



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 NISMA PHARMACY
Physical address ISALA ROAD Ward MTASUSI
Street ISALA ROAD

Facility Identification Number (FIN) 0300539

District/Municipal KAHAMA TC Region SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ELIYA SAMUEL
Address 18021 DAKA-CH-SHAMAM

PIN 0102732 Phone 0765781060
Email manyenye1968@gmail.com

A.3. REASON(S) FOR CHANGE

MOVED TO ANOTHER REGION AFTER BEING EMPLOYED

Time frame of notification (As per Contract) 30 days Signature [Signature] Date 4/9/2025

A.4. OWNER'S DETAILS

Full Name SALVADORY CHUBAUKO
Remarks
Signature Date

Phone Number 0713491570

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JUMANNE SIMANDE BUMBA PIN 0104106 Phone Number 07655592 Email Simandisimandis46@gmail.com
Physical address
Street MTASUSI Ward MTASUSI District/Municipal KAHAMA Region SHINYANGA
Details of Previous pharmacy
Name of Pharmacy NISMA PHARMACY FIN 0300539 District/Municipal KAHAMA Region SHINYANGA

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 MSAJIZI ☐ PHARM. DISP

1. Jina la mwanataaluma JUMANNE SIMAMO BUSUMABU PIN 0104106
2. Namba ya simu 0769890092 barua pepe Simamo.jumanne@gmail.com
3. Tarehe ya mwisho kuhisha jina (Retention) 2025
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. ☒ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi JUMANNE SIMAMO BUSUMABU mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
NEMA Pharmacy PIN 0300539 lililopo katika
Wilaya ya LAHAMAR Mkoani SHINYANGA
Sahihi Simamo Tarehe 06/10/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:
DMO

Jina na Sahihi SHIRAZI BENEFIT SANKU Tarehe 20/10/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) NSEMA SIMON Kata ya MTONDELO

Nadhibitisha kwamba Ndugu JUMANNE S. BUSUMABU anaishi

langu mtaa/kijiji MTONDELO kuanzia mwaka 2023

Sahihi Afisa mtendaji

Tarehe

16/10/2028

Muhuri
Mtendaji
KATA YA MTONDELO
PZIMANI



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

JUMANNE SIMANDO BUSUMABU

PIN NO: 0104106

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




Certified as True Copy of the Original
Kashindye Lucas
Advocate, Notary Public & Commissioner
for Oaths
Signature: 
Date: 12/10/2025





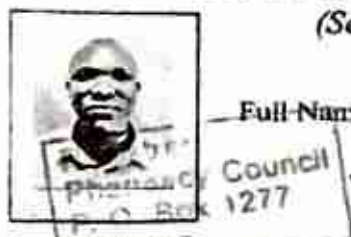
THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002780

CERTIFICATE OF FULL REGISTRATION

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



Full Name

Sumnane Simando Busumabu

* 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					
0104106	20th August, 2025	7th May, 1992	Tanzanian	P.O. Box 31 Geita	Bachelor of Pharmacy	Kampala International University in Tanzania 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.

Certified as True Copy of the Original
 Kashindye Lucas
 Advocate, Notary Public & Commissioner
 for Geita
 Sign: 
 Date: 18/09/2025

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AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SALVATORY K. CHOBALIKO
(PROPRIETOR)

AND

JUMANNE SIMANDU BUSUMABU
(SUPERINTENDENT)

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

This Agreement is made on this 6th day of October 2026

BETWEEN

Salvany Chabuliko (Name) of P.O. BOX 634 Region
KIGOMA (hereinafter referred to as the **PROPRIETOR**) the expression which
includes his assignees, agents or his legal representative of his business, of one part,

AND

JUMANNE GIMANDU BUSUMABU 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 NJEMA 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 6th day of October 20 25 to 6th day of October 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 6th day of October 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 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 **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 6th day of October 2025

SIGNED and DELIVERED at NJENA by the said
SALVATORY K. CHOBALIKU who is known
to me personally/identified to me by
..... the latter being
personally known to me this 6th day of 10 2025.

[Signature]
PROPRIETOR

In the presence of:

Name: XNGBLUX KALENU
Designation: XDUPLICATE
Signature: XNGBLUX
Address: 81475 DRE B OXHAM
Date: 06/10/2025



Signed and delivered by the parties at this 6th day of October 2025

SIGNED and DELIVERED at NJENA by the said
JUMANNE SIMANDU RUMUNGU who is known
to me personally/identified to me by
..... the latter being
personally known to me this 6th day of October 2025.

Jumanne!!!
SUPERITENDENT

In the presence of:

Name: XNGBLUX KALENU
Designation: XDUPLICATE
Signature: XNGBLUX
Address: 81475 DRE B OXHAM
Date: 06/10/2025

