



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: NACHONE PHARMACY Facility Identification Number (FIN): 0103622  
Physical address: MACHINI ONI Ward: MULIANDU District/Municipal: NYAMAGANA Region: MWANZA  
Street: MACHINI ONI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: HIPPY R MBANA PIN: 0102444 Phone: 0766575962  
Address: MWANZA Email: mbanachappy@gmail.com

A.3. REASON(S) FOR CHANGE

End of contract due to payment issue  
Time frame of notification: (As per Contract) 1 month Signature: [Signature] Date: 01/07/2025

A.4. OWNER'S DETAILS

Full Name: ASHA CHRISTINE Phone Number: 0764106883  
Remarks: Received  
Signature: [Signature] Date: 01/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: ABDULLAH ISMAIL ABDULLAH PIN: 0104024 Phone Number: 2681031381 Email: officialabdullah1999@gmail.com  
Physical address: Isenganyhe B Ward: MULIANDU District/Municipal: NYAMAGANA Region: MWANZA  
Details of Previous pharmacy: NACHONE PHARMACY FIN: 0102444 District/Municipal: NYAMAGANA Region: MWANZA  
Name of Pharmacy: NACHONE PHARMACY

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: ..... Designation: ..... Signature: ..... Date: .....  
Full Name: .....

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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

ALHA CHRISTOPHER BISANGABA.  
(PROPRIETOR)

AND

ABDALLAH ISMAIL ABDALLAH  
(SUPERINTENDENT)

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

This Agreement is made on this 10 day of 10 2025

**BETWEEN**

ASHA CHRISTOPHER BISANTABA (Name) of P.O. BOX 1370 Region  
MWANZA (hereinafter referred to as the **PROPRIETOR**) the expression which  
includes his assignees, agents or his legal representative of his business, of one part;

**AND**

ABDALLAH ISMAIL ABDALLAH 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 10 day of 10 2025 to 09 day of 10 2026

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 10 day of 10 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 800,000/- 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 **1<sup>st</sup>** 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 the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

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 10 day of 10 2025

SIGNED and DELIVERED at .....by the said  
ASHA CHRISTOPHER BUNDA who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this 10 day of 10 2025

ASHA  
PROPRIETOR

In the presence of:

Name: HELENA NGAO  
Designation: MAGISTRATE  
Signature: [Signature]  
Address: 155 MWANZA  
Date: 10/10/2025

RESIDENT MAGISTRATE  
MWANZA

Signed and delivered by the parties at this 10 day of 10 2025

SIGNED and DELIVERED at .....by the said  
ABDULLAH BAIL ABDULLAH who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this 10 day of 10 2025

[Signature]  
SUPERITENDENT

In the presence of:

Name: HELENA NGAO  
Designation: MAGISTRATE  
Signature: [Signature]  
Address: 155 MWANZA  
Date: 10/10/2025

RESIDENT MAGISTRATE  
MWANZA



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

**ABDALLAH ISMAIL ABDALLAH**

**PIN NO: 0104084**

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: 20 August 2025

Expires on: 31 December 2025

Registrar  
Pharmacy Council





## 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 ABDALLAH ISMAIL ABDALLAH PIN 0104084
2. Namba ya simu 0679031381 barua pepe officialabdallah@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 30/08/2025
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 ABDALLAH ISMAIL ABDALLAH mwenye  
taaluma ya dawa ngazi ya SHAHABA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
NACHONE PHARMACY FIN 0102444 lililopo katika  
Wilaya ya NYAMAGANA Mkoani MWANZA  
Sahihi [Signature] Tarehe 10/10/2025

## Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Moses Libura Tarehe 10/10/2025

Muhuri KNY:  
DMO

## SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) THOMAS J. BAIKELI Kata ya MHANU

Nathibitisha kwamba Ndugu ABDALLAH ISMAIL ABDALLAH anaishi

langu mtaa/kijiji ISEGEN G'HE B, kuanzia mwaka 2022

Sahihi Afisa mtendaji

[Signature]

Tarehe

10/10/2025

Muhuri  
Mtendaji

**AFISA MTENDAJI WA KATA  
YA MHANU  
JIU LA MWANZA.**



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002758

**CERTIFICATE OF FULL REGISTRATION***(Section 20 of the Pharmacy Act, CAP. 311)*

Registrar  
Pharmacy Council  
P.O. Box 1277  
DODOMA

Full Name Abdallah Ismail Abdallah

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              |                   |             |                                 |                      |   |
| 0104084      | 20th August, 2025 | 28th August, 1999 | Tanzanian   | P.O. Box 65001<br>Dar es Salaam | Bachelor of Pharmacy | Muhimbili University of Health and Allied Sciences 2023 |

Date 15th September, 2025  
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.