



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 NACHONE PHARMACY Facility Identification Number (FIN) 0103622  
Physical address:  
Street MACHINIONI Ward MAHARDU District/Municipal NYAMAGARA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone .....  
Address ..... Email .....

A.3. REASON(s) FOR CHANGE

Assignment of new pharmaceutical Technician

Time frame of notification: (As per Contract) ..... Signature ..... Date .....

A.4. OWNER'S DETAILS

Full Name ALISHA CHRISTOPHER Phone Number 0764106882  
Remarks .....  
Signature ..... Date 20/10/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name CAROS M WILFSELAUS PIN 0407313 Phone Number 074241622 Email Caroswilaus33@gmail.com  
Physical address:  
Street MKUYU Ward MKUYU District/Municipal NYAMAGARA Region MKIARA  
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.

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 CAROS M. WINSESLAU PIN 0407313

2. Namba ya simu 0942410522 barua pepe Carlos.winseslau23@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-](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

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi CAROS M. WINSESLAU mwenye

taaluma ya dawa ngazi ya DIPLOMA nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo

NACHOPE PHARMACY FIN 0103622 lililopo katika

Wilaya ya NYAMAGARA Mkoani MWANZA

Sahihi [Signature] Tarehe 17/10/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Emmanuel J. Mchumi Tarehe 17/10/2025

Muhuri  
BMO

MAKUU WA JIJI  
MWANZA  
MAKUU WA JIJI  
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji Cloudest K. Deleu

Jina la mtendaji (Kata) [Signature] Kata ya Ntete

Nadhibitisha kwamba Ndugu CAROS M. WINSESLAU anaishi

langu mtaa/kijiji MAKAMA kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe

17/10/2025

Muhuri  
Afisa Mtendaji  
KATA YA Mtaa  
JIJI LA MWANZA





THE UNITED REPUBLIC OF TANZANIA



PHARMACY COUNCIL



## LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

**CAROS M WINSELAUS**

**PIN NO: 0407313**

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a **Pharmaceutical Technicians** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: 26 September 2023

Expires on: 31 December 2025

Registrar

Pharmacy Council

CERTIFIED TRUE COPY OF THE ORIGINAL



KWEKA F.L. (ADVOCATE)  
NOTARY PUBLIC AND COMMISSIONER FOR OATH  
At this 17th Day of Oct Year 2025



# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 17 day of 10 2025.

BETWEEN

ASHA CHRISTOPHER BUNGA (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

CAROL MIKAYANA KINDESLALE enrolled Pharmaceutical technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the **Pharmaceutical technician**).

**WHEREAS** the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

**WHEREAS** in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical technician to his business,

**WHEREAS** the Pharmaceutical technician 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 Pharmaceutical technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

**WHEREAS** in the event that the superintendent pharmacist is part time available, the Pharmaceutical technician shall be available at full time at the terms and conditions as hereinafter appearing;

**WHEREAS** the Parties agree to operate a business of a pharmacist styled as NACHUNE PHARMACY Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;**

## 1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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.

"Pharmaceutical technician" means a person enrolled as such under section 24 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 17 day of 10 2025 to 17 day of 10 2026

## 3. Commencement of Supervision

The Pharmaceutical technician shall commence technical assistance of the above named Pharmacy on the 17 day of 10 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. 350,000/= payable monthly to the **PHARMACEUTICAL TECHNICIAN** 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 1<sup>st</sup> 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 other 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.



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 Pharmaceutical technician 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 17 day of 10 2025

#### SIGNED and DELIVERED

By the said ALISHA CHRISTOPHER BIKAMADA

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

Introduced to me by .....

..... the latter known to me persona

This 17 day of 10 2025

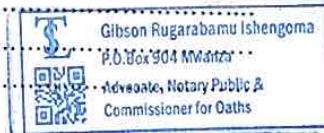
In the presence of:

Name: GIBSON KSHENGOMA

Designation: ADVOCATE

Signature: [Signature]

Date: 17/10/2025



[Signature]  
PROPRIETOR

#### SIGNED and DELIVERED

By the said CAROL M. WINSESLAWS

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

Introduced to me by .....

..... the latter known to me personal

This 17 day of 10 2025

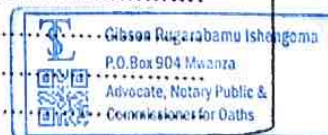
In the presence of: GIBSON KSHENGOMA

Name: CAROL M. WINSESLAWS

Designation: ADVOCATE

Signature: [Signature]

Date: 17/10/2025



CAROL M. WINSESLAWS  
PHARMACEUTICAL  
TECHNICIAN