



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17



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 MASALLOH PHARMACY Facility Identification Number (FIN) B102436
Physical address:
Street MWAKONDA Ward NKUTUNITU District/Municipal DODOMA Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name BENEDICTO MATAJAH PIN 0407316 Phone 0658276316
Address 372, DODOMA Email mganguleh@gmail.com

A.3. REASON(S) FOR CHANGE

Kuondoa usimamizi wa leseni kwenye shuka
ladawa majallah pharmacy (kushitisha mkataba).
Time frame of notification: (As per Contract) Immediately Signature Bmgaji Date 02/06/2025

A.4. OWNER'S DETAILS

Full Name YASIA MATAJAH Phone Number 0672 900 900
Remarks Kushitisha mkataba
Signature [Signature] Date 02/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JANE RICHARD RALL PIN 0405025 Phone Number 0658285040 Email Pjane4524@gmail.com
Physical address:
Street 6th ROAD Ward UHURU District/Municipal DODOMA Region DODOMA
Details of Previous pharmacy:
Name of Pharmacy MATAJAH PHARMACY FIN 01024 District/Municipal DODOMA Region DODOMA

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.



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. JANE RICHARD PAUL PIN 0405025
2. Namba ya simu. 0658285040 barua pepe Jane.4824@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
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... JANE RICHARD PAUL mwenye
taaluma ya dawa ngazi ya Stashahada (Diploma) nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
MAJALLAH PHARMACY FIN 0102436 lililopo katika
Wilaya ya Dodoma Jiji Mkoani Dodoma
Sahihi Tarehe 30/05/2025

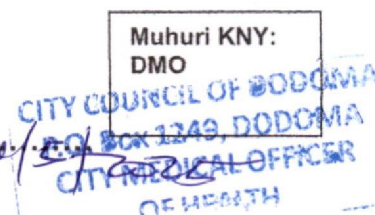
Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi

George Hodi
Chairman

Tarehe

30/5/2025**SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:**

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)

FATUMA AMRI

Kata ya

UHURU

Nadhibitisha kwamba Ndugu

JANE RICHARD PAUL

anaishi

langu mtaa/kijiji

MSI MPAHA

kuanzia mwaka

2025

Sahihi Afisamtendaji

F. Amri

Tarehe

30/05/2025





THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL


Certified as True Copy of the Original
Catherine Kemmy Jonathan
Advocate, Notary Public & Commissioner
for Oaths
Sign: 
Date: 16/07/2022



LICENSE TO PRACTICE

The Pharmacy Act

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

I Hereby Certify that

JANE RICHARD PAUL

PIN NO: 0405025

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: **29 July 2022**

Expires on **31 December 2024**

Registrar
Pharmacy Council



AGREEMENT TO OPERATE BUSINESS OF PHARMACISTS

BETWEEN

**YAHYA MAJALLAH
(PROPRIETOR)**

AND

**JANE RICHARD PAUL
(THE PHARMACEUTICAL TECHNICIAN)**

**DRAWN BY
SOSTENES PETER MSELINGWA -(ADVOCATE)
PLOT NO.5 BLOCK '10' KIPANDE STREET
P.O.BOX 1485
DODOMA.**



AGREEMENT TO OPERATE BUSINESS OF PHARMACISTS

THIS AGREEMENT is made on this...02... day of June...2025

BETWEEN

YAHYA MAJALLAH of P.O. Box 2752, Dodoma, majalahy@gmail.com (Hereinafter referred to as the **(PROPRIETOR)** of the one part,

AND

JANE RICHARD PAUL of P.O Box 780, Dodoma, with Phone No. 0658285040 (Herein referred to as the **("THE PHARMACEUTICAL TECHNICIAN")** of the other part,

WHEREAS a PROPRIETOR is the lawful owner of the aforesaid business.

AND WHEREAS a PROPRIETOR is desirous that his business be operated by the **PROPRIETOR** and the **PHARMACEUTICAL TECHNICIAN** is desirous to operate the aforementioned business;

NOW THEREFORE THE PROPRIETOR and the **PHARMACEUTICAL TECHNICIAN** agrees to run the business of pharmacist under the terms and conditions set hereunder.

- 1) That, upon the signing of this Agreement the **PROPRIETOR** and the **PHARMACEUTICAL TECHNICIAN** shall run and operate an established business known as **MAJALLAH PHAMARCY**.
- 2) At a salary or emolument stipulated at clause 3 of this Agreement the **PHARMACEUTICAL TECHNICIAN** shall with all speed and professional diligence, take a necessary step to establish and efficiently run of the said Pharmacy, dealing PHAMACEUTICALS regulated under this Act.
- 3) The **PROPRIETOR** shall supply adequate funds to meet the following expenses;
 - a) The **PHARMACEUTICAL TECHNICIAN** shall be entitled into Weekly salary/ emolument of Tshs. 100,000/= payable weekly whereby upon the accumulation of the said weekly salary/emolument in every month the **PHARMACEUTICAL TECHNICIAN** shall earn total Tshs. 400,000/= as salary/ emolument in discharging functions as per clause 2 above. The said salary/emolument To Wit: Tshs. 100,000/= shall be paid weekly. .
 - b) The **PHARMACEUTICAL TECHNICIAN** shall be attending the office according to the Pharmacy schedule.
 - c) The costs of rehabilitating or modifying the present premise and maintenance of the same as the modern Pharmacy.



- d) All other costs necessary or incidental to the running and maintaining the Pharmacy.
- 4) That, the **PHARMACEUTICAL TECHNICIAN** will execute all duties required to be attended by the Superintendent according to the PHARMACY ACT Of 2011
- 5) That, the **PHARMACEUTICAL TECHNICIAN** should be faithful, honest, smart, and responsible and act with integrity and in accordance with the proper code of ethics and conducts.
- 6) That, the **PHARMACEUTICAL TECHNICIAN** shall directly be responsible be liable for any malpractice in the Pharmacy done by him.
- 7) That, the **PROPRIETOR** shall not be responsible for provision of food and shelter to the **PHARMACEUTICAL TECHNICIAN** during the term of this agreement save for the breakfast only.
- 8) That, the **PROPRIETOR** shall meet the costs of drawing up this agreement.
- 9) This Agreement shall be effective for a period of Twelve (12) months, commencing from this 30th day of May, 2025 to 30th day of May, 2026.
- 10) Unless either Part breach the term(s) of this contract, the Proprietor and the Pharmacist shall either give a one (01) month notice in case want to end the contract.

INWITNESS WHEREFORE, the **PROPRIETOR** and the **PHARMACIST** have executed this Agreement on the date and in the manner hereafter appearing;

SIGNED and DELIVERED by the said
YAHYA MAJALLAH,
who is known/identified to me by
the latter being known to me in my presence
this 02 day of June 2025

PROPRIETOR

BEFORE ME:

SIGNATURE
NAME: SOSTENES PETER MSELINGWA
POSTAL ADDRESS: 1485, DODOMA
QUALIFICATION: ADVOCATE



SIGNED and DELIVERED by the said
JANE RICHARD PAUL,
who is known/identified to me by
the latter being known to me in my presence
this 02 day of June 2025

PHARMACEUTICAL TECHNICIAN

BEFORE ME:

SIGNATURE
NAME: SOSTENES PETER MSELINGWA
POSTAL ADDRESS: 1485, DODOMA
QUALIFICATION: ADVOCATE

