



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. 257)

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 ISHILANGA Facility Identification Number (FIN) 0101015  
Physical address: ISHILANGA Ward MASUMBUE District/Municipal MBONGWE Region GEITA  
Street ISHILANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name FADHILI MUSA PIN 0102471 Phone 0747601609  
Address KATANA Email Fadhilimusa564@gmail.com

A.3. REASON(S) FOR CHANGE

Reportive delay of payment, up to four months

Time frame of notification: (As per Contract) 00 month

Signature [Signature] Date 10/04/2025

A.4. OWNER'S DETAILS

Full Name Mataki B. James

Phone Number 0717517311

Remarks

Signature M James Date 7/08/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name Aulenia Kadinde PIN 0103551 Phone Number 069337975 Email aulenia.kadinde@gmail.com  
Physical address: ISHILANGA Ward Masumbue District/Municipal Mbongwe Region Geita  
Street ISHILANGA  
Details of Previous pharmacy  
Name of Pharmacy ISHILANGA FIN 0101015 District/Municipal Mbongwe 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

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. AULERIA KADINDE PIN 0103551
2. Namba ya simu 06 93-375175 barua pepe auleria.kadinde@gmail.com
3. Tarehe ya mwisho kuhuisha 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. 924359299109912 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi AULERIA WILLIAM KADINDE mwenye taaluma ya dawa ngazi ya UFAMASIA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo ISHIRANGA PHARMACY FIN 0101015 lililopo katika Wilaya ya MBOGWE Mkoani GETA Sahihi AK Tarehe 30/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Salim Ndimu Tarehe 03/08/2025

Muhuri KNY:  
DMO

KNY MGANGA MKUU WA WILAYA  
MBOGWE

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Frank M. Gongo Kata ya Maumbari

Nadhibitisha kwamba Ndugu AULERIA WILLIAM anaishi

langu mtaa/kijiji Maumbari kuanzia mwaka 2024

Sahihi Afisa mtendaji

Tarehe

09/08/2025

Muhuri  
Mtendaji

AFISA MTENDAJI WA KIJILI  
KIJILI CHA MAUMBARI  
CH. MBOGWE



# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 30 day of JULY 20 25

BETWEEN

MATAKI B. JAMES (Name) of P.O.BOX 54 Region GEITA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees,  
agents or his legal representative of his business.

AND

AULERIA W. KADINDE a registered pharmacist in charge  
who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

**WHEREAS** the Proprietor wishes to establish and operate a business of a pharmacist which is a  
regulated business under the Act

**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,

**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;

**WHEREAS** the proprietor and superintendent are desirous to enter into an agreement, to  
establish and operate a business of a pharmacist at the terms and conditions as hereinafter  
appearing;

**WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled  
as ISHIRANGA PHARMACY Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

## 1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the 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;

"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.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal  
representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of 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 July 20 25 to 30 day of July 20 26.

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 30 day of July 20 25.

## 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 salary/emoluments of TZS. 800,000/= payable monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.

4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1<sup>st</sup> day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy 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 Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.8 Shall ensure pharmaceutical services are provided with due care.

4.1.9 Shall ensure all proper records are maintained and managed well.



- 6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- 6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

#### 7. Costs

The Proprietor shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
9. The Pharmacy 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 30th day of July 2025

#### SIGNED and DELIVERED

By the said.....MAFAKI -B. JAMES

Who is known to me personally/.....1

Introduced to me by .....ISHIRANGA PHARMACY

..... the latter known to me personally

This.....30 day of July 2025

#### In the presence of:

Name:.....KWANDU C. MAPOLALA

Designation:.....Advocate

Signature:.....[Signature]

Date:.....30th July, 2025

[Signature]  
PROPRIETOR



#### SIGNED and DELIVERED

By the said.....AULERIA KADINDE

Who is known to me personally/.....1

Introduced to me by.....ISHIRANGA PHARMACY

..... the latter known to me personally

This.....30 day of July 2025

#### In the presence of:

Name:.....KWANDU C. MAPOLALA

Designation:.....Advocate

Signature:.....[Signature]

Date:.....30th July, 2025

[Signature]  
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

**AULERIA WILLIAM KADINDE**

**PIN NO: 0103551**

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:02 February 2024

Expires on:31 December 2025

Registrar  
Pharmacy Council

