



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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 ARIZONA PHARMACY Facility Identification Number (FIN) 0102583
Physical address:
Street KISASA MAKULU Ward MAKULU District/Municipal DODOMA CBD Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Nancy Mwakiliga PIN 0102536 Phone 0717076028
Address 11-6 DODOMA Email nancy.mwakiliga@gmail.com

A.3. REASON(S) FOR CHANGE

Replacement

Time frame of notification: (As per Contract) Signature Date

A.4. OWNER'S DETAILS

Full Name FADALI F. EWAMBO Phone Number 0676679470
Remarks KISASA AMAZON
Signature [Signature] Date 21/3/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name IRENE SAMUEL Mkomu PIN 0102130 Phone Number 065381113 Email irenemkomu@gmail.com
Physical address:
Street KISASA Ward MAKULU District/Municipal DODOMA JTI Region DODOMA
Details of Previous pharmacy:
Name of Pharmacy UZIWA SHALOM FIN District/Municipal DODOMA JTI Region DODOMA

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.



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA

KWENYE MAJENGO YA KUTOLEA HUJUMA 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: IRINE SAMUEL MUKUNA PIN 0102130

2. Namba ya simu (053 38) 113 barua pepe

3. Tarehe ya mwisho kuhisha jina (Retention).....*March/2025*

4. Je, umehuisisha taarifa zako kwenye mfuomo kupitia tovuti ya baraza la famasi?

(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist->

☒ NDIYO, Stakabadi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi: I KENE XIMUETH MUKOMUA

taaliima ya dawa ngazi ya ... *STANLEY A. PHILLIPS*... nakiri kwamba nitafanya

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

FIN 0102380 lililopo katika

Wilaya ya Mkoani

Sahih:
Tarehe: 04/03/2023

Uthibitisho wa Mamasia wa Halmashauri

Nadhibiti sha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa

wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi: Wahab bin Muhammad

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Itibitishwe na: Afisa Mwendaji

.....
Kata

Nathibitisha kwamba Ndugu Jitene - 3: wakabambani

.....

Sahih! Afisamntendaji

7/5/2025

KATAVA DODOMATARENE

8023

Träne - 5. Balken

.....

Munur
Mwendaji

04/29/2014

City Council of Boston
P.O. Box 1249, DORCHESTER
MEDICAL OFFICER

Manhattan KNY:



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

IRENE S MKOMWA

PIN NO: 0102130

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*





00000768

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



REGISTRAR
Full Name
PHARMACY
P.O. Box 311
Dar es Salaam

Irene S. Mkomura

*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					
0102130	8th January, 2021	11th June, 1995	Tanzanian	P.O. Box 1454 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2019

Date 14th January 2021

[Signature]
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 Pharmacists 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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

FADHILI F. FWAMBO

(PROPRIETOR)

AND

IBENDE S. MKOMWA

(SUPERINTENDENT)



AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A
PHARMACIST

This Agreement is made on this 02 day
of MARCH, 2025

BETWEEN

FADHILI F. FWAMBO (Name) of P.O. BOX
47 Region DODOMA.

(hereinafter referred to as the PROPRIETOR) the expression which includes his
assignees, agents or his legal representative of his business, of one part;

AND

IRENE S. MKOMWA a registered pharmacist in
charge who supervises a business of a pharmacist (here in after 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



Interpretation:

"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 02nd day of 03, 2025 to 02nd day of 03, 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 03rd day of 03, 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 TZS

600,000/- 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 without any justifiable cause, the Superintendent shall treat such as a breach of contract.

4.1.2 The Proprietor shall ensure at all times availability of all reference materials necessary for provision of pharmaceutical services and operations

4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall immediately report to the pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.

4.2 The Superintendent;

For an allowance 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 Council and other appropriate authorities, collect the requisite licenses, permits and authorization and keep the pharmacy within the standards and conditions as prescribed in any written law that regulate and control the pharmacy business
- 4.2.2 Shall have overall responsibility and accountability for the maintenance and adherence to a sound system of controls in order to manage risk and promote patient's safety within the pharmacy;
- 4.2.3 Shall ensure physical supervision of the said premises;
- 4.2.4 Shall ensure the pharmacy premises are of appropriate standard to provide for safe storage, dispensing, sale and supply of medicinal products
- 4.2.5 Shall manage and undertake all technical and professional matters in the pharmacy;
- 4.2.6 Shall supervise and control all pharmaceutical personnel working in the pharmacy and ensure day-to-day functions of the pharmacy business are complied with the law;
- 4.2.7 Shall ensure that all staff employed are in possession of the knowledge, skills and competence to perform and are recognized by relevant authority;
- 4.2.8 Shall provide pharmaceutical care including information and services,
- 4.2.9 Shall ensure all proper records are maintained and managed in accordance with good pharmaceutical practice standards;

4.2.10 Shall ensure appropriate policy is in place to comply with disposal of medicinal and other products supplied in the pharmacy;

4.2.11 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place;

4.2.12 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor;

4.2.13 Shall ensure pharmaceutical personnel at all-time appear in a white coat with a tag displaying their name and designation;

4.2.13 Shall ensure availability of all necessary tools for pharmacy operations are in place, Superintendent logbook, PC logo, dispensing register, ledgers

4.2.14 Must ensure whoever is on duty shall appear on a white coat and name tag on it;

4.2.15 establish a well-organized management body of the pharmacy of which he supervises;

4.2.16 Shall ensure that all certificates (business permit, premises registration, copy of certificate ^s of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises;

4.2.17 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards; and

4.2.18 Shall perform any other duty as the Council may determine.

5. Termination

5.1 This Agreement shall be terminated:

(a) by automatic termination;

(b) by mutual consent, or

(c) by Notice



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 02 day of 03, 2025

SIGNED and DELIVERED at DODOMA
by the said FADHILI F. FWAMBO who is known
to me personally/identified to me by



PROPRIETOR

the latter being
personally known to me this 02 day of 03, 2025

In the presence of:

Name: ALINUWE OVERI KYANDO
Designation: ADVOCATE
Signature: A-#
Address: 1126 DODOMA
Date: 02 APRIL 2025



SIGNED and DELIVERED at DODOMA by the said
RENDE S. MKAMWA who is known



SUPERINTENDENT

to me personally/identified to me by FADHILI F. FWAMBO
the latter being
personally known to me this 2 day of APRIL 2025

In the presence of:

Name: ALINUWE OVERI KYANDO
Designation: ADVOCATE
Signature: A-#
Address: 1126 DODOMA
Date: 2 APRIL 2025

