



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 LIPOTA Facility Identification Number (FIN)                       
Physical address MBAGAZA District/Municipal TEMERKE Region DSM  
Street                      Ward                     

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name HAMPHREY V. SIM KOKO PIN                      Phone 0755315825  
Address                      Email                     

A.3. REASON(S) FOR CHANGE

CHANGE OF RESIDENCE

Time frame of notification (As per Contract)                      Signature H. V. S. Date 14/11/2025

A.4. OWNER'S DETAILS

Full Name SAYO MUSSA LIPOTA Phone Number                       
Remarks LIPOTA PHARMACY OF ZAKIEM MBAGAZA  
Signature                      Date 14/11/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name RONA STANLAUS PIN 0104069 Phone Number 0762027305 Email banalymoe@gmail.com  
Physical address MBAGAZA District/Municipal ILALA Region DSM  
Street                      Ward BUYUNI  
Details of Previous Pharmacy LIPOTA PHARMACY District/Municipal TEMERKE Region DSM  
Name of Pharmacy                      PIN                     

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.

**THE MINISTRY OF HEALTH AND SOCIAL WELFARE  
PHARMACY COUNCIL**

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

THIS AGREEMENT is made on this 10 day of 11/2025 between SAID MUSSA LIPOTA (Hereinafter referred to as "the PROPRIETOR"), on the one part and BONA S. LYIMO of DAR (hereinafter referred to as "THE SUPERINTENDENT") of the other part:

WHEREAS the parties intend to carry on a business of pharmacist as provided under the provisions of the Pharmacy Act, 2011 (hereinafter referred to as the Act). The business of pharmacist shall be under the management of a **SUPERINTENDENT** who is a **PHARMACIST** as provided under the Act; and he shall be a member of its Board of Directors who shall not act in a similar capacity for any other body corporate.

NOW THEREFORE the PROPRIETOR and the SUPERINTENDENT agrees to run the business of Pharmacist under the terms and conditions herein set:

1. Upon signing of this Agreement the PROPRIETOR and the SUPERINTENDENT shall together run and operate an establishment and business known as RETAIL AND WHOLE SALE Pharmacy.
2. At a salary or emolument stipulated in clause 3 of this Agreement, the SUPERINTENDENT shall, with all speed and professional diligence, take the necessary steps to establish and efficiently run of the said pharmacy, dealing in PHARMACETICALS. The "necessary steps" shall include obtaining from the Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keeping the pharmacy within the standards, conditions and manner as contained in any written law for the time being in force governing the management, regulation and control of the business of a pharmacist.
3. Unless the PROPRIETOR is able to meet its expenses from funds generated by the pharmacy, the PROPRIETOR shall supply adequate funds to meet the following expenses:
  - a) Monthly salary/emoluments of T.shs 700,000/= payable monthly to the SUPERINTENDENT in discharging functions as per clause 2 above. 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.
  - b) The cost of rehabilitating or modifying the present premises and maintaining of the same as a modern pharmacy.
  - c) All other costs necessary or incidental to the running and maintaining the pharmacy.
4. All technical undertaking and professional shall be under the control and management of the SUPERINTENDENT. However, the power to hire and fire as well as disciplining employees shall lie in the PROPRIETOR.



5. All personnel of the **PROPRIETOR** shall be under the control of the **SUPERINTENDENT** in their day-to-day functions.
6. The Agreement shall be for a period of twelve (12) months, and thereafter it shall run on a year to year basis unless one of the parties gives a written notice of not less than three (3) months to the other of his intention to remove himself from the business of pharmacist when the current twelve (12) months period lapses and this notice has to be written to the Registrar, Pharmacy Council in writing through the other part.
7. In the event the **PROPRIETOR** wishes to terminate the Business of a Pharmacist before the period of twelve (12) months lapses, he shall notify the Council in writing prior the decision, so that legal procedures as per laws and regulations can be communicated to the **PROPRIETOR** followed by paying the **SUPERINTENDENT** his salary remaining in the year.
8. The **SUPERINTENDENT** shall not terminate the contract of the Business of a Pharmacist before the current period of 12 months unless he has written a ninety (90) days notice to the Registrar through the proprietor about his intention.
9. The **SUPERINTENDENT** upon issuing notice of intention to terminate the Agreement, the business of a pharmacist shall remain under his control and management until the notice lapses; and shall be entitled to monthly salary during the period of notice.
10. The **PROPRIETOR** shall meet the cost of drawing up this Agreement.
11. The Pharmacy Council will accept additional clauses but this Agreement is a standard one.
12. Failure to pay the monthly salary on time will result in penal of 10% of the monthly salary.

IN WITNESS WHEREOF the **PROPRIETOR** and the **SUPERINTENDENT** have executed this Agreement on the date and in the manner hereinafter appearing:

SIGNED and DELIVERED  
by the said SAIDA MUSSA LIPOTA  
who is known to me personally/  
introduced to me by .....

.....  
This 13 day of NOVEMBER 2025

  
.....  
**PROPRIETOR**

Before me:

Name: HOPE JAFFAR KAWA MA

Title: COMMISSIONER FOR OATH

Signature: [Signature]

Address: 8676 Dar 2nd Salaam



Date: 13<sup>th</sup> November, 2025

**SIGNED and DELIVERED**

by the said RONA STANISLAW 24/mo  
who is known to me personally/  
introduced to me by .....  
This 13<sup>th</sup> day of NOVEMBER 2025

[Signature]  
SUPERINTENDENT

**Before me:**

Name: HOPE JAFFAR KAWANA  
Title: COMMISSIONER FOR OATHS  
Signature: [Signature]  
Date: 13<sup>th</sup> day of November, 2025



Date: 13<sup>th</sup> November, 2025

**SIGNED and DELIVERED**

by the said BONA STANISLAW 29/mo  
who is known to me personally/  
introduced to me by .....  
This ...13<sup>th</sup>... day of NOVEMBER 2025



SUPERINTENDENT

**Before me:**

Name: HOPE JAFFAR KAWANA

Title: COMMISSIONER FOR OATH

Signature: 

Date: 13<sup>th</sup> day of November, 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

**BONA STANSLOUS**

**PIN NO: 0104069**

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 August 2025

Expires on: 31 December 2025

Registrar  
Pharmacy Council



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 BONA STANSLAUS PIN 0104069
2. Namba ya simu 0762027305 barua pepe bonalyma@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 1/7/2025
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 BONA STANSLAUS LYINDU mwenye  
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwaloo  
LIPOTA PHARMACY FIN ..... lililopo katika  
Wilaya ya TEMEKE Mkoani DAR-ES-SALAAM  
Sahihi [Signature] Tarehe 14/11/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Ramadhani M. Rajani Tarehe 14/11/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MWANAHERRI S. KATUMBURU Kata ya BUYUNI

Nathibitisha kwamba Ndugu BONA STANSLAUS anaishi

langu mtaa/kijiji BUYUNI kuanzia mwaka 2024  
Sahihi Afisa mtendaji [Signature] Tarehe 14/11/2025