## THE UNITED REPUBLIC OF TANZANIA

#### MINISTRY OF HEALTH



#### PHARMACY COUNCIL

## 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
Δ	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER  OF THE PHARMACY A 1 DETAILS OF THE PHARMACY Name of the Pharmacy Mac Sharmacy Kispis Musicini Facility Identification Number (FIN) 0101240  Physical address Street Ligogo District/Municipal Kinondeni Region Scry es safacility
	A 2 DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL 0 754976492  Full Name Silver 1774 Missisce Pin 0 101683 Phone Cycles Com  Address 80 2 67 164 Sim Email Simuminate 60 Cycles Com
	A.3 REASON(s) FOR CHANGE Due to the Change of Pharmacy
	A.3. REASON(s) FOR CHANGE Due to the Change of Pharmacy bussiness Ownership.  Time trame of notification (As per Contract) Signature Signature
	Time frame of notification (As per Contract)
	A4. OWNER'S DETAILS  Full Name (NYCLIST) MELAL Phone Number CESS 7570 206  Remarks (NCC) 11 10 11 10 12 12 12 12 12 12 12 12 12 12 12 12 12
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name SERA MICHAEL PROMAPINO (03656 Phone Number 062933338 mail Sera national grantee
	Street PAMBA 5 Ward BUZH District/Municipal TEMERE Region DAK ES STILLANA
	Name of Pharmacy
	8 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 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.
	to Other situation and personal mean any plant account personal aper from Supervisor area

## 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)

SEPENIU YA KWANZA: - TAARIFA ZA MWANATAALUMA
MFAMASIA FUNDI DAWA SANIFU FUNDI DAWA MSAIDIZI PHARM. DISP
1. Jina la mwanataaluma JERA MICHAEL NKOTWA PIN 0103656
2. Namba ya simu. 0629333382 barua pepe Sero nkotwa @ Gmail-Com
3. Tarehe ya mwisho kuhuisha jina (Retention) 25:12:2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-
signup.php) MDIYO, Stakabadhi Na HAPANA
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:
Mimi JERA MICHAEL NKOTWA mwenye
taaluma ya dawa ngazi ya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwala
MAC PHARMACY FIN 0/0/240 lilitone katika
Wilaya ya KINONDONI Mkoani DAR ES SALAAM
Sahihi S. Michael Tarehe 25/09/2025
Uthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tajwa ni <b>miongon</b> i/k <b>si miongoni</b> mwa
wallopo katika Halifiashauji ninayosimamia
wanataaluma waliopo katika halmashauri ninayosimamia  WALMASHAI RIMUNUTI KNYKA MANISPAA YA MONDOM
Jina na Sahihi Usur Drugo Tarehe 26/9/25
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:
Ithibitishwe na: Afisa Mtendaji
Jina la mtendaji (Kata) ENER EZRON Kata ya BUZA
Nathibitisha kwamba Ndugu SERA MICHAFL MKOTWA
langu mtaa/kijiji. NAMBA 5,kuanzia mwaka 2020
langu mtaa/kijiji. NAMBA 5. ,kuanzia mwaka 2020  Sahihi Afisamtendaji  Tarehe  23/09/7023
23/09/2025





# 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

SERA M NKOTWA

PIN NO: 0103656

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





## **Pharmacist service Agreement**

as of the	20th	day of	September	this "Agre	2025	made and entered into
OSera O	Michael N	kotva	of P	O. Box	65084 Da	ar es Salaam
TANZANIA	(The "Phari	macist")		J. Colombia		The second secon
			and			
McJohn	Mbin of !	MAC Pha	rmacy Kigogo	Mbuyu	I <b>ni</b> having r	egistered office
along Kigogo "Proprietor")	street at Ki	gogo Mbuyi	uni P.O Box 399'	75, Dar es	Salaam, TA	NZANIA (The
WHEREAS,	the Pharmae	cist is recogn	nized as <b>having</b> l	Pharmacy	Practicing	License to

supervise Pharmaceutical establishment

WHEREAS, the Proprietor desires to hire the pharmacist to carry out supervisory and advisory services,

## AND NOW WHEREFORE, THIS AGREEMENT WITNESSETH AS FOLLOWS: -

and

In consideration of the premises and the mutual conditions and promises herein contained, the parties hereto agree as follows:

## 1. Pharmacist Serviçes.

- 2.1 The Pharmacist shall carry out supervisory services at MAC Pharmacy Kigogo Mbuyuni, Dar es salaam, Tanzania.
- 2.2 The Pharmacist shall obtain/collect from Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keep the pharmacy

within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.

- 2.3 The Pharmacist shall plan routine attendance for advisory services and other professional obligations at the pharmacy.
- 2.4 The Pharmacist Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week.
- 2.5 The pharmacist will represent the pharmacy for any meetings called in by Pharmacy council.
- 2. Term. The term of this Agreement shall begin on 1st October 2025 and shall, subject to the provisions for termination set forth herein, continue for one full year.

#### 3. Compensation.

3.1 For discharging superintendent duties, the proprietor will pay the Pharmacist a salary of TZS 700,000 payable on monthly basis.

#### 4. Termination.

- 4.1 This Agreement may be terminated:
  - By either party giving a three (3) month written notice to the other party of the intention to terminate the Agreement;
  - (ii) Or by either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 4.1 (i) above.

### 5. Dispute Resolution

- 5.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.
- 5.2 If amicable settlement becomes impossible, then, the matter may be referred to a single arbitrator to be agreed by the parties herein.
- 5.3 That upon failure to agree to an arbitrator with 7 days of the arbitration, an aggrieved party may seek legal remedy as required under clause 6.

#### 6. Applicable Law and Jurisdiction

6.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

- 6.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity or the Agreement shall firstly be settled amicably by the parties.
- Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, either party may move to Tanzania Institute of Arbitrators to appoint an arbitrator. The decision of the arbitrator shall be final and binding upon parties herein.
- 7 Governing Law. This Agreement will be governed by and interpreted in accordance with the substantive laws of the United Republic of Tanzania without reference to conflicts of law.
- 8 Arbitration Seat. The seat of Arbitration shall be Dar es salaam Tanzania.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

date and in the manner herein after appearing.		
Signed and delivered by the parties at this 20th day of	September	2025
SIGNED and DELIVERED by the said  Sera Michael Nkotwa who is known  to me personally/identified to me by	SU SU	S. Michael PERINTENDENT
This 20 day of 69 2025  BEFORE ME:		
Name SUSAN DORGEN KILDNITI	d or consequent of contributions of the department	
Designation: , ADVOCATE	nessa, namenan a sustanan distantan	
Signature: Rubu	and the plant of the second of	Susan Doreen Kilon P.O. Son 11918 Dur es Sal Advocate, Notary Public & Commissioner for Oalns
Address: 11918 DJM.	deligning and were an address of classification and the	

20.09.2025

	RI on behalhf of MAC Pharmacy Kigogo ( personally/identified to me	The state of the s
year IS	day of	PROPRIETOR
BEFORE ME:		
Name: SUSA	N DOREEN KLONTSI	elaboration for the first of th
Designation:	ADVOCATE	
Signature:	Eswant	Susan Doreen Kilontal P.O.8ex 11918 Daret Salaam
Address:	11918 D.M	Advocate, Kotary Public & Commissioner for Osins

20.09.2025

Date: