



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. 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 CLARE PHARMACY Facility Identification Number (FIN) 010266  
Physical address:  
Street NYASHISHI Ward USAGARA District/Municipal MISUNGWI Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JOSEPH SHUGHHA NHANDI PIN 0259582854 Phone 024445008  
Address P.O. Box 735 ILEMELA MWANZA Email Shugha83@gmail.com

A.3. REASON(S) FOR CHANGE

Emoluments reasons

Time frame of notification: (As per Contract) One month Signature [Signature] Date 04/10/2023

A.4. OWNER'S DETAILS

Full Name FELESTER RICHARD RUKABAMU Phone Number 0786222179  
Remarks 14/09/23  
Signature [Signature] Date 9/10/23

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ANGELINA MAGANGA PIN 0103460 Phone Number 0763860327 Email angelina.maganga286@gmail.com  
Physical address:  
Street NYASHISHI Ward NYASHISHI District/Municipal MISUNGWI Region MWANZA  
Details of Previous pharmacy:  
Name of Pharmacy --- FIN --- District/Municipal --- Region ---

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





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924046232886828

Received from : CLAFE PHARMACY

Amount : 50,000.00

Amount in Words : Fifty Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201611404 - Duplicates Certificate - CHANGE OF MANAGEMENT	50,000.00	

**Total Billed Amount : 50,000.00 (TZS)**

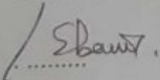
Bill Reference : 16210046245546651672

Payment Control Number : 991620240156

Payment Date : 2024-02-15 11:26:34

Issued by : Beatuss Mpogoza

Date Issued : 2024-02-15 11:30:21

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



**AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST**

**BETWEEN**

FELISTER RUGALABAMU  
(PROPRIETOR)

**AND**

ANGELINA MAGANGA  
(SUPERINTENDENT)

**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A  
PHARMACIST**

This Agreement is made on this 07 day of 02 20 24

**BETWEEN**

FELSTER RUGALABAM (Name) of P.O. BOX 2261 Region MWANZA  
(hereinafter referred to as the **PROPRIETOR**) the expression which  
includes his assignees, agents or his legal representative of his business, of one part;

**AND**

ANGELINA MAGANGA 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 CLIFE 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 07 day of 02 2024 to 06 day of 01 2025

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 07 day of 02 2024

## 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 700,000.00 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 **1<sup>st</sup> 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 07 day of 02 2024

SIGNED and DELIVERED at .....by the said  
FELIX TER who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this 07 day of 02.20.24

[Signature]  
PROPRIETOR



In the presence of:

Name: ANASTAZIA MAO  
Designation: ADVOCATE  
Signature: [Signature]  
Address: MWANZA  
Date: 07/02/24  
Signed and delivered by the parties at this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SIGNED and DELIVERED at .....by the said  
ANGELINA who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this 07 day of 02.2024

[Signature]  
SUPERITENDENT



In the presence of:

Name: ANASTAZIA MAO  
Designation: ADVOCATE  
Signature: [Signature]  
Address: MWANZA  
Date: 07/02/24



## 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... ANGELINA MAGANGA PIN ... 0103460
2. Namba ya simu... 0763860327... barua pepe .....
3. Tarehe ya mwisho kuhuisha jina (Retention)... 31/12/2024...
4. Je, umehuisa 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... ANGELINA MAGANGA... mwenye  
taaluma ya dawa ngazi ya SHAHADA... nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
CLEF PHARMACY... FIN ..... lililopo katika  
Wilaya ya MUSUNGWI... Mkoani MWANZA...  
Sahihi Maganga... Tarehe 07/02/24...

**Uthibitisho wa Mfamasia wa Halmashauri**

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

Jina na Sahihi

Dobson Simbani

Tarehe

07/02/2024

Muhuri KNY:  
DMO

MWANZA

**SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:**

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... PATRICK STAKE Kata ya BUTHONGWA

Nadhibitisha kwamba Ndugu... ANGELINA MAGANGA... anaishi  
langu mtaa/kijiji... BUTHONGWA... kuanzia mwaka.....

Sahihi Afisamtendaji

Stake

Tarehe

07/02/2024

Muhuri  
Mtendaji

AFISA MTENDAJI WA H.  
DAI YA BUTHONGWA  
JOTO MWANZA





THE UNITED REPUBLIC OF TANZANIA

00002121

THE PHARMACY COUNCIL

## CERTIFICATE OF FULL REGISTRATION

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



Full Name

Angelina Maganga

\* 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					
0103460	31st May, 2023	8th August, 1993	Tanzanian	P.O. Box 17 Arusha	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 09th June 2023

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

**ANGELINA MAGANGA**

**PIN NO: 0103460**

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: 31 May 2023

Expires on: 31 December 2024

Registrar  
Pharmacy Council