



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 Super Pharmacy Facility Identification Number (FIN) 0101939  
Physical address:  
Street MALANKA Ward MURUBA District/Municipal BUTHAMA Region MARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name EVARIST JULIUS CHUMUMATE PIN 0102753 Phone 0755274019  
Address P.O. BOX - 1928 MURUBA Email evchumumate@yahoo.com

A.3. REASON(S) FOR CHANGE

Shifting of area (location) from Muroon (Mara) to Muramba.  
Time frame of notification: (As per Contract) one month Signature Evvarist Date 01/02/2025

A.4. OWNER'S DETAILS

Full Name THOMAS MANGARA MARWA Phone Number 0742138994  
Remarks None Date 01/02/2025  
Signature Thomas

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JACKLINE JOEL PIN 0104056 Phone Number 068271824 Email jacklinejoel102@gmail.com  
Physical address:  
Street OBOKI Ward MURUBA District/Municipal BUTHAMA Region MARA  
Details of Previous pharmacy:  
Name of Pharmacy SURUSI FIN 0101939 District/Municipal BUTHAMA Region MARA

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.



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**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 SURUH PHARMACY Facility Identification Number (FIN) 0101939  
Physical address:  
Street MALUNGA Ward MURUA District/Municipal BUTANDA Region MARA

**A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name Amos JULIUS MAKUYA PIN 0402617 Phone 0710-452113  
Address P.O. BOX - 78 DODOMA Email Amosmakuya92@yahoo.com

**A.3. REASON(s) FOR CHANGE**

Delaying of Payments (Monthly payments) as per Contract.

Time frame of notification: (As per Contract) 1 month Signature [Signature] Date 01/02/2025

**A.4. OWNER'S DETAILS**

Full Name HERMAN MANGARA MARWA Phone Number 0743 132 994  
Remarks \_\_\_\_\_  
Signature [Signature] Date 01/02/2025

**B. TO BE COMPLETED BY THE OWNER ONLY**

**B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL**

Full Name \_\_\_\_\_ PIN \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Physical address:  
Street \_\_\_\_\_ Ward \_\_\_\_\_ District/Municipal \_\_\_\_\_ Region \_\_\_\_\_  
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... JACKLINE JOEL PIN 0104056
2. Namba ya simu... 0682718241 barua pepe jacklinejoel102@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 20/08/2025
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?  
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... JACKLINE JOEL mwenye  
taaluma ya dawa ngazi ya Mfamasia nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
SURUSI FIN 0101939 lililopo katika  
Wilaya ya BUTIAMA Mkoani MARA  
Sahihi Joel Tarehe 24/09/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Amoyi Joseph Tarehe 24/09/2025  
Muhuri KNY: DMO  
PHARMACEUTICAL OFFICER  
P.O Box 1207  
BUTIAMA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) JOHANN J. KMETCA Kata ya MIRWA

Nathibitisha kwamba Ndugu JACKLINE JOEL anaishi

langu na mkijiji MAQUANGA kuanzia mwaka 2025

Sahihi Afisamtendaji

Amoyi Joseph Tarehe 24/09/2025



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 MATHIAS G. LWASA PIN 0404716
2. Namba ya simu 0699767186 barua pepe P.O Box 120
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024
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 MATHIAS G. LWASA mwenye

taaluma ya dawa ngazi ya DIPLOMA nakiri kwamba nitafanya

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

SURUSI PHARMACY FIN ..... lililopo katika

Wilaya ya BUTIAMA Mkoani MARA

Sahihi ..... Tarehe 24/09/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Joseph J. Joseph Tarehe 24/09/2025

Muhuri KNY:  
DMO

DISTRICT MEDICAL OFFICER

P.O Box 1207

BUTIAMA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Johnson J. Kwele Kata ya MIRWA

Nathibitisha kwamba Ndugu MATHIAS G. LWASA anaishi

langu mtaa/kijiji MAGUNGA kuanzia mwaka 2025

Sahihi Afisa mtendaji

.....

Tarehe

24/09/2025





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002580

**CERTIFICATE OF FULL REGISTRATION**

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



Full Name

Jackline Joel

Reg.  
Pharmacy Council  
P.O. Box 1217  
Dodoma

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					
0104056	20th August, 2025	12th April, 1994	Tanzanian	P.O. Box 661 Mwanza	Bachelor of Pharmacy	St. John's University of 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.



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

**JACKLINE JOEL**

**PIN NO: 0104056**

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



# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 01 day of July 20 25

BETWEEN

Thomas M. MARLA (Name) of P.O.BOX 120 Region MARA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

JACKLINE JOEL a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

**WHEREAS** the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

**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,

**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;

**WHEREAS** the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**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:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the 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;

"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.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of 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 JULY 20 25 to 30 day of JUNE 20 26

**3. Commencement of Supervision**

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of JULY 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 salary/emoluments of TZS. 250,000/- payable monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement. At any event, the salary **shall not be paid in advance.**

4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1<sup>st</sup> day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.

4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.1.5 Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.8 Shall ensure pharmaceutical services are provided with due care.

4.1.9 Shall ensure all proper records are maintained and managed well.

6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs  
The Proprietor shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

9. The Pharmacy 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 24<sup>TH</sup> day of SEPTEMBER 2025

SIGNED and DELIVERED

By the said THOMAS MADWARA MARWA

Who is known to me personally/

Introduced to me by \_\_\_\_\_ the latter known to me personally

This 24<sup>TH</sup> day of SEPTEMBER 2025

In the presence of:

Name: JOSEPH EPAFRASI LIKURWA

Designation: COMMISSIONER FOR OATH

Signature: [Signature]

Date: 24/09/2025

SIGNED and DELIVERED

By the said JACKLINE JOEL

Who is known to me personally/

Introduced to me by \_\_\_\_\_ the latter known to me personally

This 24<sup>TH</sup> day of SEPTEMBER 2025

In the presence of:

Name: JOSEPH EPAFRASI LIKURWA

Designation: COMMISSIONER FOR OATH

Signature: [Signature]

Date: 24/09/2025

PROPRIETOR



SUPERINTENDENT

