



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



NOTIFICE 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 MARVINE PHARMACY Facility Identification Number (FIN) 0103416
 Physical address:
 Street CCM STREET Ward KATORO District/Municipal GEITA Region GEITA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name WILSON THOMAS KAYANGE PIN 0103669 Phone 0620128653
 Address _____ Email _____

A.3. REASON(S) FOR CHANGE

FORMER SUPERINTENDENT W OUT OF REGION
WHERE THE PHARMACY IS LOCATED.

Time frame of notification: (As per Contract) _____ Signature _____ Date _____

A.4. OWNER'S DETAILS

Full Name SALIMA MAGESA EHINGO Phone Number 0769 4139 35
 Remarks Former superintendent is not available within the region due to change vacant location.
 Signature Magesa Date 02/02/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name DAMUN MASELE PIN 0103212 Phone Number 07576326 Email masele.damun@gmail.com
 Physical address:
 Street MUNYUNDO Ward MUNYUNDO District/Municipal GEITA Region GEITA
 Details of Previous pharmacy:
 Name of Pharmacy DAMUN PHARMACY FIN _____ District/Municipal GEITA 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.



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 DAMIAN MASELE PIN 0103212
2. Namba ya simu 0757632464 barua pepe maseledamian65@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. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi DAMIAN MASELE mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
MARUNSE FIN 0103212 lililopo katika
Wilaya ya GEITA Mkoani GEITA
Sahihi [Signature] Tarehe 2-2-2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Simon - Kazumbe Tarehe 04/02/2025

Muhuri ya:

D/MO

Mkoani

GEITA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) SELEMAN S. MAHUSHI Kata ya KATORO

Nadhibitisha kwamba Ndugu DAMIAN MASELE anafika

langu mtaa/kijiji KATORO SENTO, kuanzia mwaka 2024

Sahihi Afisa Mtendaji

Tarehe

04/02/2025

HALMASHAURI YA WILAYA
AFISA MTENDAJI WA KATA

Mtendaji

S.L.P 139
KATORO - GEITA



00001864

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



Full Name Damian Masele

Registered
Pharmacy Council
P.O. Box 1277
Dar es Salaam

Whereby I 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					
0103212	2nd February, 2023	1st July, 1990	Tanzanian	P.O. Box 507 Kahama	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 15th February 2023

[Signature]
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

DAMIAN MASELE

PIN NO: 0103212

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 2023**

Expires on: **31 December 2025**

*Registrar
Pharmacy Council*



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 SIMON NELSON KAWIRA PIN 0408958
2. Namba ya simu 0766860821 barua pepe Simonndkron03@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 16th December 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 SIMON NELSON KAWIRA mwenye
taaluma ya dawa ngazi ya Stashwaka nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
MARVINE PHARMACY FIN 0103416 lililopo katika
Wilaya ya GEITA Mkoani GEITA
Sahihi [Signature] Tarehe 20/01/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi MICHELLE MAS Tarehe 29/01/2025
Muhuri KNY: DMO **MKUU WA WILAYA GEITA**

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) IMAN M ELIAS Kata ya LUDETE

Nadhibitisha kwamba Ndugu SIMON NELSON KAWIRA anaishi

langu mtaa/kijiji KALFONIA, kuanzia mwaka 2025

Sahihi Afisa mtendaji

Tarehe

29/01/2025

Muhuri
Mtendaji

HALMASHAURI YA WILAYA KATA LUDETE GEITA



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

SIMON NELSON KAWIRA

PIN NO: 0408958

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:16 December 2024

Expires on:31 December 2025

**Registrar
Pharmacy Council**



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SALIMA MAGESA EHINGO
(PROPRIETOR)

AND

DAMIAN MASELE
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST This Agreement is made on this 2nd day
of FEBRUARY 2025

BETWEEN

SALIMA MAGESA (Name) of P.O. BOX
— Region GEITA

(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

DAMIAN MASELE 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 MARVINE 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 three, six, nine, twelve months, commencing from the 2nd day of FEBRUARY 2025 to 28th day of FEBRUARY 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 2nd day of FEBRUARY 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 800,000/= payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

TZS

(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

7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief

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 2nd day of FEBRUARY 2025

SIGNED and DELIVERED at by the said

SALIMA MAGESA EKINGO who is known

to me personally/identified to me by

..... the latter being

personally known to me this 4th day of FEB. 2025

Magesa
PROPRIETOR

In the presence of:

Name: Pasay Madange

Designation: Advocate

Signature: [Signature]

Address: P.O. Box 15 - CAIRO

Date: 04/02/2025



SIGNED and DELIVERED atby the said

DAMIAN MASELE who is known

to me personally/identified to me by

..... the latter being

personally known to me this 2nd day of FEBRUARY 2025

[Signature]
SUPERINTENDENT

In the presence of:

Name: Pasay Madange

Designation: Advocate

Signature: [Signature]

Address: P.O. Box 15 - CAIRO

Date: 04/02/2025



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SALIMA XAGESA EKINGO

(PROPRIETOR)

AND

SIMON NELSON KAWIRA

(PHARMACEUTICAL TECHNICIAN)

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 20~~th~~ day of 01 2025

SALIM MAGESA EKINGO BETWEEN

AARVVVE

(Name) of P.O.BOX 139 Region GEITA

(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

SIMON NEWON KAWIDA

enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the **Pharmaceutical Technician**).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business,

WHEREAS the Pharmaceutical Technician 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 Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as MARUVNE Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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.

"Pharmaceutical Technician" means a person enrolled as such under section 23 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 20 day of 01 2025 to 20 day of 01 2026

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above-named Pharmacy on the 20 day of 01 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 salary/emoluments of TZS. 300,000/= payable monthly to the **PHARMACEUTICAL TECHNICIAN** 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 1st 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 other 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.

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 20 day of 01 2025

SIGNED and DELIVERED

By the said SALIMA MAGESA KINGO

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

Introduced to me by

.....the latter known to me personally

This 20 day of 01 2025

In the presence of:

Name: Trish Thomas

Designation: Advocate

Signature: [Signature]

Date: 20 01 2025

Magesa

PROPRIETOR



SIGNED and DELIVERED

By the said SIMON NELSON KAWIRA

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

Introduced to me by SALIMA MAGESA

Elanco

.....the latter known to me personally

This 20 day of 01 2025

In the presence of:

Name: Trish Thomas

Designation: Advocate

Signature: [Signature]

Date: 20 01 2025

[Signature]

**PHARMACEUTICAL
TECHNICIAN**

