



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 SHVNU PHARMACY Facility Identification Number (FIN) 0102827  
Physical address: SHVNU Ward NYAHANKA District/Municipal KAHAMA Region SHINYANGA  
Street SHVNU

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name BISHINZE AZOKY YOHANA PIN 0103198 Phone 0768445798  
Address P.O. Box 711 Kigoma Email bishinzeahana25@gmail.com

A.3. REASON(S) FOR CHANGE

Moved to far region, Lindi

Time frame of notification: (As per Contract) ..... Signature ..... Date .....

A.4. OWNER'S DETAILS

Full Name MARIHA JOSEPH KATE Phone Number 0784169757  
Remarks .....  
Signature ..... Date 18/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name EMMANUEL D. MAGELEJA PIN 0101669 Phone Number 079966987 Email mageleja2@gmail.com  
Physical address: KEBILIMI Ward KAHAMA District/Municipal KAHAMA Region SHINYANGA  
Street KEBILIMI  
Details of Previous pharmacy: NAMA PHARMACY FIN 0300421 District/Municipal KAHAMA Region SHINYANGA  
Name of Pharmacy NAMA PHARMACY

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.

# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 01<sup>st</sup> day of JULY 2025.

## BETWEEN

MARTHA JOSEPH KATTE of P.O.BOX 480 KAHAMA, SHINYANGA (hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

## AND

EMMANUEL D. MAGELEJA, a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the SUPERINTENDENT).

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Pharmacy Act, Cap 311 R: E 2023.

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,

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;

WHEREAS the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as SHUNU PHARMACY.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

### 1. Interpretation:

"Act" means the Pharmacy Act, Cap 311 R: E 2023.

"Agreement" means the 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 the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist





- 6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- 6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

The Proprietor shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
9. The Pharmacy 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 01 day of JULY 2025

SIGNED and DELIVERED

By the said MARTHA JOSEPH KATIE Who is known to me personally/..... Introduced to me by.....

..... the latter known to me personally  
This 01 day of JULY 2025

In the presence of

Name JOEL O. MLACHA  
Designation COMMISSIONER FOR OATH  
Signature [Signature]  
Date 01-07-2025



[Signature]  
PROPRIETOR

SIGNED and DELIVERED

By the said EMMANUEL D. MAGELETA Who is known to me personally/..... Introduced to me by.....

..... the latter known to me personally  
This 01 day of JULY 2025

In the presence of

Name JOEL O. MLACHA  
Designation COMMISSIONER FOR OATH  
Signature [Signature]  
Date 01-07-2025



[Signature]  
SUPERINTENDENT



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

**EMMANUEL DAUDI MAGELEJA**

**PIN NO: 0101669**

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:11 April 2018**

**Expires on:31 December 2025**

**Registrar  
Pharmacy Council**





F54

00000295

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL  
CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP 311)

Full Name **Emmanuel Daudi Mageleja**

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 PIN	Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
101669	April, 2018	December, 1990	Tanzanian	P.O. Box 987 Magu Mwanza	Bachelor of Pharmacy	Muhimbili University of Health and Allied Sciences 2016

Date: 18<sup>th</sup> May 2018

NOTES: 1. This certificate attests immediate evidence of registration in the name of the pharmacist in the published list of registered Pharmacists published annually by the Council. 2. The name of the pharmacist is not to be used in any way unless it is accompanied by the name of the current Published List of the pharmacist in the current year.

2. A pharmacist is not an evidence of the Council of the pharmacist in the current year unless it is accompanied by the name of the current Published List of the pharmacist in the current year.





## 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 EMMANUEL D. MAGELEJA / PIN 101669
2. Namba ya simu 0757966987 barua pepe mageleja1@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31.12.2024
4. Je, umehusha 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 EMMANUEL D. MAGELEJA mwenye

taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo

SHUNU PHARMACY FIN 0102827 lililopo katika

Wilaya ya KAHAMA Mkoani SHINYANGA

Sahihi [Signature] Tarehe 11.07.2025

## Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Ramonah Buruap Tarehe 11/07/2025

Muhuri KNY:  
MGANGA WA MANISPA  
KAHAMA

## SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ANTHONY MBOJE Kata ya Kabani Mjini

Nadhibitisha kwamba Ndugu EMMANUEL D. MAGELEJA anaishi

langu mtaa/kijiji IGALILIMI kuanzia mwaka 2024

Sahihi Afisamtendaji

Tarehe

16/07/2025

Muhuri MTENDAJI  
AFISA MTENDAJI  
MTAA-IGALILIMI  
KATA-KAHAMA MJINI  
KAHAMA