



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

A.1. DETAILS OF THE PHARMACY  
Name of the Pharmacy: MEDICARE PHARMACY  
Physical address: UN-ROAD  
Street: UN-ROAD  
Ward: UPANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  
Full Name: MOHAMMED MARIAM  
Address: DAR ES SALAM  
Phone: 0754488064  
District/Municipal: ILALA  
Region: DAR ES SALAM

A.3. REASON(S) FOR CHANGE  
No longer interested working with him.

A.4. OWNER'S DETAILS  
Time frame of notification: (As per Contract) 7 days  
Full Name: NASAT KARIM MOHAMMED  
Signature: [Signature]  
Date: 06/09/2004

B. TO BE COMPLETED BY THE OWNER ONLY  
Signature: [Signature]  
Date: 06/08/2004  
Phone Number: 0716163680

B.1. NEW SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: MARIAM AGUSTINO  
Physical address: [Address]  
Street: [Street]  
Ward: [Ward]  
Details of Previous pharmacy: [Details]  
Name of Pharmacy: [Name]  
District/Municipal: KINODONI  
Region: DAR ES SALAM

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: [Blank]  
Full Name: [Blank]  
Designation: [Blank]  
Signature: [Blank]  
Date: [Blank]

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.

GP-Dsm

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such

Published list for evidence as to continue registration

the list of registered pharmacists published annually by the Council and reference should be made to the current

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacy will be published in

REGISTRAR  
PHARMACY COUNCIL  
P.O. BOX 30814, DAR ES SALAAM

REGISTRAR

Mark Augustine

Date: 6<sup>th</sup> NOVEMBER, 2009

|                                                         |                                 |              |
|---------------------------------------------------------|---------------------------------|--------------|
| 0627                                                    | No.                             | Registration |
| 7 <sup>th</sup> Oct. 2009                               | Date                            |              |
| 7 <sup>th</sup> May, 1979                               | Birth of                        | Date         |
| Tanzanian                                               | Nationality                     |              |
| P.O. Box 1008                                           | Address                         |              |
| Arusha                                                  |                                 |              |
| Bachelor of Pharmacy                                    | Qualification                   |              |
| Muhimbili University of Health and Allied Sciences 2007 | Place and Date of Qualification |              |

pharmacy details in respect of whom are set out below.

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered



Mark Augustine

(Section 15 of the Pharmacy Act, 2002)

CERTIFICATE OF FULL REGISTRATION

THE PHARMACY COUNCIL

No 00001695

THE UNITED REPUBLIC OF TANZANIA





AGREEMENT TO OPERATE A BUSINESS OF PHARMACIST

THIS AGREEMENT is made on this 21 Day of SEPTEMBER 2024  
Between M. B. G. P. 2  
A PHARMACIST (hereinafter referred to as "the PROPRIETOR") on the one part and M. B. G. P. 2 (hereinafter referred to as "THE SUPPLEMENT") of the Pharmacy on the other part.

WHEREAS the parts intend to carry on a business of pharmacist (the retail pharmacy) as provided under the provisions of the Pharmacy Act). ( hereinafter referred to as "the Act). Since a business of a pharmacist shall be under the management of the SUPPLEMENT who is a PHARMACIST as provided under the Act.

NOW THEREFOR the proprietor and me the pharmacist ("hereinafter referred to as SUPPLEMENT") agree to run the terms and condition as set below.

1. THE PROPRIETOR shall be able to meet its expenses  
2. From funds generated by the pharmacy and shall supply adequate fund to meet the following expenses;  
a) Pay monthly salary of 800000/- SUPPLEMENT in discharging functions. The salary shall be net of any payable taxes and or deductible employment benefits and shall be paid no later than 1<sup>st</sup> day of following month.  
b) The cost of rehabilitating and maintaining the premises as the same as modern pharmacy.  
c) Any other cost necessary or incidental to the running the pharmacy.

3. All personnel of the PROPRIETOR shall be under the control of the SUPERINTENDENT. However the power of hire and fire as well as disciplining these employees other than technical personnel shall be lie under the proprietor.

4. The agreement shall be for twelve (12) months year to year basis unless one of the parties given a written notice of unspecified period of time (Automatic termination) of his intention to remove himself from the business of a pharmacist and the copy of this notice shall be submitted to the registrar of the pharmacy council as soon as possible.

5. The agreement may be terminated at anytime by mutual agreement or consent between the parties when they find it appropriate that agreement by terminated.

6. The PROPRIETOR shall meet the cost of drawing up this agreement.

7. Commencement of supervision

The superintendent shall commence management and supervision of the above named pharmacy on the 01 Day of SEPT - 2024

IN WITNESS WHEREOF the PROPRIETOR and THE SUPERINTENDENT have executed this agreement on the date and in manner hereinafter appearing.

SIGNED and DELIVERED

By the said YASIR M. KAYANG

Who is known to me personally/

Introduce to me by MUHAMMAD S. SADI

This 09 Day of 06 Year 2024

PROPRIETOR

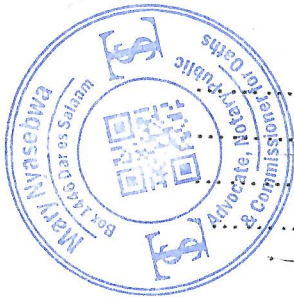
Before me :

Name MARY NYDIEBWA

Title Advocate

Signature [Signature]

Date 9/06/2024



SIGNED and DELIVERED

By the said Mark Augustino

Who is known to me personally/

Introduce to me by ROZINA MALOMSHAH

This 01 Day of SEPT Year 2024

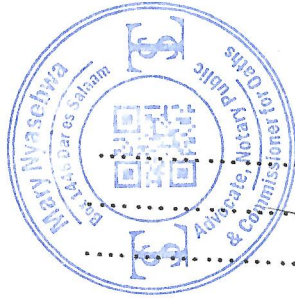
Before me :

Name MARY NYDIEBWA

Title Advocate

Signature [Signature]

Date 9/06/2024



SUPERINTENDENT

[Signature]





WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI

**FOMU YA KUKIRI KUTEKELEZA MAJUKUJU 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

1. Jina la mwanataaluma. Mwaka Rutusira PIN 010627

2. Namba ya simu. 0166621055 barua pepe markuskarisiba

4. Je, umehuisisha taarifa zako kwenye mfuatiliaji wa baraza la famasi?

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

[signup.php](#) ☒ NDIYO, Stakabadi Na..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi! Kikokelezi

taaluma ya dawa ngazi ya ..... nakini kwamba nitafanya

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

FIN 0100866 lillilopo katika

.....

arene.  $100/100/0$

INDONESIA

РМШ ШОБНОНИ И «ШОБНОНИ» РИФТ РИШТЭТЭРМАН ТЭМЭМ

100-443887-100

Jina na Sahihi ROMANA MAMWE / *[Signature]* Taraha 28/08/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Thibitishwe na: Arisa Menda

ina la mtandaji (Kata).....TETER Q. M. HLEA  
Kata ya

athibitisha kwamba Ndugu... analishi...

Ingungu mtaa/kijiji: 199514, kuanzia mwaka: 2017

ahini Atisamrendaji  
Tarehe 30 AUG 2024

.....

704-55068, DARE

[illegible]

 Springer