



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 Maja pharmacy Facility Identification Number (FIN) 010333.1
Physical address:
Street Buzungu Ward Nyakato District/Municipal Ilemela Region Mwanza

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Diabu Masai Jackson PIN 0409185 Phone 0757782145
Address slp 424 Email Diabujackson94@gmail.com

A.3. REASON(S) FOR CHANGE

Shifting to another pharmacy

Time frame of notification: (As per Contract) 30 days Signature Diabu Masai Jackson Date 19.09.2025

A.4. OWNER'S DETAILS

Full Name MATALIWA SELEMANI Phone Number 0764665926
Remarks Allowed to transfer to another pharmacy
Signature M. Selemani Date 18/09/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name MERITZ T. SHANYANGI PIN 0409805 Phone Number 0765580041 Email meritshanyi@gmail.com
Physical address:
Street Buzungu Ward NYAKATO District/Municipal ILEMELA Region MWANZA
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.

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 MERURI JULIUS SHANYANGI PIN 0409805
2. Namba ya simu 0765580846 barua pepe meruri.julius@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-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MERURI JULIUS SHANYANGI mwenye
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MAJA PHARMA Co FIN 0103331 lililopo katika
Wilaya ya ILEMELA Mkoani MWANZA
Sahihi Shanyangi Tarehe 28/09/2025
Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Feliste MASHAURI Tarehe 23/10/2025

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Majawa Jumbi Kata ya MECCO

Nathibitisha kwamba Ndugu MERURI JULIUS SHANYANGI anaishi

langu mtaa/kiji MECCO kusini kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe
23/10/2025

Muhuri
Mtendaji

NI AMBA MASHAURI KATIKA
KATIKA MECCO
MANISPAA YA ILEME

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 28th day of September 2025

BETWEEN

MAJALIWA J. ELEMAM (Name) of P.O.BOX 194 Region MWANZA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

MERUZI J. SHANYANGI enrolled Pharmaceutical technician
who will perform all the technical activities in the Pharmacy under pharmacist supervision
(hereinafter referred to as the Pharmaceutical technician).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical technician to his business,

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 Pharmaceutical technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as RETAIL Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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.

"Pharmaceutical technician" means a person enrolled as such under section 24 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 28th day of September 20 25 to 28th day of September 20 26

3. Commencement of Supervision

The Pharmaceutical technician shall commence technical assistance of the above named Pharmacy on the 28th day of September 20 25

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. FIVE HUNDRED THOUSANDS (500,000.00) payable monthly to the PHARMACEUTICAL TECHNICIAN 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 1st 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 other 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.

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 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 this 28th day of September 20 25.

SIGNED and DELIVERED

By the said MATALIWA SELEMANI

Who is known to me personally/

Introduced to me by MERUZ JULIUS

SHONYANGI the latter known to me personal

This 28th day of September 20 25.

In the presence of:

Name: ARJEIN MOLLAND TABUYA

Designation: ADVOCATE

Signature: [Signature]

Date: 28th September 2025



[Signature]
PROPRIETOR

SIGNED and DELIVERED

By the said MERUZ JULIUS SHONYANGI

Who is known to me personally/

Introduced to me by MATALIWA SELEMANI

the latter known to me personal

This 28th day of September 20 25.

In the presence of:

Name: ARJEIN MOLLAND TABUYA

Designation: ADVOCATE

Signature: [Signature]

Date: 28th September 2025



[Signature]
PHARMACEUTICAL
TECHNICIAN