



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 Mount Kibo pharmacy Facility Identification Number (FIN) 0100755  
Physical address KIUSA - Branch  
Street Kiusa Street Ward Kiusa District/Municipal Moshi Mjini Region Kilimanjaro

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name OGINGA WAGAPA PIND 408483 Phone 0753885271/0774425271  
Address P.O. BOX 51 Dodoma Email oginga.wagapa@gmail.com

A.3. REASON(S) FOR CHANGE

Kupata Kazi Sahnun Nyingine

Time frame of notification. (As per Contract) 30 days Signature W.O.T Date 11/05/2025

A.4. OWNER'S DETAILS

Full Name ADELLA STANISLAUS ASEX Phone Number 0754 482727  
Remarks PHARMACY 2012  
Signature [Signature] Date 28/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name MWANAIDI A. SILAYO PIN 0406640 Phone Number 0659 948836 Email info@mountkibopharmacy.co.tz  
Physical address MUMPYA Ward MAJENGA District/Municipal Moshi Region KILIMANJARO  
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





## 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. MWANAI DI ABDI SILAYO PIN 0406640
2. Namba ya simu. 0745 090701 barua pepe info@mountkibopharmacy.co.tz
3. Tarehe ya mwisho kuhuisha jina (Retention) DEC 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-signup.php>) ☐ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MWANAI DI ABDI SILAYO mwenye  
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
MOUNT KIBO PHARMACY 2012 CO. LTD KILUA FIN 0100755 lililopo katika  
Wilaya ya MOSHI MJI NI Mkoani KILIMANJARO  
Sahihi MSilayo Tarehe 30/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:  
DMO

Jina na Sahihi LYDIA RIWA LR Tarehe 30/06/2025  
MEDICAL OFFICER OF HEALTH  
MOSHI MUNICIPAL COUNCIL

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

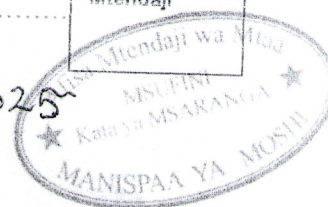
Jina la mtendaji (Kata) ZITER R. TESHA Kata ya MSARANGA  
Nathibitisha kwamba Ndugu MWANAI DI SILAYO anaishi  
langu mtaa/kijiji Msaranga kuanzia mwaka 2024

Muhuri  
Mtendaji

Sahihi Afisa mtendaji

Tarehe

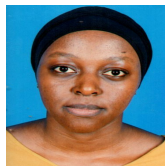
30/06/2025





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

**MWANAIDI ABDI SILAYO**

**PIN NO: 0406640**

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: **17 April 2023**

Expires on: **31 December 2025**

**Registrar**  
**Pharmacy Council**





## CONTRACT OF EMPLOYMENT

This Agreement is made this 20<sup>th</sup> day of JUNE 2025

### BETWEEN

MOUNT KIBO PHARMACY 2012 COMPANY LIMITED P.O.BOX 1428, MOSHI, KILIMANJARO, TEL+2552 754483727 :Email:info@mountkibopharmacy.co.tz A company dully incorporated under the Companies Act CAP 212, which deals with pharmacy business in Tanzania which also has Office Branch at Dar es salaam, (Hereinafter referred to as "the Employer"[proprietor]) of one part.

### AND

MWANAJIDI ABDI SILAYO a natural person, resident of MOSHI Mobile No. 0745 09 0701 who have full qualification to work as a pharmaceutical technician ( Hereinafter referred to as "the Employee") of the other part.

#### 1. COMMENCEMENT

This contract shall be for the term of one year starting from 30 day of JUNE the year 2025 and continue until on 30/06/2026

2. Age of the Employee .....

#### 3. PLACE OF RECRUITMENT

KILIMANJARO

#### 4. PLACE OF WORK

At KILIMANJARO, Tanzania.

#### 5. JOB DESCRIPTION

5.1 Job title: PHARMACEUTICAL TECHNICIAN

5.2 The Pharmaceutical Technician shall have the following duties and obligations: -

- i. Shall ensure pharmaceutical services are provided with due care.

- i. Shall ensure all proper records are maintained and managed well in accordance to good pharmacy practice.
- ii. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- iii. Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the pharmaceutical technician.
- iv. Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e PC logo, dispensing register, ledgers etc.
- v. Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- vi. Shall ensure all purchases or procurement and deliverables of pharmacy items is signed by a superintendent.
- vii. Preparing new prescription and refill requests for patients
- viii. Dispensing medication to patients per the prescription, or provider's orders
- ix. Packing and labeling a prescribed medication
- x. Processing insurance claims
- xi. Tracking inventory
- xii. Preparing compounded medications using sterile and non-sterile processes
- xiii. Repackaging of bulk medications

5.3. The duties may change from time to time due to changes of rules, regulations and laws relating thereto.

5.4 The employer may deem fit and appropriate, without prejudice to what is stated in paragraph 5.2 above any changes made thereto shall be made known to the employee in writing.

**5.5. The proprietor/Employer shall have the following duties and responsibilities;**

- xiv. To comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- xv. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

xvii. Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

xviii. Perform any other duty as the Council may determine from time to time.

## **6. PROBATION**

This Contract shall have the probationary period of six(3) months, of which may be extended or confirmed depending on the standard of performance by the Employee.

## **7. SALARY**

The Employee's starting salary will be TZS. 500,000 /=  
(FIVE HUNDRED THOUSAND) this will be the salary before deductions.

The employee has accepted the following deductions:

7.1 NSSF from which 10% of the salary will be deducted and the employer will be responsible for contributing another 10%.

7.2 Payroll tax (PAYE)

7.3 Credit deductions, mid-month payments or any other deductions that the employee owes the company.

## **8. HOURS OF WORK**

8.1 The ordinary working week commences on Monday and ends on Sunday depending on a weekly working shift.

8.2 Overtime may be worked when agreed by both parties.

8.3 The employee shall be paid overtime according to the law.

8.4 The daily working days may change depending on the prevailing circumstances

## **9. WORKING ON REST DAYS**

If the Employee works on a day off, shall be done by an agreement between the parties.

## **10. WORKING ON HOLIDAYS**

a. The employee shall be entitled to the payment of wages for each day of the holiday.

b. Work on a paid holiday will be done by agreement.

c. When an employee works on a public holiday, the employee will be paid after an agreement.

## **2. ANNUAL LEAVE**

- 2.1 An employee is entitled to 28 days of paid leave in an annual cycle. These days will include any public holidays that fall during that period. A leave cycle for the purposes of annual leave means a period of 12 consecutive months from the start of his employment or the end of the cycle since the last leave.
- 2.2 The employee's leave will be taken from .....  
to.....or another time decided by the employer after consulting with the employee.
- 2.3 The number of days may be reduced due to the number of emergency leave days granted by the employee's request.
- 2.4 By agreement between the employer and the employee, the employee can work during his annual leave only once and be paid for that leave. This agreement shall not be continuous.

## **3. SICK LEAVE**

- 3.1 According to Article 32 of the Employment and Labour Relations Act CAP 366 R.E 2019 an Employee is entitled to 126 days paid sick leave in a vacation cycle if he has proof of doctor's certificates for each occasion when he took sick leave. Payment will be made by the employer, however, it will not be required if the employee is entitled to paid sick leave under the law, fund or any collective agreement.  
Sick leave pay will be provided as follows:-
  - (a) the first 63 days shall be paid the normal salary; and
  - (b) the second 63 days will be paid half of the salary he earns.
- 3.2 For purposes of sick leave, the leave cycle is the period of 36 months of employment starting from the day of commencement of employment or the end of the last 36-month sick leave cycle.
- 3.3 The employee will notify the employer as soon as possible if he/she is unable to come to work due to illness.

## **13. MATERNITY LEAVE AND PATERNITY LEAVE (FOR FATHERS AND MOTHERS)**

The employee will have the right to maternity leave (mother) or parental leave (father).  
Section 34 of the Employment and Labour Relations Act.

#### 4. 1 Maternity Leave for Mothers

- (a) An employee who intends to take maternity leave (mother) must give information (notice) to the employer regarding her intentions to take maternity leave at least 3 months before the expected date and the information must be accompanied by a doctor's certificate.
- (b) An employee who took maternity leave is not allowed to start work within six weeks after giving birth otherwise until the doctor has confirmed it.
- (c) A mother has the right to paid leave for 84 days for the birth of one child or 100 days if she gives birth to more than one child.
- (d) The employer is only responsible for providing paid leave for 4 periods of maternity leave to the employee.
- (e) The cycle of paid maternity leave is 36 months.
- (f) If the employee breastfeeds the child, the employer will allow the employee to breastfeed the child during working hours for an average of two hours a day during the 6 months after returning to work.

#### 13.2 Paternity Leave for Fathers

The employee (husband) has the right to maternity leave of at least 3 days of paid leave after the wife gives birth. The terms of this leave are as follows:

- (a) Leave shall be taken within 7 days of the child's birth
- (b) The employee is the father of the child
- (c) It will be taken once in a cycle of 36 months regardless of the number of reproductive events of the father in question.

### **5. Compassionate Leave**

An employee is entitled to compassionate leave in a cycle of 36 months. The conditions of compassionate leave are as follows:

- a) If the employee suffers the death of a spouse or parent or grandparent or grandchild or sibling.



## 16. OTHER TERMS OF THE EMPLOYMENT AGREEMENT

### 16.1 Confidentiality

During the term of his employment and after termination thereof, the Employee undertakes not to reproduce, publish, use, disclose, show or otherwise communicate to any person or entity any of the Employer's confidential information, unless the Employer expressly permits or instructs him to do so in writing.

16.2 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably, until it becomes impossible is where the aggrieved party may seek legal remedy.

## 17. APPLICATION OF LAW

- a) This contract will be interpreted and applied according to the provisions of the Employment and Labour Relations Act CAP 366 R.E 2019.
- b) For the Matter Relating to professionalism compliance this Agreement shall be guided by the Pharmacy Act CAP 311 R.E 2019 and another Rules and Regulations relating thereto.
- c) Where there is any conflict between this Agreement and the Employment and Labour Relations Act, the provisions of the Act shall be used as the terms of this Agreement.
- d) The employee shall be entitled to any other benefits specified by the Employment and Labour Relations Act, if not specified in this Agreement or as agreed by both parties.

This contract is hereby signed and dated at Moshi this 30 day of JUNE 2025

### Employee's Name and Signature:

I hereby declare that the employer has supplied me with one original copy of this Contract.

SEALED/STAMPED with the COMMON SEAL of the said  
MOUNT KIBO PHARMACY 2012 COMPANY LIMITED  
in our presence this 30 day  
of JUNE 2025

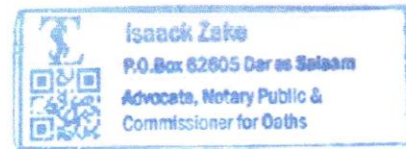


**On behalf of the Employer,**

Name: ADELLA STANISLAUS ASESY  
Signature: [Signature]  
Address: P.O BOX 1428 MOSHI  
Position: MANAGING DIRECTOR

**In the presence of:-**

Name: ISAACK ZAKE  
Address: P.O. BOX 62605 DAR-ES-SALAAM  
Designation: COMMISSIONER FOR OATHS  
Signature: [Signature]  
Date: 30th JUNE 2025

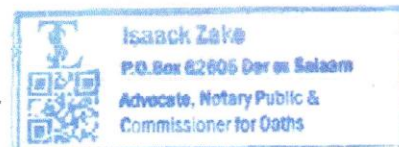


Signed and dated at MOSHI by the said  
MWANALDI A. SILAYO who is  
Personally known to me/identified to me by  
EMMANUEL R. NYAMBURA  
the later being known to me personally this  
30th day of JUNE 2025

[Signature]  
**EMPLOYEE/PHARMACEUTICAL TECHNICIAN**

**In the presence of :**

Name: ISAACK ZAKE  
Address: P.O BOX 62605 DAR-ES-SALAAM  
Designation: COMMISSIONER FOR OATHS  
Signature: [Signature]  
Date: 30th JUNE 2025



\* This contract shall be produced in two authentic copies, to be signed by both parties, one by the employer and the other by the employee. By signing this Agreement each party agrees to have been supplied with the employment contract.