



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17

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 NUNDU PHARMACY Facility Identification Number (FIN) 0101274
Physical address NUNDU Ward NYAKATO District/Municipal ILEMELA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SALUM M. KHARPHAN PIN 0103916 Phone 0755010976
Address MWANZA Email alukhulph@gmail.com

A.3. REASON(S) FOR CHANGE

change of residence due to employment from Mwanza to Dar-es-Salaam

Time frame of notification (As per Contract)

Signature SM Khulph Date 26/05/25

A.4. OWNER'S DETAILS

Full Name SALUM S. NGUNDA Phone Number 0764-864220
Remarks I agree to change the Superintendent
Signature S. Ngunda Date 26/05/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name SARAH M. BAKWASA PIN 0104029 Phone Number 0614892960 Email sarahmedhakwasa@gmail.com
Physical address Azimio Ward Isamilo District/Municipal Nyamagana Region Mwanza
Details of Previous pharmacy NUNDU PHARMACY FIN 0101274 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 _____ Designation _____ Signature _____ Date _____
Full Name _____

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.



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

SARAH MATHEW BARNABAS

PIN NO: 0104029

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: **27 March 2025**

Expires on: **31 December 2025**

Registrar
Pharmacy Council





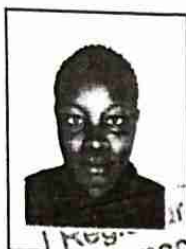
THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002553

CERTIFICATE OF FULL REGISTRATION

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

Full Name Sarah Mathew Barnabas

* 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					
0104029	27 th March, 2025	30 th October, 1999	Tanzanian	P.O. Box 47 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2023

Date 24th April, 2025

 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.

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 SARAH M. BARNABAS PIN 0104029
2. Namba ya simu 064892960 barua pepe sarahmatheubarnabas@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)
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 SARAH M. MATHEW BARNABAS mwenye

taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya

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

NUNDU PHARMACY FIN 0101274 lililopo katika

Wilaya ya ILEMELA Mkoani MWANZA

Sahihi S.M. Barnabas Tarehe 19/05/2025

Uthibitisho wa Mfamasias wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa

wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Fatiwa Makumi Tarehe 19/05/2025

Muhuri KNY:
DMO

ALMASHAURI YA MANISAA
S. L. P
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) IMELDA CHUNDU Kata ya MECCO

Nathibitisha kwamba Ndugu SARAH M. BARNABAS (DUKA LILIPO) anaishi

langu mtaa/kijiji kuanzia mwaka

Sahihi Afisamtendaji

44

Tarehe

19/05/2025

Muhuri
Mtendaji

AFISA MTENDAJI WA KATA
KATA YA MECCO
MANISAA YA ILEMELA

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SAULO S. NGUNDA

(PROPRIETOR)

AND

SARAH MATHEW BARNABAS

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 23 day of May 20 25

BETWEEN

SAULO S. NGUNDA (Name) of P.O. BOX _____ Region MWANZA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

SARAH MATHEW BARNABAS 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 NUNDU 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 01 day of June 2025 to 30 day of June 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of June 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 15H 800000/- 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 shall not exceed seven (7) days from the monthly payment date, 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 thirty (30) days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

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 23rd day of May 2025

SIGNED and DELIVERED at by the said
SAULO S. NGUNDA who is known
to me personally/identified to me by
..... the latter being
personally known to me this 23rd day of May 2025

S. ngunda
PROPRIETOR

In the presence of:

Name: BENSON BERNARD NYAMBUCHU
Designation: ADVOCATE
Signature: [Signature]
Address: P.O. BOX 351-MWAZA
Date: 23rd May 2025



SIGNED and DELIVERED at by the said
SARAH MATHEN BARNABAS who is known
to me personally/identified to me by
..... the latter being
personally known to me this 23rd day of May 2025

S.M. Barnabas
SUPERINTENDENT

In the presence of:

Name: BENSON BERNARD NYAMBUCHU
Designation: ADVOCATE
Signature: [Signature]
Address: P.O. BOX 351-MWAZA
Date: 23rd May 2025

