THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTEICE 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: UPENDO – ONE Facility Identification Number (FIN): 0102134

Physical address:

Street: MWABAGABI Ward: NYEHUNGE District/Municipal: BUCHOSA Region: MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: EMMY GEORGE HOYA PIN: 0103024 Phone: 0716569364

Address: BUKOBA KAGERA Email: emmygeorge2810@gmail.com

A.3. REASON(s) FOR CHANGE

CHANGE OF RESIDENCY

Time frame of notification: (As per Contract) ONE MONTH Signature: [signature] Date: 20/3/2025

A.4. OWNER'S DETAILS

Full Name: PENDO CHARLES Phone Number: 0752-739363

Remarks:

Signature: [signature] Date: 07/04/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: INVYOLATHA NN KIMARO Phone Number: 0713758203 Email: invyolathak@gmail.com

Physical address:

Street: GREENVIEW Ward: PASIAS I District/Municipal: ILEMELA Region: MWANZA

Details of Previous pharmacy:

Name of Pharmacy: SHINGWA PHARMACY FIN: 0102452 District/Municipal: ILEMELA Region: MWANZA

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. INVYOLATHA AN KIMARO PIN 0102452
2. Namba ya simu. 0713 758203 barua pepe invyolathak@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*. Jan 2025
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) ☑ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi INVYOLATHA AN KIMARO mwenye taaluma ya dawa ngazi ya ~~<FAMASI>~~ BACHELOR nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo UPENDO I FIN 0102452 lililopo katika Wilaya ya SENGEREMA (Buchosa) Mkoani MWANZA

Sahihi ..... Tarehe 07/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO MGANGA MKUU (W) HALMASHAURI YA BUCHOSA

Jina na Sahihi Nyigina Mokiri **Tarehe.** 10/04/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ABEL J- SATO Kata ya NYEHUNGE

Nathibitisha kwamba Ndugu INVYOLATHA AN KIMARO anaishi langu mtaa/kijiji MWABAHABI, kuanzia mwaka 2025

Muhuri Mtendaji: HALMASHAURI YA W. BUCHOSA AFISA MTENDAJI WA KIJIJI MWABAHABI

Sahihi Afisamtendaji .....

Tarehe 10-04-2025

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. INYYOLAITHA AN KIMARO PIN 0102452
2. Namba ya simu. 0713758203 barua pepe inyyolaithak@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*. Jan. 2025
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) ☑ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi INYYOLAITHA AN KIMARO mwenye taaluma ya dawa ngazi ya <FAMASI>-BACHELOR nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo UPENDO I FIN 0102452 lililopo katika Wilaya ya SENGEREMA (Buchosa) Mkoani MWANZA

Sahihi ..... Tarehe 07/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO MGANGA MKUU WA HALMASHAURI YA BUCHOSA

Jina na Sahihi Dr. Nyigina Mokiri **Tarehe** 7/4/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ABEL J. SATO Kata ya NYEHUNGE

Nathibitisha kwamba Ndugu INYYOLAITHA AN KIMARO anaishi langu mtaa/kijiji MWABAYABI, kuanzia mwaka 2025

Muhuri Mtendaji HALMASHAURI YA WILAYA YA BUCHOSA AFISA MTENDAJI WA KIJIJI MWABAYABI

Sahihi Afisamtendaji .....

Tarehe 10-04-2025

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

INVYOLATHA A N KIMARO

PIN NO: 0102452

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:**22 April 2021**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

PENDO CHARLES MKUMBA

(PROPRIETOR)

AND

INVYOLAITHA AN KIMARO

(SUPERINTENDENT)

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 7 day of APRIL 2025

SIGNED and DELIVERED at Nyanza by the said PETER C MUNGA who is known to me personally/identified ~~to me by~~ .... the latter being personally known to me this 7 day of ~~APRIL~~ 2025.

PROPRIETOR

In the presence of:
Name: Mayira Jackson Kiboga
Designation: Commissioner for Oaths
Signature:
Address: P.O BOX 1389, Nyanza
Date: 7th April 2025

Signed and delivered by the parties at this 7th day of April 2025

SIGNED and DELIVERED at Nyanza by the said ~~INYOLAITHA AN KIMARO who is known~~ to ~~me~~ personally/identified to me by ..... Pendo C Munga ..... the latter being personally known to me this 7 day of APRIL 2025.

SUPERITENDENT

In the presence of:
Name: Mayira Jackson Kiboga
Designation: Commissioner for Oaths
Signature:
Address: P.O BOX 1389, Nyanza
Date: 7th April 2025