

Omary Salim Kizenga
P.O. Box 1609
Dodoma
20/11/2024

The Registrar
Pharmacy Council of Tanzania
P.O. Box 1277
Dodoma

Dear Registrar,

**Re: Request for Withdrawal of Superintendent Status from Usagara Pharmacy,
Mwanza**

I hope this letter finds you well. I am a registered pharmacist with PIN number 01033783. I am writing to bring to your immediate attention a serious matter involving the fraudulent use of my registration and license by individuals operating without my consent.

As I had previously informed your office in a letter dated 10/09/2024 (a copy of which is attached for reference), I lost my bag containing a laptop and important documents while traveling from Dodoma to Dar es Salaam in August. Shortly afterward, I became aware that my registration and license were being used fraudulently by someone pretending to be me. I notified the police, and a case was filed under the RB number DOWRB/12602/2024. The police have taken appropriate steps to apprehend the suspect.

Unfortunately, despite these efforts, I have now discovered that my credentials are currently being used by a pharmacy in Mwanza, known as Usagara Pharmacy (FIN:0103144), without my knowledge or involvement. This unauthorized use of my license in such a manner is not only damaging to my professional reputation but is also a violation of the regulations set forth by the Pharmacy Council.

In light of these circumstances, I kindly request that you immediately withdraw my superintendent status from Usagara Pharmacy, Mwanza, to prevent further misuse of my credentials. Enclosed with this letter are copies of the Police RB and the letter that I had previously sent to your office.

I apologize for any inconvenience this situation may cause and appreciate your swift action in addressing this matter. I look forward to your confirmation of the withdrawal of my status from the mentioned pharmacy.

Thank you for your understanding and support in resolving this issue.

Yours sincerely,



Omary Salim Kizenga
+255684802614/+255743802614
omaryskizenga@gmail.com

Omary Salim Kizenga,
P.O BOX 1609,
Dodoma, Tanzania

10/09/2024

Registrar Pharmacy Council of Tanzania
P. O. Box 1277
Dodoma Tanzania

Dear Registrar,

Notification of Lost Certificate of Full Registration and License to Practice

I hope this letter finds you well. I am writing to bring to your attention a critical matter regarding my professional credentials. My name is Omary Salim Kizenga, and my Pharmacy Council of Tanzania registration number is PIN 0103783.

While traveling from Morogoro to Dodoma, unfortunately, I lost the physical copies of both my Certificate of Full Registration and my License to Practice which were in my bag. I am deeply concerned about the potential misuse of these documents by an unauthorized individual.

Recently, I received information that someone is using these lost documents fraudulently, pretending to be me and engaging in activities that could harm both my professional reputation and the public. Specifically, this person has been involved in financial transactions, misleading others into believing they are dealing with a registered pharmacist.

In light of this situation, I kindly request your assistance to solve this matter together with issuing a public notice or advisory to inform healthcare institutions, pharmacies, and the general public about the loss of my documents and the potential for fraudulent activity.

I assure you that I am taking all necessary precautions to safeguard my professional identity. I am also reporting this matter to the relevant authorities to investigate further.

I appreciate your prompt attention to this matter. If there are any additional steps I need to take or forms to complete, please let me know. I am available for an in-person meeting if required.

Thank you for your understanding and cooperation.
Sincerely,

Omary Salim Kizenga PIN 0103783

Osalim

In light of this situation, I kindly request your assistance to solve this matter together with issuing a public notice or advisory to inform healthcare institutions, pharmacies, and the general public about the loss of my documents and the potential for fraudulent activity.

Dom/RS/12602/2024

(A/R/15A)

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76 x 50
POLICE - DUDHGA
VIJAY
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THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 121 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 USAGARA PHARMACY Facility Identification Number (FIN) 0103144

Physical address: Street Mtakuja Ward Uagara District/Municipal Mirungwi Region Mwanza

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Daniel Chediel Shughuru PIN 0103562 Phone 0621222499
Address P.O. Box 1370 Mwanza Email danielchediel5@gmail.com

A.3. REASON(s) FOR CHANGE

Delay payment and not paid as per contract

Time frame of notification: (As per Contract) One month Signature [Signature] Date 09/10/2024

A.4. OWNER'S DETAILS

Full Name Hanifa Athumani Phone Number 0744274430

Remarks

Signature Athumani Date 09/10/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name DMARY S KIZENGA PIN 0103783 Phone Number 0769658258 Email dmarykizenga@gmail.com

Physical address: UAGARA Street UAGARA Ward UAGARA District/Municipal MISUNGWI Region MWANZA

Details of Previous pharmacy: Name of Pharmacy ZEST PHARMACY FIN 0200290 District/Municipal MBSYA Region MBSYA

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.



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... OMARY J. KIZENGA PIN 0103783
2. Namba ya simu... 0774 66 5720 barua pepe Omarys.kizenga@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 31/12/2023
4. Je, umehusha 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. 155789 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... OMARY SALIM KIZENGA mwenye
taaluma ya dawa ngazi ya SHAHADA nakini kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
LIUAGARA PHARMACY FIN lililopo katika
Wilaya ya MISUNGWI Mkoani MWANZA
Sahihi Salim Tarehe 31/10/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Mahmud J. Bitoro Tarehe 04/11/2024

Muhuri KNY:
DMO

K.M.D. MGANGA MKUU (W)
MISSIJNGWI.

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) DISMAS MADHAHA Kata ya LIUAGARA

Nadhibitisha kwamba Ndugu OMARY SALIM KIZENGA anaishi

langu mtaa/kijiji Mkakuzi kuanzia mwaka 2024

Sahihi Afisamtendaji

Tarehe

05/11/2024

Muhuri
Mtendaji

AFISA MTENDAJI
KATA YA USAGARA
MISUNGWI

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 30 day of 10 2024.

BETWEEN

HANIFA MHAJI AITHUMAN (Name) of P.O.BOX 20 MUUNGU Region MWANZA.
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

OMARY SALIM KIZENGA 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 30 day of 10 2024 to 30 day of 10 2025

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 30 day of 10 2024

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 750,000/- TZS. 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 1st 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.

4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.

4.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.

4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledgers etc.

4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.

4.1.15 Perform any other duty as the Council may determine from time to time.

4.2 The Superintendent;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

The superintendent shall have the following duties and obligations: -

4.2.1 Shall obtain from the Pharmacy Council and other appropriate authorities collect the requisite licenses, permits and authorization and keep the pharmacy within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.

4.2.2 Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.

4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.

4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.

4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.

4.2.7 Shall provide pharmaceutical service with due care.

4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.

4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.

4.2.10 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.

4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.

4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.

4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.

4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.

4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.

4.2.16 Shall perform any other duty as the Council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract.

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract.

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

6. Dispute Settlement

6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

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 Superintendent 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 30TH day of OCTOBER 20 24

SIGNED and DELIVERED

By the said HANIFA MHAJI AISHUMAN

Who is known to me personally/

Introduced to me by

This 30TH day of OCTOBER 20 24

In the presence of

Name: PROCHES C. MKEKDA

Designation: ADVOCATE

Signature: [Signature]

Date: 30.10.2024

Aishuman
PROPRIETOR



SIGNED and DELIVERED

By the said OMARY SALIM KIZEKA

Who is known to me personally/

Introduced to me by

This 30TH day of OCTOBER 20 24

In the presence of

Name: PROCHES C. MKEKDA

Designation: ADVOCATE

Signature: [Signature]

Date: 30.10.2024

Okalim
SUPERINTENDENT





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

OMARY SALIM KIZENGA

PIN NO: 0103783

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.

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

Issued: **21 June 2024**

Expires on: **31 December 2024**

I Hereby Certify that

OMARY SALIM KIZENGA

PIN NO: 0103783

Registrar

Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002448

CERTIFICATE OF FULL REGISTRATION

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



Full Name Omary Salim Kizenga

Pharmacy Council
Box 1277

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					
0103783	21st June, 2024	2nd June, 1995	Tanzanian	P.O. Box 1609 Dodoma	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2022

Date 21st June 2024

Maize
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