



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 NYAMILANGANO PHARMACY Facility Identification Number (FIN) 0103330
Physical address: NUNDU KULE Ward MECCO District/Municipal ILEMELA Region MWANZA
Street NUNDU KULE

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name EDSON P. MUTANI PIN 0103847 Phone 076504421
Address ILEMELA Email edgantagnat.com

A.3. REASON(s) FOR CHANGE Health problems based of family issues.

Time frame of notification: (As per Contract) Signature [Signature] Date 14-11-2025

A.4. OWNER'S DETAILS

Full Name GLORIA JAMES MANYANGU Phone Number 0714838058
Remarks accepted
Signature Date 30/11/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name C.H.ILICH - B. NEUMA PIN 0103203 Phone Number 0783909203 Email [Signature]
Physical address: BUKUKU Ward MKOLANI District/Municipal NYAMAHARA Region MWANZA
Street BUKUKU
Details of Previous pharmacy:
Name of Pharmacy MD PHARMACY FIN District/Municipal ILEMELA 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/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 Chiku - B. MRUMA PIN 0103208
2. Namba ya simu 0783909003 barua pepe Chiku.mruma@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024
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 Chiku - B. MRUMA mwenye

taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya

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

NYAMILANGANO PHARMACY FIN 0103330 lililopo katika

Wilaya ya ILEMELA Mkoani MWANZA

Sahihi Chiku Tarehe 01/12/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Lucas Masha Tarehe 2/12/2025

Muhuri KNY:
DMO

NY. DAWA IRI WA MANISHA

MASHAURI YA MANISPAAYA ILEME

S L P 735

MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ESIER J. BUSENGWA Kata ya MECCO

Nathibitisha kwamba Ndugu CHIKU - B. MRUMA anaishi

langu mtaa/kijiji MECCO BUSINI kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe

02/12/2025

Muhuri
Mtendaji

AFISA MTENDAJI WA MTAA
MTAA WA MECCO KUSINI
MANISPAAYA ILEME

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

GLORIA JAMES MANYANGU
.....
(PROPRIETOR)

AND

CHIKU - B. MRUMA
.....
(SUPERINTENDENT)

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

This Agreement is made on this 01 day of DECEMBER 20 25

BETWEEN

GLORIA J. MANYANGU (Name) of P.O. BOX 2526 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

CHIKU -B- MRUMA 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 RETAIL 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 01 day of 12 20 25 to 30 day of 11 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 01 day of 12 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 700,000/= 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 Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

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 01/12/2025 day of December 20 25

SIGNED and DELIVERED at Mwanza by the said
GLORIA J. MANYANGU who is known
to me personally/identified to me by
.....the latter being
personally known to me this 01 day of 12 2025.

GJM
PROPRIETOR

In the presence of:

Name: DYNES LAURIAN NGAIZA
Designation: ADVOCATE
Signature: [Signature]
Address: 33571 DAR-ES-SALAAM
Date: 01/12/2025



Signed and delivered by the parties at this 01 day of DECEMBER 20 25

SIGNED and DELIVERED at Mwanza by the said
CHIKU B. MURINA who is known
to me personally/identified to me by
.....the latter being
personally known to me this 01 day of 12 2025.

[Signature]
SUPERITENDENT

In the presence of:

Name: DYNES LAURIAN NGAIZA
Designation: ADVOCATE
Signature: [Signature]
Address: 33571, DAR-ES-SALAAM
Date: 01/12/2025





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

CHIKU B MRUMA

PIN NO: 0103208

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: **02 February 2023**

Expires on: **31 December 2025**

*Registrar
Pharmacy Council*





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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name Chikwa B. Muma

Pharmacy Council
P. O. Box 1277
Dar es Salaam

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					
0103208	2nd February, 2023	25th May, 1997	Tanzanian	P.O. Box 14808 Arusha	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2021

Date 15th February 2023

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.

CF-DSM