

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... THEREZA PHILBERT... PIN 0103929...
2. Namba ya simu... 0765 29 6001... barua pepe Tedykifunga@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
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

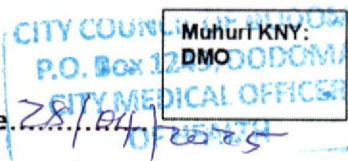
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... THEREZA PHILBERT mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
TLUX PHARMACY FIN 0101712 lililopo katika
Wilaya ya DODOMA Mkoani DODOMA
Sahihi TPH Tarehe 28/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Hordi Tarehe 28/04/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MWAHIZA I. MBURA Kata ya IPAGALA

Nadhibitisha kwamba Ndugu THEREZA PHILBERT anaishi

langu mtaa/kijiji ILAZO MBUYUNI kuanzia mwaka 2019

Sahihi Afisamtendaji

Tarehe

28/04/2025





THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I THEREZA PHILBERT with Personal Identification Number
(PIN) 0103929 of Year 2024, residing at DODOMA district, in DODOMA
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named TLUX PHARMACY
, with Facility Identification Number (FIN) 0101712 of year 2021, located at DODOMA
District, DODOMA Region with a Business Tax Identification Number (TIN) 123-197-283
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 0765 296001 Email Address: tadykipungu@gmail.comSignature: T Philbert Date: 28/04/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory



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

THEREZA PHILBERT

PIN NO: 0103929

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 November 2024**

Expires on: **31 December 2025**

Registrar
Pharmacy Council



CTIN



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT
THEREZA PHILBERT KIFUNGO

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

123-197-283

WITH EFFECT FROM: **29 JANUARY 2018**

TRA LOCATION: **DODOMA**

TAX OFFICE: **DODOMA**

PHYSICAL LOCATION: **PLOT No. 104**

STREET / AREA: **NZUGUNI**

OFFICIAL SEAL


HERBERT M.T. KABEMELA
COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATUTORY AND ARE