



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A
PHARMACY

(Regulation 77(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 Shingwa Pharmacy Facility Identification Number (FIN) 0100026
Physical address:
Street IKIRUMBA KATI Ward IKIRUMBA KATI District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name INXYOLATHA AN KIMARO PIN 0100452 Phone 0713 758203
Address Box 735 Email inxyolatha@gmail.com

A.3. REASON(S) FOR CHANGE

Expiry of the contract.

Time frame of notification: (As per Contract) One month Signature [Signature] Date 24/12/2024

A.4. OWNER'S DETAILS

Full Name YUSUPH. MUSSA Phone Number 0752063549
Remarks [Signature]
Signature [Signature] Date 24/12/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name REBECCA W. G. KAPO PIN 0103905 Phone Number 06857110 Email rebeccagkaps@gmail.com
Physical address:
Street Kilumba Ward Kilumba Kati District/Municipal Ilemela Region Mwanza
Details of Previous pharmacy:
Name of Pharmacy Shingwa Pharmacy FIN 0100026 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

Recommendation OK, fulfilled with Requirements
Full Name Beatus Mpagu Designation HDS Signature [Signature] Date 09/04/2025

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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

YUSUPH MUSSA SHINGWA.
(PROPRIETOR)

AND

REBECCA WAMBURA GIKARO.
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 05 day of 04 20 25

BETWEEN

YUSUF MUSSA SHINGWA (Name) of P.O. BOX 83 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

REBECCA WAMBURA GIKARO 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 05 day of 04 2025 to 05 day of 04 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 09 day of 04 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 850000/- 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 5th day of APRIL 2025

SIGNED and DELIVERED at MWANZA by the said
YUSUPH MUSA SHINGWA who is known
to me personally/identified to me by
..... the latter being
personally known to me this 5th day of APRIL 2025

Y. MUSA
PROPRIETOR

In the presence of:

Name: ADELAIDE SILUAN KINARO

Designation: ADVOCATE

Signature: [Signature]

Address: 159 MWANZA

Date: 5.4.2025



Signed and delivered by the parties at this 5th day of APRIL 2025

SIGNED and DELIVERED at MWANZA by the said
REBECCA WAMBURA KIRO who is known
to me personally/identified to me by YUSUPH
MUSA SHINGWA the latter being
personally known to me this 5th day of APRIL 2025

[Signature]
SUPERITENDENT

In the presence of:

Name: ADELAIDE SILUAN KINARO

Designation: ADVOCATE

Signature: [Signature]

Address: 159 MWANZA

Date: 5.4.2025



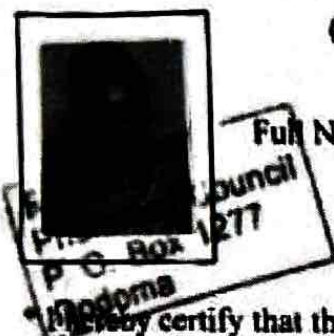


THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002627

CERTIFICATE OF FULL REGISTRATION

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

Full Name Rebecca W. Gikano

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					
0103908	20th November, 2024	17th November, 1998	Tanzanian	P.O. Box 334 Karagwe	Bachelor of Pharmacy	Bt. John's University of Tanzania 2022

Date 19th December, 2024

[Signature]
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 Pharmacists 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

REBECCA W GIKARO

PIN NO: 0103908

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 November 2024

Expires on: 31 December 2025

**Registrar
Pharmacy Council**



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... REBECCA W. GIKARO PIN 0103908
2. Namba ya simu... 0658571187 barua pepe www.rebeccagikaro@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 20 nov 2024
4. Je, umehisha 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. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... REBECCA W. GIKARO mwenye

taaluma ya dawa ngazi ya DEGREE nakiri kwamba nitafanya

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

SHINGWA PHARMACY FIN 0100026 lililopo katika

Wilaya ya ILEMELA Mkoani MWANZA

Sahihi [Signature] Tarehe 5/4/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Felister Makuani Tarehe 10/04/2025

Muhuri KNY:
DMO

NY DAKTARI WA MANISPA
HAURI YA MANISPAAYA ILEME
S.L.P. 735
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Federick M. Gilbert Kata ya Kirumba

Nathibitisha kwamba Ndugu Rebecca W. Gikaro anaishi

langu mtaa/kijiji Kirumba kat kuanzia mwaka 2021

Sahihi Afisamtendaji

Tarehe

08.04.2025

Muhuri
Mtendaji

KNY: AFISA MTENDAJI WAKATA
KATA YA KIRUMBA
S.L.P. 735
MANISPAAYA ILEMELA