wilaya ya ILALA Mkoani DAR-ES-SALAAM

Sahihi [Signature] Tarehe 22.09.25

## Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Bejah al [Signature] Tarehe 17/09/2025

Muhuri KNY:  
DMO

## SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) C.A. SEMIZIGI Kata ya ULIBWENI

Nathibitisha kwamba Ndugu JAPHET WINSTONE NYANGE anaishi

langu mtaa/kijiji MKWAJUNI, kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe

17.09.2025

AFISA MTENDAJI KATA  
KATA YA VIJIBWENI  
S.L.P 36009, KIGAMBONI





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

**JAPHET W NYANGE**

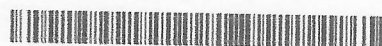
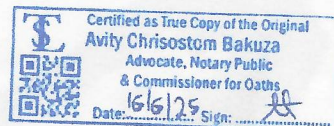
**PIN NO: 0103535**

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: **05 September 2023**

Expires on: **31 December 2025**

**Registrar  
Pharmacy Council**



**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A  
PHARMACIST**

This Agreement is made on this 16th day of September 2025

BETWEEN

Gonlife LTD (Name) of P.O.BOX 75116 Region Dares Salaam <sup>(Vingungudi)</sup>  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees,  
agents or his legal representative of his business.

AND

JAPHET W. NYANGE 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 Retail and Wholesale 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 16th day of September 2025 to 15th day of September 2026

**3. Commencement of Supervision**

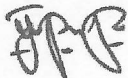
The superintendent shall commence management and supervision of the above named Pharmacy on the 22nd day of September 2025

**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. 8,00,000 (Eight Hundred Thousand) 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.

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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 16<sup>th</sup> day of September 2025

#### SIGNED and DELIVERED

By the said Grantaile LTD  
Who is known to me personally/  
Introduced to me by .....  
.....the latter known to me personally

This 16<sup>th</sup> day of September 2025

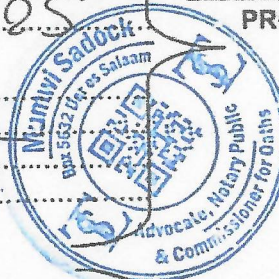
#### In the presence of:

Name: MUMWI SADOCK

Designation: ADVOCATE

Signature: [Signature]

Date: 17/09/2025



[Signature]  
PROPRIETOR

#### SIGNED and DELIVERED

By the said JAPHET W. NYANGE  
Who is known to me personally/  
Introduced to me by .....  
.....the latter known to me personally

This 16<sup>th</sup> day of September 2025

#### In the presence of:

Name: MUMWI

Designation: ADVOCATE

Signature: [Signature]

Date: 17/09/2025



[Signature]  
SUPERINTENDENT

[Signature]