



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17

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 NYALIKUNGU PHARMACY Facility Identification Number (FIN) 0300647  
Physical address:  
Street UHURU Ward NYALIKUNGU District/Municipal MASWA Region SIMUYU

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name VALENTINE SIMON VALENTINE PIN 0103776 Phone +255683362312  
Address P.O. BOX 20 MISUNGWI Email syvalentine277@gmail.com

A.3. REASON(s) FOR CHANGE

End of contract.

Time frame of notification: (As per Contract) One Month Signature [Signature] Date 22nd January 2025

A.4. OWNER'S DETAILS

Full Name YONA J. MGASA Phone Number +255624113486  
Remarks Good  
Signature [Signature] Date 22/01/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ANNA A. KILUVA PIN 0103547 Phone Number 0768821355 Email nashoraisaid@gmail.com  
Physical address:  
Street UHURU Ward NYALIKUNGU District/Municipal MASWA Region SIMUYU  
Details of Previous pharmacy:  
Name of Pharmacy NYALIKUNGU PHARMACY FIN 0300647 District/Municipal MASWA Region SIMUYU

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 UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

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**CERTIFICATE OF FULL REGISTRATION***(Section 20 of the Pharmacy Act, CAP. 311)*

Full Name .....

*Anna A. Kilwira*

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					
0103547	2nd February, 2024	22nd January, 1999	Tanzanian	P.O. Box 898 Moshi	Bachelor of Pharmacy	Muhimbili University of Health and Allied Sciences 2022

Date .....

*14th February 2024*
  
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.

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... ANNA ALY KILUVIA PIN 0103547
2. Namba ya simu... 0768 821355 barua pepe nasharacaida@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 30/12/2024
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  
GWX101348706755

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... ANNA A. KILUVIA mwenye  
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
NYALIKUNGU PHARMACY FIN 0300647 lililopo katika  
Wilaya ya MASWA Mkoani SIMUYU  
Sahihi [Signature] Tarehe 30/12/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Nazim G. Simu Tarehe 03/1/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... AB. INES A. TOSSI Kata ya SOLA

Nadhibitisha kwamba Ndugu ANNA ALY KILUVIA anaishi

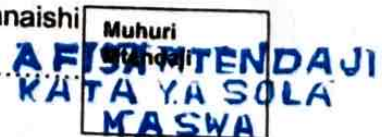
langu mtaa/kijiji MWASHIGELA kuanzia mwaka 2024

Sahihi Afisamtendaji

[Signature]

Tarehe

08/01/2025



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

**BETWEEN**

**(PROPRIETOR)**

**AND**

**(SUPERINTENDENT)**

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

**PHARMACIST** This Agreement is made on this 30<sup>th</sup> day of December

20 24

**BETWEEN**

YONA JOHN MGASSA (Name) of P.O. BOX  
68 Region SIMUYU

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

**AND**

ANNA ALLY KILUVIA 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 NYALIKUNGU 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;

"Pharmacy" means any approved premises wherein or from which any services pertaining to 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<sup>st</sup> day of January 2025 to 31<sup>st</sup> day of Dec 2025

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the abovenamed Pharmacy on the 01<sup>st</sup> day of January 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 800,000/- payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

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(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 1<sup>st</sup> 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

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 1st day of Jan 2025

SIGNED and DELIVERED at ..... by the said  
..... who is known  
to me personally/identified to me by .....  
YONA JOHN MGASA the latter being  
personally, known to me this 1st day of JAN 2025


  
PROPRIETOR

In the presence of:


Name: DAUD MASUNGA  
Designation: COMMISSIONER FOR RURAL  
Signature:   
Address: BOX 120 NAWA  
Date: 01 JAN 2025



SIGNED and DELIVERED at ..... by the said  
ANNA A. KIWYA who is known  
to me personally/identified to me by .....  
the latter being  
personally, known to me this 01st day of JAN 2025

  
SUPERINTENDENT

In the presence of:

Name: DAUD MASUNGA  
Designation: COMMISSIONER FOR RURAL  
Signature:   
Address: BOX 120 NAWA  
Date: 01 JAN 2025

