



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. 257)

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 DIO PHARMACY Facility Identification Number (FIN) D101471
Physical address:
Street NG'WASHI Ward BUTONGWA District/Municipal NYAMAGANA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SUNDAY C. MWERA PIN 0102052 Phone 0785539621
Address DAR Email Fombaramwera@gmail.com

A.3. REASON(S) FOR CHANGE

OCCUPATIONAL TRANSFER

Time frame of notification: (As per Contract) 2 MONTHS Signature [Signature] Date 26/02/2025

A.4. OWNER'S DETAILS

Full Name DIOGEN BENARD KATO Phone Number 0765 865799
Remarks
Signature [Signature] Date 26/2/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name NADMI E MBANGA PIN 01835 Phone Number 0744574118 Email beyambanga@gmail.com
Physical address:
Street BUSENGA Ward BUSENGA District/Municipal NYAMAGANA Region MWANZA
Details of Previous pharmacy:
Name of Pharmacy DIO PHARMACY FIN 014712025 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.

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 NADMI EDWARD MBANGA PIN 0101835
2. Namba ya simu 0744374456 barua pepe bogombambanga@nhif.or.t
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/pcnis-data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi NADMI EDWARD MBANGA mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo DIO PHARMACY FIN D14712024 lililopo katika Wilaya ya NYAMAGANA Mkoani MWANZA Sahihi Nbanga Tarehe 28/04/2025

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 Felister Makwani Makwani Tarehe 28/04/2025

119 DAKTARI WA MANISPA,
MASHAURI YA MANISPAAYA ILEMI
S. L. P 735
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) GRACE X. SHABO Kata ya BURUNDI

Nadhibitisha kwamba Ndugu NXONI E. MBANGA anaishi

langu mtaa/kijiji BUSENGA kuanzia mwaka 2019

Sahihi Afisa mtendaji

Tarehe

28/04/2025

Muhuri
Mtendaji



00000465

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

PHARMACY COUNCIL
ES SALAAM

Full Name

Naomi Mbanga

*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					
0101835	9th January, 2019	7th May, 1982	Tanzanian	P.O. Box 132 Mwanza	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2017

Date

08th February 2019

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.



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

NAOMI E. MBANGA

PIN NO: 0101835

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: **09 January 2019**

Expires on: **31 December 2025**

Registrar
Pharmacy Council



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

DIOREN BENARD KATO
(PROPRIETOR)

AND

NAOMI E. MBANUA
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 25 day of April 2025

BETWEEN

Diogen Benard Kato (Name) of P.O. BOX Mwanga Region
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

NAOMI E. MBANCA 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 Retail 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 25 day of April 2025 to 26 day of April 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 25 day of April 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 of TZS 900,000/= 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 25 day of April 2025

SIGNED and DELIVERED at MWANA by the said
Diongen Benard who is known
to me personally/identified to me by
NAOMI MDANGA the latter being
personally known to me this 25 day of April 2025


PROPRIETOR

In the presence of:

Name: A.K. NASIMIRE

Designation: ADVOCATE

Signature: 


Address: P.O. Box 261 MWANA

Date: 25/04/2025

Signed and delivered by the parties at this 25 day of April 2025



SIGNED and DELIVERED at MWANA by the said
NAOMI E. MRANWA who is known
to me personally/identified to me by
..... the latter being
personally known to me this 25 day of April 2025


SUPERITENDENT

In the presence of:

Name: A.K. NASIMIRE

Designation: ADVOCATE

Signature: 

Address: P.O. Box 261 MWANA

Date: 25/04/2025

