

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

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.

OF THE PHARMACY.
A.1. DETAILS OF THE PHARMACY
Name of the Pharmacy: MEU KARACWE Pharmacy Facility Identification Number (FIN): 0101014
Physical address:
Street: KAYANGA Ward: SOKONI District/Municipal: KARACWE Region: KAGE RA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name	KUMAR KATHARATHA	PIN	0101856	Phone	0755663076
Address	Email: shatheelkumar@gmail.com				

A.3. REASON(S) FOR CHANGE

A.3. REASON(S) FOR CHANGE
change of residency.

Time frame of notification: (As per Contract) 3 days Signature: Kbisa Date: 24/09/2025

A.4. OWNER'S DETAILS

A.4. OWNER'S DETAILS
Full Name JUSTINE CARREL Phone Number 0715164581
Remarks Agree to change
Signature Justine Date 24/09/2015

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

B.1. NEW SUPERINTENDENT OTHER PHARMACEUTICAL PERSONNEL
Full Name REBECCA W. GIKARD PIN 01013103 Phone Number 0655571171 Email rebecca.gikard@gmail.com

Physical address:
Street KAYANGA Ward KAGULULU District/Municipal KAPACHWE Region KATLA

Details of Previous pharmacy:
Name of Pharmacy SHINGWA PHARMACY FIN District/Municipal ILEMELE Region MAVANZA

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL. (To be attached)

- 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..... Designation..... Signature..... Date.....
Full Name.....

D. NOTE:

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 REBECCA WAMBURA GIKARO PIN 0103908
2. Namba ya simu 0658571187 barua pepe rebecca.gikaro@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)
4. Je, umehuisa 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 REBECCA WAMBURA GIKARO mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo NEW KARAGWE PHARMACY FIN 0101074 lililopo katika Wilaya ya KARAGWE Mkoani KAGERA
Sahihi [Signature] Tarehe 23/09/2024

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 NAILAIT MUSA Pius Tarehe 23/09/25

MKUU WA DIVISHENI YA AFYA, USTAWI WA JAMII

NA HUDUMA ZA LISHE

KARAGWE

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) AGNES RUTAHWA Kata ya KAYANGA

Nadhibitisha kwamba Ndugu REBECCA WAMBURA anaishi

langu mtaa/kijiji K. RUTAHWA kuanzia mwaka 2022

Sahihi Afisamtendaji

[Signature]

Tarehe

23/09/2025

Muhuri
Mtendaji

KW AFISA MTENDAJI
KATA - KAYANGA
S.L.P 20
KARAGWE

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

JUSTINE GABRIEL TANGIRA
(PROPRIETOR)

AND

REBECCA WAMBURA GIKARO
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST This Agreement is made on this 23 day

of 09 20 25

BETWEEN

JUSTINE GABRIEL (Name) of P.O. BOX

334 Region KAGERA

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

AND

REBECCA WAMBURA GIKARO 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 NEW KARAGWE PHARMACY 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 23 day of 09 20 25 to 23 day of 09 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 23 day of 09 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 250000 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 **ten (10)** days without any justifiable cause, the

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 23 day of 09 2025

SIGNED and DELIVERED at KADAGUE by the said
JUSTINE GABRIEL who is known
to me personally/identified to me by
.....the latter being
personally known to me this 23 day of 09 2025

[Signature]
PROPRIETOR

In the presence of:

Name: Jany Chavan
Designation: Advocate
Signature: [Signature]
Address: 10220 Dms
Date: 23/09/2025



Signed and delivered by the parties at this 23 day of 09 2025

SIGNED and DELIVERED at KADAGUE by the said
PERRECA WANGARA GIKARU who is known
to me personally/identified to me by
JUSTINE GABRIEL the latter being
personally known to me this 23 day of 09 2025

[Signature]
SUPERINTENDENT

In the presence of:

Name: Jany Chavan
Designation: Advocate
Signature: [Signature]
Address: 10220 Dms
Date: 23/09/2025

