



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..... KHALPHA PHARMACY Facility Identification Number (FIN)..... 0300580

Physical address:
Street..... NYASURA B Ward..... NYASURA District/Municipal..... BUNDA Region..... MARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name..... GIJSBERTA DAMAS JENGOPIN Phone..... 0753458856
Address..... MWANZA Email..... gijsbertadamas@gmail.com

A.3. REASON(S) FOR CHANGE
SHIFTED FROM BUNDA TO MWANZA, THEREFORE BEING FAR FROM THE SUPERINTENDING AREA.

Time frame of notification: (As per Contract) 1 MONTH Signature..... [Signature] Date..... 19/03/2025

A.4. OWNER'S DETAILS
Full Name..... ELLYPHACE FEDSON KAUSWA Phone Number..... 0768285942
Remarks..... OK
Signature..... [Signature] Date..... 22/03/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name..... MASOUB SADIKI RASHID PIN..... 0102507 Phone Number..... 0744362936 Email..... masoub.sadiki@gmail.com
Physical address:
Street..... MUGETA MABUKANI Ward..... MUGETA District/Municipal..... BUNDA Region..... MARA
Details of Previous pharmacy:
Name of Pharmacy..... KHALPHA PHARMACY FIN..... 0300580 District/Municipal..... BUNDA Region..... MARA

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... MASOUD SADIKI RASHIDI PIN 0102507
2. Namba ya simu... 0744362936 barua pepe masoudsadike5@gmail.com
3. Tarehe ya mwisho kuhisha jina (Retention)... 31/12/2024
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 MASOUD SADIKI RASHIDI mwenye
taaluma ya dawa ngazi ya MFAMASIA (DEGREE).... nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
..... FIN lililopo katika
Wilaya ya BUNDA Mkoa wa MARA
Sahihi Tarehe 01/04/2025

Uthibitisho wa Mfamasi wa Halmashauri

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

Jina na Sahihi Theopister Tumbi Tarehe 25/3/2025

Muhuri KNY:
DMPOWN MEDICAL OFFICE
BUNDA TOWN COUNCIL

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) FEDHA AFHUMANI Kata ya MUGETA

Nadhibitisha kwamba Ndugu MASOUD SADIKI RASHIDI...
langu mtaa/kijiji MUGETA kuanzia mwaka 2024

Sahihi Afisamtendaji

Tarehe
15-03-2025

Muhuri KNY:
AFISA MTENDAJI
ATA YA MUGETA
BUNDA



**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

MASOUD SADIKI RASHIDI

PIN NO: 0102507

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**





00001099

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

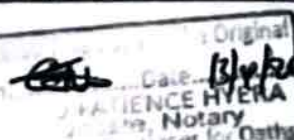
(Section 20 of the Pharmacy Act, CAP. 311)

Full Name Masoud Sadiki Rashidi

PHARMACY COUNCIL
P.O. BOX 31818 DAR ES SALAAM

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					
0102507	22nd April, 2021	24th January, 1993	Tanzanian	P.O. Box 9790 Dar es Salaam	Bachelor of Pharmacy	Kampala International University in Tanzania 2019

Date 18th May 2021

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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

ELLYPHACE FEDSON KAUSWA

.....
(PROPRIETOR)

AND

MASOUD SADIKI RASHIDI

.....
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 18 day of 03 20 25

BETWEEN

ELLYPHACE FEDSON KAUSWA (Name) of P.O. BOX _____ Region MARA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

MASOUB SADIKI RASHIDI 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 KHALPHA 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 04 2025 to 31 day of 03 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 01 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 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.

- 4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the Council and other relevant authorities.
- 4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent Log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.

4.2 The Superintendent;

For an allowance or emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

8. The Council will accept additional clauses but this Agreement is a generic contract for guidance only.

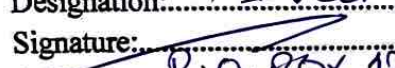
IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 18 day of 03 20 25

SIGNED and DELIVERED atby the said
ELLYPHACE FEOSON KAUSWA who is known
to me personally/identified to me by
.....the latter being
personally known to me this 27 day of 03 20 25


PROPRIETOR

In the presence of:

Name: MASUD SHABU MUWANGI
Designation: ADVOCATE
Signature: 
Address: P.O. BOX 1281 MWA
Date: 27-03-2025



Signed and delivered by the parties at this 18 day of 03 20 25

SIGNED and DELIVERED atby the said
MASUD SHABU MUWANGI who is known
to me personally/identified to me by
.....the latter being
personally known to me this 18 day of 03 20 25


SUPERITENDENT

In the presence of:

Name: MASUD SHABU MUWANGI
Designation: ADVOCATE
Signature: 
Address: P.O. BOX 1281 MWA
Date: 27-03-2025

