

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. SERA MICHAEL NKOTWA PIN 0103656
2. Namba ya simu. 0629333382 barua pepe Sera.nkotwa@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 25.12.2024
4. Je, umehisha 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. SERA MICHAEL NKOTWA mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo MAC PHARMACY FIN 0101240 lililopo 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 miongoni/ si miongoni mwa wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Osir Sanga Tarehe 26/9/25



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

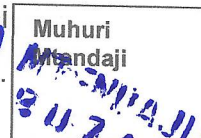
Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ENEA EZRONI Kata ya BURA
Nathibitisha kwamba Ndugu. SERA MICHAEL NKOTWA alichwa
langu mtaa/kijiji NAMBA 5 kuanzia mwaka 2020

Sahihi Afisamtendaji

Tarehe

25/09/2025





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

THIS PHARMACIST SERVICE AGREEMENT (this "Agreement") is made and entered into as of the 20th day of September, 2025 by and among:

Bera Michael Nkotwa of P.O. Box 65084 Dar es Salaam,
TANZANIA (The "Pharmacist")

and

Mr John Mbiru of **MAC Pharmacy Kigogo Mbuyuni** having registered office along Kigogo street at Kigogo Mbuyuni P.O Box 39975, Dar es Salaam, TANZANIA (The "Proprietor").

WHEREAS, the Pharmacist is recognized as **having Pharmacy Practicing License to supervise Pharmaceutical establishment**

and

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

AND NOW WHEREFORE, THIS AGREEMENT WITNESSETH AS FOLLOWS: -

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

1. Pharmacist Services.

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:

- (i) 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.

6.3 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.

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 _____

S. Michael
SUPERINTENDENT

This 20 day of 09 2025

BEFORE ME:

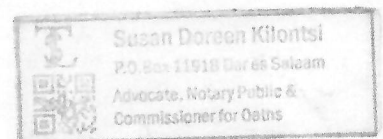
Name: SUSAN DOREEN KILONTSI

Designation: ADVOCATE

Signature: [Signature]

Address: 11918 DSM

Date: 20. 09. 2025



SIGNED and DELIVERED by the said
McJOHN MBIRI on behalf of MAC Pharmacy Kigogo CCM who
is known to me personally/identified to me
by _____



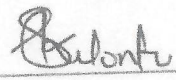
This _____ day of _____ 20 _____

PROPRIETOR

BEFORE ME:

Name: SUSAN DOREEN KILONTSI

Designation: ADVOCATE

Signature: 

Address: 11918 DSM

Date: 20.09.2025

