



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 ALARA PHARMACY Facility Identification Number (FIN) 0100761  
Physical address: MAGOMENI Ward MAGOMENI District/Municipal KINONDONI Region DAR ES SALAAM  
Street MAGOMENI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name AMIEL SAMUEL RUBENGWA PIN 746 Phone 0754 363 627  
Address ASB Email 0210912025

A.3. REASON(S) FOR CHANGE

ASSIGNMENT OF POSITION OF PHARM. TECH

Time frame of notification: (As per Contract) 746 Signature 0754 363 627 Date 0210912025

A.4. OWNER'S DETAILS

Full Name AMIEL SAMUEL RUBENGWA Phone Number 0754 363 627  
Remarks ASB Date 0210912025  
Signature ASB

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name TIMOTHEO MWAMUWA PIN 0401433 Phone Number 0766 295 746 Email 746  
Physical address: KISANGILO Ward MAGOMENI District/Municipal KINONDONI Region DAR ES SALAAM  
Street KISANGILO  
Details of Previous pharmacy: MAGOMENI  
Name of Pharmacy MAGOMENI FIN 0401433 District/Municipal KINONDONI Region DAR ES SALAAM

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 746  
Full Name 0754 363 627 Designation 0210912025 Signature 0754 363 627 Date 0210912025

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. TIMOTHEO MWAMUMA PIN 040 1432
2. Namba ya simu. 0719 161 652 barua pepe timothewmumaa@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention). 2023
4. Je, umehuisa 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

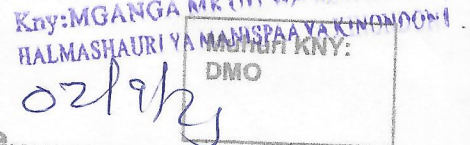
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. TIMOTHEO MWAMUMA mwenye  
taaluma ya dawa ngazi ya PHARMACEUTICAL TECHNICIAN nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
ACASA PHARMACY FIN 0100761 lililopo katika  
Wilaya ya KINONDOINI Mkoani D'ISALAAM  
Sahihi [Signature] Tarehe 29-July-2023

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi D. S. N. S. S. S. Tarehe 02/8/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata). KULTHUM MSIMIKA Kata ya MAGOMENI

Nadhibitisha kwamba Ndugu. TIMOTHEO MWAMUMA anaishi

langu mtaa/kijiji. IDRISA, kuanzia mwaka. 01/08/2025

Sahihi Afisa mtendaji

[Signature]

Tarehe  
02/08/2025







00000452

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL  
CERTIFICATE OF ENROLLMENTPHARMACY COUNCIL  
JAMES SALAMU  
PHOTO

(Section 25 of the Pharmacy Act, CAP.311)

Name Timothy Mwamuna

\*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
040 1432	13 <sup>th</sup> April, 2017	26 <sup>th</sup> April, 1989	Tanzanian	P.O. Box 6441 Mbeya	Diploma in Pharmaceutical Sciences	Ruaha Catholic University College 2016

Date 14<sup>th</sup> May 2017  
REGISTRAR

- NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council, and reference should thereafter be made to the current Published list for evidence as to continue enrollment.
- 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.26 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**TIMOTHEO MWAMUNA**

PIN NO: 0401432

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311  
is entitled to practice as a **Pharmaceutical Technicians** upon the  
terms and subject to the conditions set forth in the  
aforesaid Act and its Regulations thereto.

Issued:13 April 2017

Expires on:31 December 2025

Registrar  
Pharmacy Council





# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL PERSONNEL

This Agreement is made on this **29<sup>th</sup> day of July, 2025**.

## BETWEEN

**Mr Amiel S. Bubegwa**, of Magomeni – Kagera, Kinondoni- Dar es Salaam (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

## AND

**Mr. Timotheo S. Mwamuma**, a person engaged in the sale and dispensing of drugs and medications in the pharmaceutical business (hereinafter referred to as the **PHARMACEUTICAL PERSONNEL**),

**WHEREAS** the proprietor intends to establish and operate a pharmacy business, which is a regulated activity under the applicable Act; **AND WHEREAS**, in compliance with Section 43 of the Act, the proprietor seeks to engage the professional services of the **PHARMACEUTICAL PERSONNEL**; to dispense drugs and medication in his business.;

**WHEREAS**, the pharmaceutical personnel is willing to provide professional services to the proprietor in exchange for remuneration or under such other terms and conditions as set forth herein;

**WHEREAS**, the proprietor and the pharmaceutical personnel wish to enter into an agreement to establish and operate a pharmaceutical dispensing business under the terms and conditions set forth below."

**WHEREAS** the parties agree to establish and operate a business of pharmacy styled as **ACASA PHARMACY**.

## AND NOW WHEREFORE THIS AGREEMENT WITNESETH AS FOLLOWS:

### 1. Interpretation:

'Agreement' means the agreement between the parties to establish and operate a business of Pharmacist.

'Pharmacy' means any approved premises wherein for from which any services pertaining to the practices of the pharmacist is provided and shall include a community pharmacy, institutional pharmacy or wholesale pharmacy.

'Proprietor' means an owner of the pharmacy and includes his assigns, agent or his legal representative.

'Pharmaceutical' means a person registered as the professional drug dispensing as recognised by the Pharmacy Council

### 2. Duration of the Agreement.

This agreement shall be effective for a period of twelve months, commencing from **1<sup>st</sup> August, 2025 to 30<sup>th</sup> July, 2026**.

### 3. Commencement of Pharmaceutical dispensing.

The Pharmaceutical personnel commence his duties on the **1<sup>st</sup> August, 2025**.

### 4. Obligation of the Parties:

#### 4.0 Proprietor

4.1 The proprietor shall pay monthly salary/emolument of **TZS 300,000.000 (Three hundred thousand only)** payable monthly to Pharmaceutical personnel upon discharging his duties and functions as per this agreement. At any event salary shall not be paid in advance.

4.2 The salary/emolument shall be net of any applicable taxes and/ or deductible employment benefits and shall be paid monthly and not later than the **7<sup>th</sup> day** of the following month.

4.3 Comply with the laws, Regulations, Guidelines and standards prescribed by the pharmacy council and other relevant authorities.



- 4.4.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.5.5 Shall ensure pharmaceutical services are provided with due care along with ensuring all proper records are maintained and managed well.
- 4.6.6 Shall ensure availability of all necessary references and other relevant material necessary for provision of pharmaceutical services and operations.
- 4.7.7 Shall purchase report to Pharmacy Council on poor attendance services provided or malpractices done by pharmaceutical personnel
- 4.8.8 Shall purchase and ensure availability of all necessary tools for pharmacy operates is in place, i.e Register, ledger etc.
- 4.9.9 Shall ensure all purchase or procurement and deliverables of pharmacy items are signed by pharmaceutical personnel

#### **4.2.0 The Pharmaceutical personnel**

At a salary stipulated in clause of this Agreement shall have the duties and obligations as follows:

- 4.2.1 The Pharmaceutical personnel shall, with all commitment and professional diligence, take the necessary step to dispense, sell, suggest proper drugs and efficiently work on the said pharmacy, dealing in Pharmaceutical.
- 4.2.2 Shall ensure pharmaceutical services at a minimum of 15 hours from 7:00 am to 22:00 Pm in 7 days of the week. A full time Pharmaceutical personnel is preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy and ensure day to day functions of the pharmacy while abide to the law
- 4.2.5 Shall provide pharmaceutical services with due care while ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.6 Shall report to the Pharmacy Council on any malpractices or violations done by the proprietor.
- 4.2.7 Must ensure when is on duty shall appear in a white coat and name tag on it.
- 4.2.8 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and displayed in the premises.

#### **5.0 Termination**

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract. This Agreement may be terminated by mutual Agreement between both parties and or party upon issuing written notice of three (3) months to other party of his intension to terminate this contract. The written notice shall be addressed to other party and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination. The parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per act

#### **6.0 Dispute Settlement**

- 6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.





6.2 If amicable settlement becomes impossible, then an aggrieved party may seek legal remedy

6.3 Nothing in Clause 6 and (6.2) shall prevent the Proprietor or Superintendent from initiating or proceedings to the Commission for Mediation and Arbitration (CMA).

#### 6.0 Cost

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

7.0 The Laws of Tanzania hereto shall govern the validity, construction and interpretation of this Agreement and the right and duties of the parties.

8.0 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 29 day of 07 2025

SIGNED and DELIVERED at DSM by the said

Amiel S. Bubegeu who is known to me personally/identified

to me by the latter being personally known to me this 29 day of 07 2025

In presence of:

Name Andrew Job Kannonyele

Designation Advocate

Signature [Signature]

Address Box 7572 DSM

Date 29. 07. 2025



[Signature]  
PROPRIETOR

SIGNED and DELIVERED at DSM 20

by the said Timothy S. Mwanangwa who is

known to me personally/identified to me by Amiel S. Bubegeu

the latter being personally known to me this 29 day of 07 2025

In presence of:

Name Andrew Job Kannonyele

Designation Advocate

Signature [Signature]

Date 29. 07. 2025



[Signature]  
PHARMACETICAL PERSONNEL

[Signature]