



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 MAC PHARMACY MBAGALA Facility Identification Number (FIN) 0101064
Physical address:
Street KILWA ROAD Ward MBAGALA District/Municipal TEMEKE Region DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name HASSAN A. HASSAN PIN 0102792 Phone 0786051602
Address KIGAMBONI Email hassan25hassan@yahoo.com

A.3. REASON(s) FOR CHANGE

TO USE MY LICENCE IN OTHER PHARMACY

Time frame of notification: (As per Contract) Signature [Signature] Date 08/01/2024

A.4. OWNER'S DETAILS

Full Name MCTJOHN MBIRU Phone Number 0685750206
Remarks HASSAN WANT TO CHANGE LOCATION AND USE HIS LICENCE
Signature [Signature] Date 01/01/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name OSCAR TENGANAMBA PIN 0101064 Phone Number 0787367614 Email tengasor@gmail.com
Physical address:
Street Mungozu Ward Semangila District/Municipal Kigamboni Region DSM
Details of Previous pharmacy:
Name of Pharmacy NBAGO PHARMACY FIN 0100264 District/Municipal BARIADI Region SIMUYU

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.



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... OSCAR TENGANAMBA PIN 0100 8 05
2. Namba ya simu... 0767-367614 barua pepe tengo.scar@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 31/12/2023
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
(1810526831122315)
CRAB-18

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

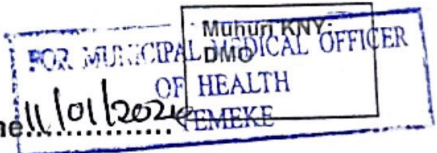
Mimi... OSCAR H. TENGANAMBA mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
MAC PHARMACY MBAGALA FIN 0101064 lililopo katika
Wilaya ya TEMEKE Mkoani DSM
Sahihi Tenganamba Tarehe 8/1/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Yonah Bwona

Tarehe



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... RIZIKI CITAURIMBO Kata ya SOMANGILA

Nadhibitisha kwamba Ndugu... OSCAR TENGANAMBA anaishi

langu mtaa/kijiji... MKWAJUNI, kuanzia mwaka... 2024

Sahihi Afisamtendaji

Tarehe

Bwona

08/01/2024





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

Nº 00001441



CERTIFICATE OF FULL REGISTRATION

(Section 15 of the Pharmacy Act, 2002)

Oscar Tenganamba

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:

Registrar's		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
No.	Date					
0805	1st Feb, 2007	13th Sept. 1978	Tanzanian	P.O. Box 62117 Dar es Salaam	Bachelor of Pharmacy	University of Dar es Salaam 2005

Date 25th APRIL 2007

REGISTERAR
PHARMACY COUNCIL

P.O. BOX 77150, DAR ES SALAAM

* NOTES: 1) This is a true extract from the Register. In due course the name of the Pharmacist will be published in the official gazette. 2) Any change of particulars should thereafter be made to the current P.C.F. and Registrar to continue registration.

3) This certificate is not an evidence of the identity of its holder of the name 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

OSCAR TENGANAMBA

PIN NO: 0100805

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: 01 February 2007

Expires on: 31 December 2024

Registrar
Pharmacy Council



Pharmacist service Agreement

THIS PHARMACIST SERVICE AGREEMENT (this "Agreement") is made and entered into as of the 4th day of January 2024 by and among:

Osai Tembochir of P.O. Box 62117 Dar Es Salaam,
TANZANIA (The "Pharmacist")

and

Mr John Mbiti of MAC Pharmacy Mbagala having registered office along Kalwa Road at Kazisani bus stop Mbagala, P.O Box 39975, Dar es Salaam, TANZANIA (The "Proprietor").

WHEREAS, the Pharmacist is recognized as having Pharmacy Practicing License to supervise Pharmaceutical establishment

and

WHEREAS, the Proprietor desires to hire the pharmacist to carry out supervisory and advisory services,

AND NOW WHEREFORE, THIS AGREEMENT WITNESSETH AS FOLLOWS:-

In consideration of the premises and the mutual conditions and promises herein contained, the parties hereto agree as follows:

1. Pharmacist Services.

2.1 The Pharmacist shall carry out supervisory services at MAC Pharmacy Mbagala, Dar es salaam, Tanzania.

2.2 The Pharmacist shall obtain/collect from Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keep the pharmacy

within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.

2.3 The Pharmacist shall plan routine attendance for advisory services and other professional obligations at the pharmacy.

2.4 The Pharmacist Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week.

2.5 The pharmacist will represent the pharmacy for any meetings called in by Pharmacy council.

2. Term. The term of this Agreement shall begin on 4th January 2024 and shall, subject to the provisions for termination set forth herein, continue for one full year.

3. Compensation.

3.1 For discharging superintendent duties, the proprietor will pay the Pharmacist a salary of TZS 700,000 payable on monthly basis.

4. Termination.

4.1 This Agreement may be terminated:

- (i) By either party giving a three (3) month written notice to the other party of the intention to terminate the Agreement;
- (ii) Or by either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 4.1 (i) above.

5. Dispute Resolution

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

5.2 If amicable settlement becomes impossible, then, the matter may be referred to a single arbitrator to be agreed by the parties herein.

5.3 That upon failure to agree to an arbitrator with 7 days of the arbitration, an aggrieved party may seek legal remedy as required under clause 6.

6. Applicable Law and Jurisdiction

6.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

6.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity of the Agreement shall firstly be settled amicably by the parties.

6.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, either party may move to Tanzania Institute of Arbitrators to appoint an arbitrator. The decision of the arbitrator shall be final and binding upon parties herein.

7 Governing Law. This Agreement will be governed by and interpreted in accordance with the substantive laws of the United Republic of Tanzania without reference to conflicts of law.

8 Arbitration Seat. The seat of Arbitration shall be Dar es salaam Tanzania.

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 4th day of January 20 24

SIGNED and DELIVERED by the said
Hassan A Hassan who is known
to me personally/identified to me by _____

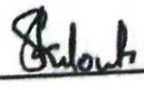

SUPERINTENDENT

This 04 day of January 2024

BEFORE ME:

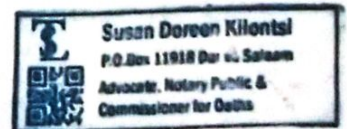
Name: SUSAN DOREEN KILONTSI

Designation: ADVOCATE

Signature: 

Address: 11918 DSM

Date: 04/01/2024



SIGNED and DELIVERED by the said
McJOHN MBIRI on behalf of MAC Pharmacy Mbagala who is
known to me personally/identified to me by _____


This _____ 4th _____ day of _____ January _____ 2024 _____

PROPRIETOR

BEFORE ME:

Name: SUSAN DOREEN KILONTSI

Designation: ADVOCATE

Signature: 

Address: 11018 DSM

Date: 04/01/2024

