



THE UNITED REPUBLIC OF TANZANIA

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 MATA PHARMACY Facility Identification Number (FIN) 0103331
 Physical address:
 Street BIZURUGA Ward NYAKATO District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name GODWELL MDUMURU PANDA PIN 0102781 Phone 0763392073
 Address BIZURUGA, ILEMELA - MWANZA Email godwellpanda200@gmail.com

A.3. REASON(S) FOR CHANGE

Pursuit of other professional opportunities that better aligns with my career path and long-term goals

Time frame of notification: (As per Contract) ONE MONTH Signature GODWELL PANDA Date 12th SEPT, 2025

A.4. OWNER'S DETAILS

Full Name IBRAHIMU SULTMANI Phone Number 0764665926
 Remarks Allowed to transfer to work for another premise (pharmacy)
 Signature IBRAHIMU SULTMANI Date 12/09/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name GODWELL MDUMURU PANDA PIN 0102781 Phone Number 0763392073 Email godwellpanda200@gmail.com
 Physical address:
 Street BIZURUGA Ward NYAKATO District/Municipal ILEMELA Region MWANZA
 Details of Previous pharmacy:
 Name of Pharmacy MATA PHARMACY FIN 0103331 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.

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 GODWELL NDUNGURU PANDA PIN 0102781
2. Namba ya simu 0763392073 barua pepe godwellpanda200@gmail.com
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 GODWELL NDUNGURU PANDA mwenye
taaluma ya dawa ngazi ya MFAMASIA II nakini kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MAJJA PHARMACY FIN 0103331 lililopo katika
Wilaya ya ILEMELA Mkoani MWANZA
Sahihi [Signature] Tarehe 28/09/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi FELIX MASHAURI MANISPAA ILEMELA Tarehe 23/10/2025
S.L. D. MASHAURI

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MAJALIWA DUMBE Kata ya MECCO

Nathibitisha kwamba Ndugu GODWELL NDUNGURU PANDA anaishi

langu mtaa/kijiji MECCO KUSINI kuanzia mwaka 2024 - 2025

Sahihi Afisa mtendaji

Tarehe
23/10/2025

Muhuri
Mtendaji

W. MASHAURI MANISPAA ILEMELA
KATIKA MECCO
MANISPAA ILEMELA

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

MAJALIWA SELEMANI

(PROPRIETOR)

AND

GODWELL NDUNGURU PONDA

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 28th day of September 2025

BETWEEN

MAJALIWA JELEMAN (Name) of P.O. BOX 194 Region
(hereinafter referred to as the PROPRIETOR) the expression which
includes his assignees, agents or his legal representative of his business, of one part;

AND

GORDON NDUNGURU RONDA a registered pharmacist in charge
who supervises a business of a pharmacist (hereinafter referred to as the
SUPERINTENDENT) of another part.

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

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 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 twelve (12) months, commencing from the 28th day of September 2025 to 28th day of September 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 28th day of September 2025

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 TZS Eight Hundred Thousand (800,000) payable to the **SUPERINTENDENT** 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.

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **ten (10)** days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and

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 28th day of September 20 25.

SIGNED and DELIVERED atby the said
MAJALIWA SELEMAN who is known
to me personally/identified to me by GODWELL
NDUNGURU PONDA the latter being
personally known to me this 28th day of Sept 20 25.

M. Seta
PROPRIETOR

In the presence of:

Name: ARIEIN MOLLAND TABUYA

Designation: ADVOCATE

Signature: [Signature]

Address: P.O. Box 10714, Mwanza

Date: 28th September 2025

Signed and delivered by the parties at this 28th day of September 20 25.



SIGNED and DELIVERED atby the said
GODWELL NDUNGURU PONDA who is known
to me personally/identified to me by
MAJALIWA SELEMAN the latter being
personally known to me this 28th day of Sept 20 25.

[Signature]
SUPERITENDENT

In the presence of:

Name: ARIEIN MOLLAND TABUYA

Designation: ADVOCATE

Signature: [Signature]

Address: P.O. Box 10714, Mwanza

Date: 28th Sept 2025

