THE UNITED REPUBLIC OF TANZANIA







PHARMACY COUNCIL

NOTIFICE 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
Α	. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.
	Name of the Pharmacy
	Street ANGURDINA Ward Boman District/Municipal TARONG Region MACA
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL 0764568407/06560310 Full Name MACEGET JANUARY SIMILA PIN 0102316 Phone Ogmost com Address 200 (03 MARK Email Malagessiamusa Ogmost com
	A.3. REASON(s) FOR CHANGE
	CHANGE OF OHICIM RESIDENCE
	Time frame of notification: (As per Contract) ANE MONTH Signature SIMULY Date 30th of MAY, 2025
	A.4. OWNER'S DETAILS Full Name JOE B. ICAHAMBA Remarks. MI PARTIES WERE REACHED THE AGREMENT. Signature Hottlehouse Date 30/5/2025
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name THUMUNI DALXLI PIN 0102081 Phone Number 0166-497114 Physical address: Street Markoro Ward Markoro District/Municipal Musema M. C. Region Markoro Details of Previous pharmacy. Name of Pharmacy Markoro Pharmacy Pharmacy FIN 0102170 District/Municipal GETTA Deregion. GETTA
	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
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

JOE-B. KAHAMBA

(PROPRIETOR)

AND

THUMUNI DALALI

(SUPERINTENDENT)

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 WHOUSAND 4 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 three, six, nine, twelve months, commencing from the
	The superintendent shall commence management and supervision of the above named Pharmacy on the
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 payable to the
	payable to the
	SUPERÍNTENDENT 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.

TZS

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 day of 20
SIGNED and DELIVERED at
In the presence of: Name: MAR JAMJON Designation: CDMMIJI: ONER FOR OATHS Signature: M. M. M. O. Address: 2721 TAMLING Date: O1 - 07 - 20 25 SIGNED and DELIVERED at by the sally sioned for the latter being personally known to me this. 61 day of
In the presence of: Name: MARY SAMSON Designation: Commissioner FOR OATHS Signature: Melanson Address: 27-4 TANOMA Date: 0.1 - 0.7 - 2.0.2.5

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 THUMUMI DALALI PIN 0102981						
2. Namba ya simu 0786-497114 barua pepe talalithumuni @ gmad lo						
3. Tarehe ya mwisho kuhuisha jina (Retention). ♣৫ 万元ガモ/੨०२番						
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?						
(http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-						
signup.php) VNDIYO, Stakabadhi Na HAPANA						
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:						
Mimi THYMUNI DASARI mwenye						
taaluma ya dawa ngazi ya 🕀 🕳 戻 💮 nakiri kwamba nitafanya						
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo						
TARIME PHARMACY FIN 2001011126 lililopo katika						
Wilaya ya TARIME Mkoani MARA						
Sahihi Tarehe 0107/2025						
Uthibitisho wa Mfamasia wa Halmashauri						
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa						
wanataaluma waliopo katika halmashauri ninayosimamia						
Jina na Sahihi . Agaya Junkolci & Tarehe 02/07/2025						
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:						
Ithibitishwe na: Afisa Mtendaji						
Jina la mtendaji (Kata) JUDA JULI W Kata ya DITAJI						
Nathibitisha kwamba Ndugu, THUMUN DALALI anaishi Muhuri						
langu mtaa/kijiji. LCTTHTI C ,kuanzia mwaka. 2024 Mtendaji						
Sahihi Afisamtendaji Tarehe KATA YA KITAJI						
01/07/2025 MUSOMA-MJINI						



00001628

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, C	AP. 311)
(Section 20 of the Pharmacy Act, C	
SFull Name Thumuni Dalali	
	*

* Whereby 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.

Reg PIN.	istration Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0102981	February, 2022	Masch, 1995	Fanzanian	P.O. BOX 88 Mwanza	Bachetor of Pharmacy	Catholic University of Heath and Alvied Sciences
	7.5	148	Fanz	7.0°	Back	Hear Hear Screen

Dure 22hd April 2022

REGISTRATE

NOTES: (1) This certificante 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 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.



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

THUMUNI DALALI

PIN NO: 0102981

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:11 February 2022

Expires on:31 December 2025





