



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... MEND PHARMACY Facility Identification Number (FIN) 0100226
 Physical address:
 Street SALAMA Ward KYELA District/Municipal KYELA Region MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name RACHEL N. MASAGA PIN 0103084 Phone 0769094091
 Address DAR ES SALAAM Email rndonje7@gmail.com

A.3. REASON(s) FOR CHANGE

RECEIVED BETTER JOB OPPORTUNITY

Time frame of notification: (As per Contract) Signature [Signature] Date 02/08/2025

A.4. OWNER'S DETAILS

Full Name MAKENCE SINDA Phone Number 0786517000
 Remarks
 Signature [Signature] Date 02/08/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name NEEMA PETER PIN 0102914 Phone Number 0746727802 Email neyprange@gmail.com
 Physical address:
 Street IWINDI Ward IWINDI District/Municipal MBEYA Region MBEYA
 Details of Previous pharmacy:
 Name of Pharmacy JOVANNA FIN District/Municipal MBEYA Region MBEYA

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.



MINISTRY OF HEALTH COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN



PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACIST

(Made under section No. 44 (1)(a) of the Pharmacy Act 2011)

I MAKENGE SINDA Pharmacist with personal identification
number (PIN) 0100666 of year 2007, living at JUMBAWANGA
district, in RUKWA region, hereby declare that:

- i. I am a sole proprietor of pharmaceutical business named
MEND PHARMACY, facility identification number (FIN) of
year 2012, located at KYEELA TOWN and
has Taxi identification number (TIN) 109-466-786.
- ii. I shall ensure physical supervision of the said premises while operating and provide
pharmaceutical service with due care.
- iii. I shall supervise and control all pharmaceutical personnel work in the pharmacy and
ensure day-to-day functions of the pharmacy abide to the law.
- iv. I shall ensure all proper records are maintained and managed in accordance to
good pharmacy practice standards.
- v. I shall manage and undertake all technical and professional matters in the
pharmacy.
- vi. I shall facilitate capacity building to all pharmaceutical personnel working under my
supervision.
- vii. I shall follow up and implement all matters advised by Council on professional and
issues related to provision of good pharmaceutical services and,
- viii. Comply with the Laws, Regulations, Guidelines and standards prescribed by the
Council and other relevant authorities.

In case I fail to adhere to my declaration, I shall be responsible and liable for being
subjected to a professional misconduct.

Name of the pharmacist: MAKENGE SINDA

Signature: 

Date: 15/07/2025

NOTE: This form shall be a substitute of the Contract agreement to pharmacists who owns a pharmacy at same time they are superintendent

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 kalika 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 NEEMA PETER PIN 0102914
2. Namba ya simu 0746727802 barua pepe neemange@gmail.com
3. Tarehe ya mwisho kuhisha jina (Retention) 31/12/2020
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 NEEMA PETER mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo MEND PHARMACY FIN 0100226 lililopo katika Wilaya ya KISA Mkoani MBETA Sahihi APD Tarehe 01/08/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi VERICEA RWEZA RUDA Tarehe 01/08/2025

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Itibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BARAKA MWAKYOMA Kata ya IWINDI

Nadhibitisha kwamba Ndugu NEEMA PETER anaishi

langu mtaa/kijiji IWINDI, kuanzia mwaka 2024

Sahihi Afisamtendaji

Tarehe

1-08-2025

Muhuri
Mtendaji

EXECUTIVE OFFICER
P.O. BOX 599
MBEYA DC

**THE MINISTRY OF HEALTH
PHARMACY COUNCIL**

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

THIS AGREEMENT is made on this 18th day of AUG. 2025 between
MAKENGE SINDA (Hereinafter referred to as "the
PROPRIETOR"), on the one part and NEEMA PETER of
MBEYA with PIN 0102914 (Hereinafter referred to as "THE
SUPERINTENDENT") of the other part:

WHEREAS the parties intend to carry on a business of pharmacist as provided under the provisions of the Pharmacy Act, 2011 (hereinafter referred to as the Act). The business of pharmacist shall be under the management of a SUPERINTENDENT who is a PHARMACIST as provided under the Act; and he shall be a member of its Board of Directors who shall not act in a similar capacity for any other body corporate.

NOW THEREFORE the PROPRIETOR and the SUPERINTENDENT agrees to run the business of Pharmacist under the terms and conditions herein set:

1. Upon signing of this Agreement, the PROPRIETOR and the SUPERINTENDENT shall together run and operate an establishment and business known as MEND Pharmacy.
2. At a salary or emolument stipulated in clause 3 of this Agreement, the SUPERINTENDENT shall, with all speed and professional diligence, take the necessary steps to establish and efficiently run of the said pharmacy, dealing in PHARMACETICALS. The "necessary steps" shall include obtaining from the Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keeping the pharmacy within the standards, conditions and manner as contained in any written law for the time being in force governing the management, regulation and control of the business of a pharmacist.
3. Unless the PROPRIETOR is able to meet its expenses from funds generated by the pharmacy, the PROPRIETOR shall supply adequate funds to meet the following expenses:
 - a) Monthly salary/emoluments of Tshs. 700,000/= payable monthly to the SUPERINTENDENT in discharging functions as per clause 2 above. 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 1st day of the following month.
 - b) The cost of rehabilitating or modifying the present premises and maintaining of the same as a modern pharmacy.
 - c) All other costs necessary or incidental to the running and maintaining the pharmacy.
4. All technical undertaking and professional shall be under the control and

management of the **SUPERINTENDENT**. However, the power to hire and fire as well as disciplining employees shall lie in the **PROPRIETOR**.

5. All personnel of the **PROPRIETOR** shall be under the control of the **SUPERINTENDENT** in their day-to-day functions.
6. The Agreement shall be for a period of twelve (12) months, and thereafter it shall run on a year-to-year basis unless one of the parties gives a written notice of not less than three (3) months to the other of his intention to remove himself from the business of pharmacist when the current twelve (12) months period lapses and this notice has to be written to the Registrar, Pharmacy Council in writing through the other part.
7. In the event the **PROPRIETOR** wishes to terminate the Business of a Pharmacist before the period of twelve (12) months lapses, he shall notify the Council in writing prior the decision, so that legal procedures as per laws and regulations can be communicated to the **PROPRIETOR** followed by paying the **SUPERINTENDENT** his salary remaining in the year.
8. The **SUPERINTENDENT** shall not terminate the contract of the Business of a Pharmacist before the current period of 12 months unless he has written a ninety (90) days' notice to the Registrar through the proprietor about his intention.
9. The **SUPERINTENDENT** upon issuing notice of intention to terminate the Agreement, the business of a pharmacist shall remain under his control and management until the notice lapses; and shall be entitled to monthly salary during the period of notice.
10. The **PROPRIETOR** shall meet the cost of drawing up this Agreement.
11. The Pharmacy Council will accept additional clauses but this Agreement is a standard one.

IN WITNESS WHEREOF the **PROPRIETOR** and the **SUPERINTENDENT** have executed this Agreement on the date and in the manner hereinafter appearing:

SIGNED and DELIVERED

by the said
who is known to me personally/
introduced to me by

This 1st day of August 2025


.....
PROPRIETOR

Before me:

Name: PETER KAMUWILE

Title: ADVOCATE

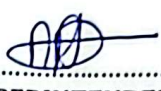
Signature: 

Date: 11/8/2025



SIGNED and DELIVERED


by the said
who is known to me personally/
introduced to me by
.....
This day of


.....
SUPERINTENDENT

Before me:

Name: PETER KAMUWILE

Title: Advocate

Signature: 

Date: 11/8/2025

