



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... ISOMBE PHARMACY Facility Identification Number (FIN).....
Physical address:
Street... BUGAMBELELE Ward... LUDETE District/Municipal... GEITA DC Region... GEITA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... ELISHA DEOGRAFIAS PIN... 0103235 Phone... 0766045995
Address... 0103235 P.O. Box 50 CHATO Email... eLisha.deogratias@gmail.com

A.3. REASON(S) FOR CHANGE

MEAMASIA ALIYEKUWEP0 ELISHA DEOGRAFIAS
ANAITAJI KUSIMAMIA FAMASI YAKE

Time frame of notification: (As per Contract) .. 1 WEEK Signature... Elisha Date... 15/06/2025

A.4. OWNER'S DETAILS

Full Name... SARAH DIDAS KANIKI Phone Number... 0764-316809/0717086341
Remarks... Nimkurubali mabadiriko ya msimamiaji mpya wa pharmacy
Signature... Chacha Date... 15/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... DANIEL JOSEPH PIN... 0103958 Phone Number... 0757-199991 Email... danielmbasagule@gmail.com
Physical address:
Street... CHATO KATI Ward... CHATO KATI District/Municipal... CHATO Region... GEITA
Details of Previous pharmacy:
Name of Pharmacy... ISOMBE PHARMACY FIN... 0300276 District/Municipal... CHATO Region... GEITA

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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

Isombe Pharmacy.

.....
(PROPRIETOR)

AND

DANIEL JOSEPH.

.....
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 25 day of June 20 25

BETWEEN

ISOMBE PHARMACY (Name) of P.O. BOX 139 Region GEITA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

DANIEL JOSEPH 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 ISOMBE 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 ~~three~~, ~~six~~, ~~nine~~, twelve months, commencing from the 01 day of July 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 July 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 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 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 07 day of 07 2025.

SIGNED and DELIVERED at ISOMBE PHARMACY by the said
..... who is known
to me personally/identified to me by
SARAH D. KANIKI the latter being
personally known to me this 01 day of 07 2025.

S. Kaniki
PROPRIETOR

In the presence of:

Name: ELIZABETH ZACHARIA BALELA
Designation: ADVOCATE
Signature: [Signature]
Address: Box 378 Gaita
Date: 01st day of July, 2025



SIGNED and DELIVERED at ISOMBE PHARMACY by the said
DANIEL JOSEPH who is known
to me personally/identified to me by
SARAH D. KANIKI the latter being
personally known to me this 01 day of 07 2025.

[Signature]
SUPERINTENDENT

In the presence of:

Name: ELIZABETH ZACHARIA BALELA
Designation: ADVOCATE
Signature: [Signature]
Address: Box 378 Gaita
Date: 01st day of July, 2025





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... DANIEL JOSEPH... PIN 0103958...
2. Namba ya simu... 0757-199991... barua pepe danielmbasagule@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 31 Dec 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-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... DANIEL JOSEPH... mwenye
taaluma ya dawa ngazi ya MFAMASIA... nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
ISOMBE PHARMACY... FIN lililopo katika
Wilaya ya GEITA DC Mkoani GEITA,
Sahihi [Signature] Tarehe 15 June 2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Mchere-mao...

Tarehe 30/6/2025

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... NAOMI MASSONA... Kata ya... LUDETE

Nadhibitisha kwamba Ndugu... DANIEL JOSEPH... anaishi
langu mtaa/kijiji... KALFONIA... kuanzia mwaka... 2023

Sahihi Afisamtendaji

Tarehe

25/06/2025

Muhuri
Halmashauri ya Wilaya
Afisa Mtendaji wa Kata
LUDETE
GEITA



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002682

CERTIFICATE OF FULL REGISTRATION*(Section 20 of the Pharmacy Act, CAP. 311)*Full Name Daniel Joseph

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					
0103958	27th March, 2025	3rd June, 1980	Tanzanian	P.O. Box 47 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2021

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.



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

DANIEL JOSEPH

PIN NO: 0103958

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

