



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. 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 OLAIKYA PHARMACY Facility Identification Number (FIN) 0101899
Physical address
Street KASSAMBYA Ward BUNAZI District/Municipal MISSENYI Region KAGERA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name EVINA KATLEMBO PIN 0102411 Phone 07652511210
Address P.O. BOX 1643 BUKORA Email byera8194@gmail.com

A.3. REASON(S) FOR CHANGE

CHANGE OF RESIDENCE TO OTHER
REGION

Time frame of notification: (As per Contract) 3 months Signature [Signature] Date 09/01/2025

A.4. OWNER'S DETAILS

Full Name BAHATI HAMISI AGDALLAH Phone Number 0764469121
Remarks I AGREE THE CHANGE
Signature [Signature] Date 18/01/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name RAPHAEL PHILIKILI PIN 0102415 Phone Number 075465209 Email raphael.philike@gmail.com
Physical address
Street BUNAZI Ward KASSAMBA District/Municipal MISSENYI Region KAGERA
Details of Previous pharmacy
Name of Pharmacy JEMRA PHARMACY FIN 0102915 District/Municipal DODOMA Region DODOMA

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

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 25 day of February 2025

BETWEEN

OLAIKYA PHARMACY Region KAGERA (here in after referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

RAPHAEL PHIKILI 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 **OLAIKYA 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 01 day of MARCH 2025 to 28 day of FEBRUARY 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of MARCH 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 **800,000/=TZS** *Eight hundred thousand ONLY* payable to the SUPERINTENDENT upon Discharging his/her 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 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 25 day of February 2025

SEALED by the Common Seal of the said OLAIKYA PHARMACY
this 25 day of FEB. 2025

Seal

SIGNED and DELIVERED at KARAGWE by
Name : BANATI HAMISI ABDALLAH
Signature :
Designation : PHARMACIST / CEO
Date : 25/2/2025

In the presence of:

Name : Jackson Mchuguzi Mustafa
Designation : Notary Public
Signature :
Address : P.O. Box 445, Karagwe
Date : 25 February 2025



SIGNED and DELIVERED at KARAGWE by the said
RAPHAEL PHIKILI who is known
to me personally/identified to me by BANATI
HAMISI ABDALLAH the latter being
personally known to me this 25 day of FEB. 2025

SUPERINTENDENT

In the presence of:

Name : Jackson Mchuguzi Mustafa
Designation : Notary Public
Signature :
Address : P.O. Box 445, Karagwe
Date : 25 February 2025



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... RAPHAEL PHIKILI PIN 0103495
2. Namba ya simu... 0757652009 barua pepe raphaelphikili@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 03/12/2024
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 4WX101315844234 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... RAPHAEL PHIKILI mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
OLAUKYA PHARMACY FIN 0101899 lililopo katika
Wilaya ya MISSENZI Mkoani KAGERA
Sahihi [Signature] Tarehe 25/02/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi PATRICK MWESIGA & Tarehe 14/4/2025

Muhuri KNY:
DMO

District Medical Officer
MISSENZI

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ABDULRAUFU A. AHUMAN Kata ya KASSAMBYA

Nathibitisha kwamba Ndugu RAPHAEL PHIKILI anaishi
langu mtaa/kijiji BUNAZI kuanzia mwaka 2025

Sahihi Afisa Mtendaji

Tarehe

06/03/2025

Muhuri
Mtendaji

AFISA MTENDAJI
KATA KASSAMBYA



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

RAPHAEL PHIKILI

PIN NO: 0103495

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: **31 May 2023**

Expires on: **31 December 2025**

**Registrar
Pharmacy Council**





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



Full Name Raphael Phikili

* 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					
0103495	31st May, 2023	5th March, 1995	Tanzanian	P.O. Box Kahama	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 09th June 2023

Blhehlaghe
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.