



## THE UNITED REPUBLIC OF TANZANIA

## 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 NYAMILANGANO PHARMACY Facility Identification Number (FIN) 0103330  
Physical address:  
Street NUNDU Ward NYAKATO - MELO District/Municipal ILEMELA Region MWANZA

##### A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name EMMANUEL PASCAL LEGEL PIN 0402636 Phone 0714838058  
Address BUGANDO Email

##### A.3. REASON(S) FOR CHANGE

MUTUAL AGREEMENT

Time frame of notification: (As per Contract) IMMEDIATE Signature Pastory Date 29/01/2025

##### A.4. OWNER'S DETAILS

Full Name KULWA PASTORY CHEMKA Phone Number 0714838058  
Remarks OK  
Signature Pastory Date 29/01/2025

#### B. TO BE COMPLETED BY THE OWNER ONLY

##### B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name MBUSIRO BATAI PIN 0408673 Phone Number 071387436 Email gmanyangu@yahoo.com  
Physical address:  
Street IGOMA Ward IGOMA District/Municipal NYAMAGANA Region MWANZA  
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.

# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 29 day of January 2025

## BETWEEN

Kulwa Pastory Chenuka (Name) of P.O.BOX 2526 Region Mwanza  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

## AND

MBUSIRO BAHATI enrolled Pharmaceutical Technician  
who will perform all the technical activities in the Pharmacy under pharmacist supervision  
(hereinafter referred to as the **Pharmaceutical Technician**).

**WHEREAS** the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

**WHEREAS** in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business,

**WHEREAS** the Pharmaceutical Technician 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 Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

**WHEREAS** in the event at the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

**WHEREAS** the Parties agree to operate a business of a pharmacist styled as NYAMIZANGANO (RETAIL) Pharmacy.

## AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

### 1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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

**"Pharmacist"** means a person registered as such under section 16 of the Act.

**"Pharmaceutical Technician"** means a person enrolled as such under section 23 of 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 29 day of Jan 20 25 to 30 day of Jan 20 26

## 3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 29 day of Jan 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 salary/emoluments of TZS. 300,000/2 payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging his duties and functions as per this Agreement. At any event, the salary **shall not be paid in advance**.

4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1<sup>st</sup> day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.

4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.1.5 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

- 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 Pharmaceutical Technician 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 29 day of Jan 20 2025

### SIGNED and DELIVERED

By the said Kuhya Pastory Chemka  
Who is known to me personally/  
Introduced to me by .....  
..... the latter known to me personally  
This 29 day of Jan 20 25

[Signature]  
**PROPRIETOR**

### In the presence of:

Name: P. P. KUBAJA  
Designation: .....  
Signature: [Signature]  
Date: 29/01/2025

**PRINCIPAL RESIDENT MAGISTRATE  
MWANZA**

### SIGNED and DELIVERED

By the said Mbusini Bahati  
Who is known to me personally/  
Introduced to me by .....  
..... the latter known to me personally  
This 29 day of Jan 20 25

[Signature]  
**PHARMACEUTICAL  
TECHNICIAN**

### In the presence of:

Name: P. P. KUBAJA  
Designation: .....  
Signature: [Signature]  
Date: 29/01/2025

**PRINCIPAL RESIDENT MAGISTRATE  
MWANZA**



THE UNITED REPUBLIC OF TANZANIA



**PHARMACY COUNCIL**



**LICENSE TO PRACTICE**

**The Pharmacy Act**

**(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)**

I Hereby Certify that

**MBUSIRO BAHATI**

**PIN NO: 0408673**

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a **Pharmaceutical Technicians** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

**Issued:13 September 2024**

**Expires on:31 December 2025**

**Registrar  
Pharmacy Council**



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.. MBUSIRO BAHATI ..... PIN 0408673
2. Namba ya simu.. 0713875436 ..... barua pepe bahatimbusiro13@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
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.. Mbusiro Bahati ..... mwenye  
taaluma ya dawa ngazi ya fundi dawa sanifu ..... nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
Nyamlangano pharmacy ..... FIN 0103330 lililopo katika  
Wilaya ya Itemba ..... Mkoani Mwanza .....  
Sahihi NB ..... Tarehe 28.01.2025 .....

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Felister Makani Bahati ..... Tarehe 29/01/2025 .....  
Muhuri KNY:  
DMO  
DAR LAKI WA MANISI  
Muhuri ya MANISPAAYA ILEME  
S.L.P. 735  
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BRENDAN MNANDI ..... Kata ya IGOMA .....

Nathibitisha kwamba Ndugu MBUSIRO BAHATI ..... anaishi  
langu mtaa/kijiji MKAPA ..... kuanzia mwaka 11/2024 .....

Sahihi Afisa mtendaji

Tarehe

29-01-2025

Muhuri  
Afisa Mtendaji  
KATA YA IGOMA  
S.L.P. 1333 MWANZA  
TAREHE 29-01-2025



F.58

THE UNITED REPUBLIC OF TANZANIA

00007848

**THE PHARMACY COUNCIL  
CERTIFICATE OF ENROLLMENT**

(Section 25 of the Pharmacy Act, CAP.311)



Full Name

Mbusingo BahatiP. O. Box  
Dodoma

1277

\*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0408673	13th September, 2024	13th March, 1996	Tanzanian	P.O. Box 428 Mwanza	Diploma in Pharmaceutical Sciences	Kigamboni City College of Health and Allied Sciences 2020

Date

13th September, 2024  
REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

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