



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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 KAYONZA PHARMACY Facility Identification Number (FIN) 0300157
Physical address:
Street KENYATA ROAD Ward NYATAGANA District/Municipal NYATAGANA Region MTWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SIRIATON JASTIN SWAY PIN 0102331 Phone 0748 349049
Address 972 MTWANZA Email

A.3. REASON(S) FOR CHANGE

Automatic termination as contract ends

Time frame of notification: (As per Contract) As per contract Signature [Signature] Date 10/6/2025

A.4. OWNER'S DETAILS

Full Name OLIVIA J. KASHAGA Phone Number 0759 310105
Remarks ACCEPTED
Signature [Signature] Date 07/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name WILLIAM CHANGAE PIN 0103934 Phone Number 0757 427946 Email Change.william1022@gmail.com
Physical address:
Street KILOLELE Ward IBUNGILO District/Municipal ILELELA Region MTWANZA
Details of Previous pharmacy:
Name of Pharmacy POWERLIFE PHARMACY FIN 0103522 District/Municipal NYATAGANA Region MTWANZA

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.



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 WILLIAM CHANGAE PIN 0103934
2. Namba ya simu 0757-427946 barua pepe changae.william1022@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 20th/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 WILLIAM CHANGAE mwenye

taaluma ya dawa ngazi ya BACHELOR OF PHARMACY nakiri kwamba nitafanya

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

KAYONZA PHARMACY FIN 0300157 lililopo katika

Wilaya ya NYATAGANA Mkoani TIWANZA

Sahihi William Changae Tarehe 21/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:
DMO

Jina na Sahihi

William Changae

Tarehe

21/6/25

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BENJAMIN PROSPER Kata ya IBUNGILO

Nadhibitisha kwamba Ndugu WILLIAM CHANGAE anaishi

langu mtaa/kijiji KIWOLELE kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe

23/06/2025

MGANGA MKUU WA JIJI
MWANZA

Muhuri
AFISA MTENDAJI KATA
IBUNGILO
S.L.P 785
ILEMELA-MWANZA



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002653

CERTIFICATE OF FULL REGISTRATION

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



Full Name William Changae

Registrar
Pharmacy Council
P. O. Box 1277

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					
0103934	20th November, 2024	26th February, 1992	Tanzanian	P.O. Box 972 Mwanza	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2023

Date 19th December, 2024



- 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

WILLIAM CHANGAE

PIN NO: 0103934

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*



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

OLIVA J. KASHAGA
(PROPRIETOR)

AND

WILLIAM CHANGAE
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

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

BETWEEN

OLIVA S. KASHAGA (Name) of P.O. BOX 972 Region IZWANZA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

WILLIAM CHANGAE 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 KATONZA PHARMACY 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 30 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 30 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 1,500,000/= 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 25th day of June 2025

SIGNED and DELIVERED at MWANZA by the said
OLIVA J. KASHAGA who is known
to me personally/identified to me by
..... the latter being
personally known to me this 25th day of June 2025

Oliva J. Kashaga
PROPRIETOR



In the presence of:

Name: Julius Mushobozi
Designation: Advocate
Signature: [Signature]
Address: 127 Mwanza
Date: 25th June 2025

Signed and delivered by the parties at this 25th day of June 2025

SIGNED and DELIVERED at Mwanza by the said
WILLIAM CHANGAE who is known
to me personally/identified to me by Oliva J. Kashaga
..... the latter being
personally known to me this 25th day of June 2025

William Changae
SUPERITENDENT



In the presence of:

Name: Julius Mushobozi
Designation: Advocate
Signature: [Signature]
Address: 127 Mwanza
Date: 25th June 2025