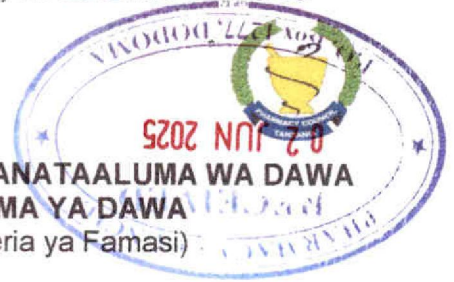


WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



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 ANTON I. MNYACHI PIN 0103550
2. Namba ya simu +255749811097 barua pepe antonie.mnyachi@gmail.com
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-](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 ANTON I. MNYACHI mwenye  
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
DAKAWA PHARMACY FIN 0101616 lililopo katika  
Wilaya ya MWOMERO Mkoani MOROGORO  
Sahihi A. Mnyachi Tarehe 20/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi NYAMBURA J. MSARO Tarehe 20/05/2025  
Muhuri KNY: DMO  
NY. MGANGA MKUU WA WILAY. MWOMERO  
S. L. P. 759  
MOROGORO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HASTI LUVANGA Kata ya DAKAWA

Nadhibitisha kwamba Ndugu ANTON I. MNYACHI anaishi

langu mtaa/kijiji WAMI-DAKAWA kuanzia mwaka 2025

Sahihi Afisamtendaji

Tarehe

20/5/2025

Muhuri  
Mtendaji

KATA-DAKAWA

AFISA MTENDAJI  
KATA-DAKAWA



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

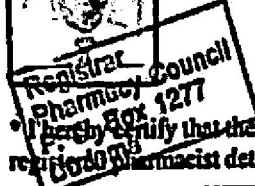
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# CERTIFICATE OF FULL REGISTRATION

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



Full Name Anton I. Mnyachi



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					
0103550	2nd February, 2024	18th October, 1997	Tanzanian	P.O. Box 47 Dodoma	Bachelor of Pharmacy	St. Johns University of Tanzania 2022

Date 14th February 2024

[Signature]  
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 Pharmacists 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.

CP-DSM

Certified as True Copy of the Original  
Sedrick Allen Mbunda  
Assistant, Notary Public & Commissioner  
for Oaths  
Signature: [Signature]  
Date: 21/2/2024



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

**ANTON I MNYACHI**

**PIN NO: 0103550**

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 2024**

Expires on: **31 December 2025**

**Registrar  
Pharmacy Council**



BETWEEN

DAKAWA PHARMACY (ALBON HANS MWAPBT)  
(PROPRIETOR)

AND

ANION I. MMYACHI  
(SUPERINTENDENT)



PHARMACIST This Agreement is made on this 20 day

of MAY 20 25

(ALBON HANS MWAIPAM) BETWEEN

DAKAWA PHARMACY (Name) of P.O. BOX  
3000 Region MORORO

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

AND

ANTON .I. MNYACHI 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 DAKAWA PHARMACY Pharmacy.  
(RETAIL).

**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.

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 20 day of MAY 20 26 25

SIGNED and DELIVERED at .....by the said  
ALBON HANS MURDASHI who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this 20 day of MAY 2025

[Signature]  
PROPRIETOR

In the presence of:

Name: SAMWELI ALPHANCE BAZI  
Designation: ADVOCATE  
Signature: [Signature]  
Address: 408 MOROGORO  
Date: 20/05/2025



Signed and delivered by the parties at this 20th day of MAY 2025

SIGNED and DELIVERED at .....by the said  
ANTON I. MNYAKHI who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this 20 day of MAY 2025

ANTON I. MNYAKHI  
[Signature]  
SUPERITENDENT

In the presence of:

Name: SAMWELI ALPHANCE BAZI  
Designation: ADVOCATE  
Signature: [Signature]  
Address: 408 MOROGORO  
Date: 20/MAY/2025

