



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. 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 MISOJI PHARMACY Facility Identification Number (FIN) 0101810  
 Physical address:  
 Street VITA Ward KISESA District/Municipal MAGU Region MWANZA

**A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL**

Full Name PASCHAL JANGA PIN 0103891 Phone 0680060162/0745566795  
 Address MWANZA Email paschaledward248@gmail.com

**A.3. REASON(S) FOR CHANGE**

Kuhama mkoa, kwa kupangiwa majukumu mengine ya kazi  
Immediately.

Time frame of notification: (As per Contract) \_\_\_\_\_

Signature [Signature]Date 19/05/2025**A.4. OWNER'S DETAILS**

Full Name Emmanuel Sgenda Phone Number 0713299683/074552464  
 Remarks Ameluvu us ulugan m.gum; tunaomba aadilishene /wam anaham  
 Signature [Signature] Date 19/05/2025

**B. TO BE COMPLETED BY THE OWNER ONLY****B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL**

Full Name ARON JOSEPH KICANDA PIN 0103948 Phone Number 0748069605 Email aron6045@gmail.com  
 Physical address:  
 Street NERA Ward ISAMILI District/Municipal NYAMAGARA 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 be submitted to Registration Section for further actions  
 Full Name Arnon Kayombo Designation Pharmacist Signature [Signature] Date 19/05/2025

**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. ARON JOSEPHAT KIGANDA PIN 0103948
2. Namba ya simu. 0748269605 barua pepe aron80452@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention). 11/04/2025
4. Je, umehusha 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. EC.10.253472083 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. ARON JOSEPHAT KIGANDA mwenye  
taaluma ya dawa ngazi ya FAMASI nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
MISOJI PHARMACY FIN 0101810 lililopo katika  
Wilaya ya MAGU Mkoani MWANZA  
Sahihi 02 Tarehe 19/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Emmanuel J. Mtshuku Tarehe 19/05/2025

Muhuri KNY:  
DMO

MGANGA MKUU WA JIJI  
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HAPPYNEER KOMBIA Kata ya ISAMILO

Nadhibitisha kwamba Ndugu ARON JOSEPHAT KIGANDA anaishi

langu mtaa/kijiji NERA kuanzia mwaka 2024

Sahihi Afisamtendaji

Edger

Tarehe

19/05/2025

Muhuri  
Mtendaji

AFISA MTENDAJI WA KATA  
YA ISAMILO  
JIJI LA MWANZA





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002672

**CERTIFICATE OF FULL REGISTRATION***(Section 20 of the Pharmacy Act, CAP. 311)*Full Name Aaron Josephat Kiganda

\* 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					
0103948	27 <sup>th</sup> March, 2025	29 <sup>th</sup> October, 1998	Tanzanian	P.O. Box 9790 Dar es Salaam	Bachelor of Pharmacy	Kampala International University in Tanzania 2023

Date 24<sup>th</sup> April, 2025
  
 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

**ARON JOSEPHAT KIGANDA**

**PIN NO: 0103948**

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: 27 March 2025

Expires on: 31 December 2025

Registrar  
Pharmacy Council



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

**BETWEEN**

EMMANUEL SAENDA -  
**(PROPRIETOR)**

**AND**

ARON JOSEPHAT KILANPA  
**(SUPERINTENDENT)**

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

This Agreement is made on this 19 day of MAY 2025  
BETWEEN

Emmanuel SAKUDA (Name) of P.O. BOX 200 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

ARON JOSEPHAT KUNDA 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 RETAIL 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 one year (12 months), commencing from the 19 day of MAY 20 25 to 19 day of MAY 20 26

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 19 day of MAY 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 allowance/emoluments of TZS

800,000/2 payable to the  
**SUPERINTENDENT** upon discharging his duties and functions as per this Agreement.

(a) The aforementioned allowance shall be disbursed net of any applicable taxes and/or deductible employment benefits, and shall be paid on a monthly basis. Payment shall not exceed one (1) day beyond the scheduled monthly payment date, unless a delay is communicated in advance to the Superintendent and such delay is expressly accepted by the Superintendent

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **five (5)** days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.

4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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.

9. 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 19 day of 05 20 25

SIGNED and DELIVERED at Mwanza by the said

EMMANUEL SAKODA who is known

to me personally/identified to me by Paschal Edwards

Janga the latter being personally known to me this 19 day of 05 20 25

Paschal Edwards  
PROPRIETOR

In the presence of:

Name: BLIND Mwangi

Designation: Commissioner

Signature: [Signature]

Address: 61201 Km

Date: 19/05/2025

Signed and delivered by the parties at this 19 day of May 20 25

SIGNED and DELIVERED at Mwanza by the said

ARON JOSEPHAT KULUMBA who is known

to me personally/identified to me by Paschal Edwards

Janga the latter being personally known to me this 19 day of 05 20 25

ARON JOSEPHAT KULUMBA  
SUPERITENDENT

In the presence of:

Name: BLIND Mwangi

Designation: Commissioner

Signature: [Signature]

Address: 61201 Km

Date: 19/05/2025

