



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



**DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL**

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☒ Other Pharmaceutical Personnel ☐

I BENEDICTOR MAGANIKO with Personal Identification Number (PIN) 0103193 of Year 2022, residing at ARUEHA district, in ARUEHA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named AVEIRO PHARMACY, with Facility Identification Number (FIN) 0103167 of year 2024, located at ARUEHA District, ARUEHA Region with a Business Tax Identification Number (TIN) 159-246-949 (TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0764497307 Email Address: nikodictor2@gmail.com

Signature: [Signature] Date: 06.11.2024

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy. In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory

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... BENEDICTOR MAGANIKO PIN 0103193
2. Namba ya simu... 0764497307 barua pepe nikodictor2@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
4. Je, umehuisa 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... BENEDICTOR MAGANIKO mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
AVEIRO PHARMACY FIN 0103167 lililopo katika
Wilaya ya ARUSHA Mkoani ARUSHA
Sahihi ABM Tarehe 06.11.2024

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 CAROLINE MIMO Tarehe 06/11/2024
MEDICAL OFFICER OF HEALTH
KATA YA KATI

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PETER P. URIO Kata ya KATI

Nadhibitisha kwamba Ndugu BENEDICTOR MAGANIKO anaishi

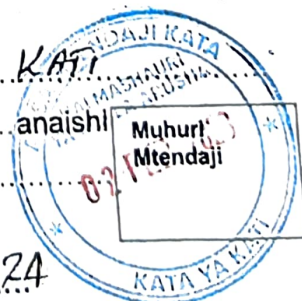
langu mtaa/kijiji BONDENI kuanzia mwaka 2024

Sahihi Afisamtendaji

[Signature]

Tarehe

06/11/2024





THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE 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 AVEIRO PHARMACY Facility Identification Number (FIN) 0103167
 Physical address:
 Street MILIMANI Ward SINDONI District/Municipal ARUSHA Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JAMES RAPHAEL PIN 0103599 Phone 0758001630
 Address P.O. BOX 83 LINDI Email jr.lukw@ gmail .com

A.3. REASON(s) FOR CHANGE

CHANGE OF SETTLEMENT (RELOCATION)

Time frame of notification: (As per Contract) 30 days Signature [Signature] Date 06.11.2024

A.4. OWNER'S DETAILS

Full Name BENEDICTOR MAGANICO Phone Number 0764497307
 Remarks Okay
 Signature [Signature] Date 06.11.2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name BENEDICTOR MAGANICO PIN 0103193 Phone Number 0764497307 Email nikodictor2@gmail.com
 Physical address:
 Street MILIMANI Ward SINDONI District/Municipal ARUSHA Region ARUSHA
 Details of Previous pharmacy:
 Name of Pharmacy.....FIN..... District/Municipal..... Region.....

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.



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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)



Full Name Benedictor Magamiko

Pharmacy Council
P. O. Box 1277

Dodoma

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					
0103193	2nd February, 2023	18th January, 1997	Tanzanian	P.O. Box 47 Arusha	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 15th February 2023

Shahidye
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.



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

BENEDICTOR MAGANIKO

PIN NO: 0103193

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 2024**

Registrar
Pharmacy Council

