



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



NOTIFICE 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 New Mlenda Pharmacy Facility Identification Number (FIN) 0101865

Physical address:
Street Nyihogo Ward Mogira District/Municipal Kahama MC Region Shinyanga

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... PIN..... Phone.....
Address..... Email.....

A.3. REASON(S) FOR CHANGE

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

A.4. OWNER'S DETAILS

Full Name MICHAEL JOHN MLENDU Phone Number 0753571720

Remarks.....
Signature M. MLENDU Date 10-4-2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name MICHAEL R. SUNDURA PIN 0103351 Phone Number 076661466 Email regiurmichael472@gmail.com

Physical address:
Street Mwafu Ward Mwafu-Luhumbi District/Municipal Kishapu Region Shinyanga

Details of Previous pharmacy:
Name of Pharmacy Nundu Pharmacy FIN 0101274 District/Municipal Memela Region Mwanza

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.



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(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 MOJA MASHAURI PHARMACY Facility Identification Number (FIN) 0101865
Physical address
Street MATILA Ward MTHOTO District/Municipal KAHAMA Region SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name THEOPISTER KIDONGE PIN 0101548 Phone 0734 580 263
Address 472 KAHAMA Email Kidongetheopister@gmail.com

A.3. REASON(S) FOR CHANGE

PROPRIETOR MISTREATMENT OF PHARMACEUTICAL PERSONNEL

Time frame of notification: (As per Contract) 13/12/2024 Signature Kidong Date 18/12/2024

A.4. OWNER'S DETAILS

Full Name Phone Number
Remarks
Signature Date

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PIN Phone Number Email
Physical address:
Street Ward District/Municipal Region
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.



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

MICHAEL R SUNGURA

PIN NO: 0103351

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 2023

Expires on:31 December 2025

Registrar
Pharmacy Council





PCF. 54

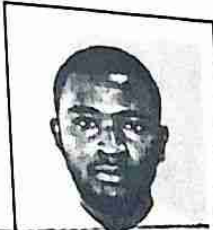
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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name Michael R. Sungusa

Registrar

Pharmacy Council

P.O. Box 1277

Dar es Salaam

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					
0103351	2nd February, 2023	17th February, 1997	Tanzanian	P.O. Box 686 Mpanda	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2021

Date 15th February 2023STATED TRUE COPY OF THE
ORIGINAL PROCEEDINGS
JUDGEMENT

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 MICHAEL R. SUNGURA PIN 0103351
2. Namba ya simu 0766661466 barua pepe regiusmichael172@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 21-12-2024
4. Je, umehusha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>)

☒ NDIYO, Stakabadhi Na 010335146219 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MICHAEL R. SUNGURA mwenye

taaluma ya dawa ngazi ya SHAHADA YA FAMASI nakiri kwamba nitafanya

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

NEW MLENDU PHARMACY FIN 0101865 lililopo katika

Wilaya ya KAHAMA Mkoani SHINYANGA

Sahihi Aup Tarehe 24-03-2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi SHILO BENETH Tarehe 09/04/25

Muhuri KNY:
DMO

MUNICIPAL MEDICAL OFFICER
KAHAMA MUNICIPAL COUNCIL

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) GILBERT M. SICHUNWE Kata ya NYIHOGO

Nadhibitisha kwamba Ndugu MICHAEL R. SUNGURA anaishi

langu mtaa/kijiji NYIHOGO kuanzia mwaka 2

Sahihi Afisamtendaji

[Signature]

Tarehe

03/04/2025

Muhuri KNY:
AFISA MTENDAJI WA KATA
KATA YA NYIHOGO
KAHAMA

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

MICHAEL J. MCENDA .

(PROPRIETOR)

AND

MICHAEL REGIUS SUNGURA

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A
PHARMACIST

This Agreement is made on this 24th day of MARCH 20 25

BETWEEN

MICHAEL J. MLENDU (Name) of P.O. BOX 1048 Region
(hereinafter referred to as the PROPRIETOR) the expression which
includes his assignees, agents or his legal representative of his business, of one part;

AND

MICHAEL REGIUS SUNGURA 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 RETAIL NEW MLENDU 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;

"Council" means the Pharmacy Council established under section 3 of the Act.

Pharmacy means any approved premises wherein or from which any service pertaining to the 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 24th day of MARCH 20 25 to 24th day of MARCH 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 24th day of MARCH 20 25

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 TZS 800,000/= payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

- (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 1st 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 24th day of MARCH 20 25

SIGNED and DELIVERED at KAHAMA by the said MICHAEL J. MLEND A who is known

to me personally/identified to me by the latter being personally known to me this 24th day of MARCH 20 25

Dmle NDA
PROPRIETOR

In the presence of:

Name: CAJORY

Designation: Advocate

Signature: [Signature]

Address: ICAHO

Date: 24/03/2025

Signed and delivered by the parties at this 24th day of MARCH 20 25

SIGNED and DELIVERED at KAHAMA by the said MICHAEL R. SUNGURA who is known

to me personally/identified to me by the latter being personally known to me this 24th day of MARCH 20 25

Aup
SUPERITENDENT

In the presence of:

Name: CAJORY

Designation: Advocate

Signature: [Signature]

Address: ICAHO

Date: 24/03/2025

