



THE UNITED REPUBLIC OF TANZANIA

PCF. 17

MINISTRY OF HEALTH

PHARMACY COUNCIL



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A  
(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..... BREUA Pharmacy  
Physical address:.....  
Street..... Dasi Ward..... MAGOMENI-MAPA District/Municipal..... KINONDONI Region..... DARES SALAM  
Facility Identification Number (FIN)..... 010063

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... PETER GEORGE NGAMIA PIN..... 0102545 Phone..... 0719 980 550  
Address..... 65000 DSM Email..... peterngamia.09@gmail.com

A.3. REASON(S) FOR CHANGE

..... CHANGE OF RESIDENCE TO IN

Time frame of notification: (As per Contract)..... Signature..... Date..... 28/5/2025

A.4. OWNER'S DETAILS

Full Name..... CONSOLANTA RAPHAEL MUMBA Phone Number..... 0672 703 703  
Remarks..... RECOMMENDED  
Signature..... [Signature] Date..... 28/5/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name..... CONSOLANTA RAPHAEL MUMBA PIN..... 010264 Phone Number..... 0672 703 703 Email..... consolantamumba@gmail.com  
Physical address:.....  
Street..... Dasi Ward..... MAGOMENI District/Municipal..... KINONDONI Region..... DARES SALAM  
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 CONSOLATHA R. MUMWA PIN 0102614
2. Namba ya simu 0672 703703 barua pepe consolathamw5@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 30/12/2024
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 consolatha R. Mumwa mwenye

taaluma ya dawa ngazi ya Mfamasi nakiri kwamba nitafanya

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

BRIELLA PHARMACY FIN 010063 lililopo katika

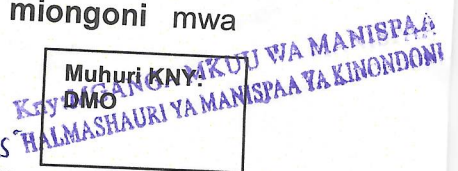
Wilaya ya KINONDONI Mkoani DAR ES SALAM

Sahihi [Signature] Tarehe 28/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Awini Sanga Tarehe 28/05/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Saume G. Kasali Kata ya Mzimuni

Nadhibitisha kwamba Ndugu CONSOLATHA R. MUMWA anaishi

langu mtaa/kiji IDRISA kuanzia mwaka 2021

Sahihi Afisamtendaji [Signature]

Tarehe 28/05/2025

Muhuri  
Mtendaji







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

**CONSOLATHA RAPHAEL MLIMWA**

**PIN NO: 0102614**

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: 19 August 2021**

**Expires on: 31 December 2025**

**Registrar  
Pharmacy Council**







## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH

## PHARMACY COUNCIL



DECLARATION FORM FOR PHARMACY OWNERS WHO ARE  
PHARMACEUTICAL PERSONNEL  
(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I CONSOLATHA PAPHAE MUMWA with Personal Identification Number  
(PIN) 0102614 of Year 2021, residing at MAGOMENI district, in KINONDONI  
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named BRIELLA PHARMACY  
, with Facility Identification Number (FIN) 0100623 of year 2018, located at MAGOMENI  
District, KINONDONI Region with a Business Tax Identification Number (TIN) 168-074-123  
(TIN Certificate to be attached)\*\*\*.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will  
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and  
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being  
subjected to a professional misconduct.

Phone: 0672 703 703 Email Address: consolathamumwa@gmail.com  
Signature: [Signature] Date: 28/5/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who  
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.  
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and  
the Conduct of Business of Pharmacy) Regulations, 2020.

\*\*\* Mandatory



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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

**CERTIFICATE OF FULL REGISTRATION**

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

Full Name Consolatha Raphael Msimwa

\*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					
0102614	19th August, 2021	2nd June, 1996	Tanzanian	P.O. Box 65000 Dar es Salaam	Bachelor of Pharmacy	Kampala International University in Tanzania 2019

Date 01st October 2021  
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.