



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... MSUKUMA PHARMACY Facility Identification Number (FIN)... 0102625
Physical address:
Street... Isyerye Ward... Mwamtengule District/Municipal... MBEYA Region... Mbeya

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... RESTUTA GIDEON MABERY PIN... 0103909 Phone... 0656240587
Address... N/A Email... restutagideon348@gmail.com

A.3. REASON(s) FOR CHANGE

ASSIGNMENT

Time frame of notification: (As per Contract) 1 month Signature... RM Date... 29/09/2025

A.4. OWNER'S DETAILS

Full Name... RIZWAN EHWAHIDI MSUYA Phone Number... 0686732809
Remarks... Assignment
Signature... RM Date... 29/9/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... RESTUTA GIDEON MABERY PIN... 0103909 Phone Number... 0656240587 Email... restutagideon348@gmail.com
Physical address:
Street... Isyerye Ward... Mwamtengule District/Municipal... Mbeya Region... Mbeya
Details of Previous pharmacy:
Name of Pharmacy... MSUKUMA PHARMACY FIN... 0102625 District/Municipal... MBEYA Region... MBEYA

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 RESTUTA GIDEON MABERY 0103909
2. Namba ya simu 0656240587 barua pepe restutogideon342@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 20/11/2024
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis_data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis_data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis_data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. MP24/204/2009 ☐ HAPANA
X85093

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi RESTUTA GIDEON MABERY mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa lilitwalo
MSULUWA PHARMACY FIN 0102685 lililopo katika
Wilaya ya MBEYA Mkoani MBEYA
Sahihi QW Tarehe 27/9/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi LORICE HASA Tarehe 29/09/2025
Muhuri KNY:
DMO
MUKU WA JILI
MASHAURI YA JILI
JILI LA MBEYA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MARIS NYENDO Kata ya ISYESYE

Nadhibitisha kwamba Ndugu RESTUTA MABERY anaishi

langu mtaa/kijiji Mwanengule kuanzia mwaka 2022

Sahihi Afisa mtendaji

Tarehe

29/09/2025

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 RAHEL RAYMOND SHOO PIN 0408734
2. Namba ya simu 0696592407 barua pepe Rahelshoo23@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
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. 99162027150 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi RAHEL RAYMOND SHOO mwenye
taaluma ya dawa ngazi ya ASTASHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MERIT PHARMACY FIN 0102685 lililopo katika
Wilaya ya MBEYA Mkoani MBEYA
Sahihi [Signature] Tarehe 27/09/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:
DMO

Jina na Sahihi /BORICE HAJES Tarehe 29/09/2025
Mwanaka Mkuu wa Jiji
Halmashauri ya Jiji
Jiji la Mbeya

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MODES NYONDO Kata ya ISYESYE

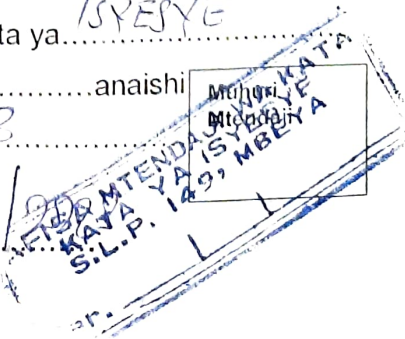
Nathibitisha kwamba Ndugu..... anaishi

langu mtaa/kijiji Mwantengule kuanzia mwaka 2023

Sahihi Afisa mtendaji

Tarehe

29/09/2025



AGREEMENT FOR EMPLOYMENT TO PHARMACEUTICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 27 day of SEPT 2025

BETWEEN

RIZIWANI ELIWAMDI MSUYA (Name) of P.O.BOX — Region MBEYA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

RAHEL RAYMOND SHOD. a pharmacy technician who provides pharmaceutical services

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

WHEREAS the pharmacy technician 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 a pharmacist are desirous to enter into an agreement, for a pharmacist to provide pharmaceutical services at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree that the pharmacy technician will be providing pharmaceutical services to a business of a pharmacist styled as MSUKUMA 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.

"Pharmacy technician" means a person enrolled as such under section 24 of the Act.

Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 27th day of SEPT 20 25 to 27th day of SEPT 20 26

2. Commencement of Services

The pharmacist shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 1st day of OCT 20 25.

3. Obligation of the Parties:

4. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS. 500,000/= payable monthly to the pharmacist upon discharging his duties and functions as per this Agreement and 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 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Shall ensure pharmaceutical services are provided with due care.
- 4.1.7 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 pharmacist .
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e 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 is 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 pharmacist shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

The pharmacist shall have the following duties and obligations: -

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

5. Termination

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

This agreement may be terminated by either 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. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.2 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or pharmacist 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 present on the date and in the manner herein after appearing

Signed and delivered by the parties at Mbeya this 27th day of SEPT 2025.

SIGNED and DELIVERED

By the Said RIZIWANI MSUYA

Who is known to me personally/

Introduced to me by

the latter known to me personally
The 27 day of SEP 2025

In the presence of:

Name MILTON EDEN

Designation ADVOCATE

Signature

Date 27-09-2025

R
PROPRIETOR

SIGNED and DELIVERED

By the said RACHEL RAYMOND SHAO

Who is known to me personally/

Introduced to me by

the latter known to me
personally

This 27 day of SEP 2025

In the presence of:

Name MILTON EDEN

Designation ADVOCATE

Signature

Date 27-09-2025

R
PHARMACY TECHNICIAN