



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: NEW BUGANDO PHARMACY Facility Identification Number (FIN): 0300054
 Physical address: MIEMBENI 'B' Ward: PAMBA District/Municipal: NYAMAGANA Region: MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: JAVELINA SYLVESTER PIN: 0103394 Phone: 0752 395885
 Address: BUGANDO Email: -

A.3. REASON(S) FOR CHANGE

EMPLOYED BY THE GOVERNMENT AT TUMBI HOSPITAL

Time frame of notification: (As per Contract) 3 MONTHS Signature: Sylvester Date: 11/02/2025

A.4. OWNER'S DETAILS

Full Name: PIETER A. MATYOKO Phone Number: 0769663320
 Remarks: -
 Signature: [Signature] Date: 11/2/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: HANIFA RASHID MCHAI PIN: 0103791 Phone Number: 0719623038 Email: hanifarashidmchai@gmail.com
 Physical address: PASIANSI Ward: KAWEKAMO District/Municipal: ILEME LA 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.



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... HANIFA RASHID MCHAI PIN 01037911.....
2. Namba ya simu... 0719 623038..... barua pepe hanifa.rashid.mchai@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 06/12/2024
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... HANIFA RASHID MCHAI..... mwenye
taaluma ya dawa ngazi ya UFAMASIA..... nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
NEW BUGANDO PHARMACY..... FIN 0300054 liliopo katika
Wilaya ya NYAMAGANA..... Mkoani MWANZA 10/02/2025..
Sahihi Ashai..... Tarehe 10/02/2025.....

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:
DMO

Jina na Sahihi WINFRIDA E. MINJA..... Tarehe 11/02/2025.....

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... ANNA NSEMIBE..... Kata ya Kawe Kame

Nathibitisha kwamba Ndugu... HANIFA RASHID MCHAI..... anaishi

langu mtaa/kijiji... P1 MASH 'A'..... kuanzia mwaka... 2004.....

Sahihi Afisa mtendaji

Tarehe

Ashai.....

10-2-2025.....



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

HANIFA R MCHAI

PIN NO: 0103791

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:20 September 2024

Expires on:31 December 2025

*Registrar
Pharmacy Council*





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002460

CERTIFICATE OF FULL REGISTRATION

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

Full Name Hanifa R. Mchiri

Pharmacy Council
P. O. Box 1277
Dodoma

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					
0103791	21 st June, 2024	17 th June, 1993	Tanzanian	P.O. Box 6005 Tanga	Bachelor of Pharmacy	Ankara University Turkey 2021

Date 20th August 2024

[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.

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 4th day of FEBRUARY 20 25

BETWEEN

BUGANDO MEDICAL CENTRE (Name) of P.O.BOX 1370 Region MWANZA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

HANIFA RASHID MCHAI a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

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,

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;

WHEREAS the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as RETAIL & WHOLESALE (NEW BUGANDO) Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the 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;

"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.

"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 4th day of FEBRUARY 20 25 to 3rd day of FEBRUARY 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 4th day of FEBRUARY 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 salary/emoluments of TZS. 700,000 (LAKI SABA) payable monthly to the **SUPERINTENDENT** 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 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.

4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.8 Shall ensure pharmaceutical services are provided with due care.

4.1.9 Shall ensure all proper records are maintained and managed well.

6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

The Proprietor shall meet the cost of drawing up this Agreement.

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

9. The Pharmacy 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 06th day of February 2025

SIGNED and DELIVERED

By the said Dr BAKATI WAIANGA

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

Introduced to me by

..... the latter known to me personally
This 06th day of February 2025

In the presence of:

Name: IKUPA EPHRAIM

Designation: ADVOCATE

Signature: [Signature]

Date: 06/02/2025

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the said HANIFA BASHID MCHIRI

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

Introduced to me by

..... the latter known to me personally
This 06 day of 02 2025

In the presence of:

Name: Bernard Alothea

Designation: Accountant

Signature: [Signature]

Date: 06/02/25

[Signature]

SUPERINTENDENT