



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 HILLU PHARMACY Facility Identification Number (FIN) 0101593
Physical address: NYAMAGANA
Street RUFISI Ward MIRONGO District/Municipal NYAMAGANA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JOSEPH PAULO PIN 0102246 Phone 0766333221
Address MIRONGO MWANZA Email mtemjoseph96@gmail.com

A.3. REASON(S) FOR CHANGE

MUTUAL CONSENT AND CONTRACT EXPIRATION

Time frame of notification: (As per Contract) 1 month Signature JPul Date 14/07/25

A.4. OWNER'S DETAILS

Full Name FELISTER HILLU Phone Number 0714827569
Remarks None
Signature [Signature] Date 14/07/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name NASMA HAJI PAYEM PIN 0622776125 Phone Number 0622776125 Email nasmapayem902@gmail.com
Physical address: RUFISI
Street RUFISI Ward MIRONGO District/Municipal NYAMAGANA Region MWANZA
Details of Previous pharmacy:
Name of Pharmacy HILLU PHARMACY FIN 0101593 District/Municipal NYAMAGANA Region MWANZA

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/MQU
- (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 NASMA HASI PAYEMA PIN 0102910
2. Namba ya simu 0622 776 125 barua pepe ms.nasmapayema02@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) DEC 2024
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. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi NASMA HASI PAYEMA mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
HILLI PHARMACY FIN 0101593 lililopo katika
Wilaya ya NYANAGANA Mkoani MWANZA
Sahihi Payema Tarehe 14/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Emmanuel T. Matiku Tarehe 14/07/2025
Muhuri KNY:
DMO
MGANGA MKUU WA JIJ
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) SIMON FULKO Kata ya MIRONGO
Nathibitisha kwamba Ndugu NASMA HASI PAYEMA anaishirikiwa
langu mtaa/kijiji 2024 kuanzia mwaka 2024
AFISA MTENDAJI
KATA YA MIRONGO
JIJ LA MIRONGO

Sahihi Afisamtendaji

Tarehe 15/7/2025

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

FFUSTER

Hilly

(PROPRIETOR)

AND

NASMA HAJI PAYEMA

(SUPERINTENDENT)

2 3 4 5 6 7 8 9

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

This Agreement is made on this 14 day of JULY 20 25

BETWEEN

FEUSTER Hilly (Name) of P.O. BOX 317 Region
(hereinafter referred to as the **PROPRIETOR**) the expression which
includes his assignees, agents or his legal representative of his business, of one part;

AND

NASNA HAJI PAYEMA 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 HILLU 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 14 day of JULY 2025 to 13 day of JULY 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 14 day of JULY 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 TZS 700,000/2 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 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 seven (07) days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract

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 14 day of JULY 20 25

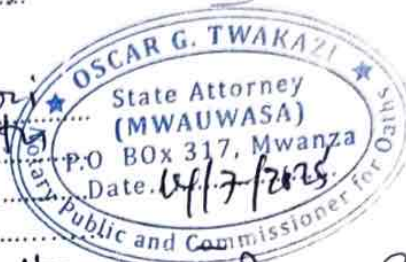
FEUSER
HILLU

SIGNED and DELIVERED at MZA by the said NASMA HAJI PAYEMA who is known to me personally/identified to me by Felisku Hattu the latter being personally known to me this 14th day of July 2025.


PROPRIETOR

In the presence of:

Name: Oscar Twakazi
Designation: Commissioner for Oaths
Signature: [Signature]
Address: Box 317 MZA
Date:



Signed and delivered by the parties at this 14th day of July 20 25

SIGNED and DELIVERED at MZA by the said NASMA HAJI PAYEMA who is known to me personally/identified to me by JOSEPH KALIDUSHI the latter being personally known to me this 14th day of July 2025.


SUPERITENDENT

In the presence of: Oscar Twakazi
Name:

Designation: Commissioner for Oaths
Signature: [Signature]
Address: Box 317 Mwanza
Date:

