



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. 257)

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 SHALLOM PHARMACY Facility Identification Number (FIN) 0100337
Physical address
Street KAJENGE ROAD Ward KIJITONYAMA District/Municipal KINONDONI Region DAR-ES-SALAAM.A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name HAJI JULMA HAJI PIN 756 Phone 0655437344
Address P.O. BOX 6865 Email hajijuma5@gmail.comA.3. REASON(S) FOR CHANGE
AMEHAMA MKOA.Time frame of notification: (As per Contract) 14.75 Signature H. Haji Date 25/06/2025A.4. OWNER'S DETAILS
Full Name RITHA K. MATUNDA Phone Number 0713269328
Remarks
Signature Matunda Date 25/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name ABEL M. MDEMUPIN PIN 0376 Phone Number 0713669774 Email andemu2791@gmail.com
Physical address
Street KAJENGE Ward KIJITONYAMA District/Municipal KINONDONI Region DAR-ES-SALAAM
Details of Previous pharmacy
Name of Pharmacy GODROSE PHARMACY FIN 0102671 District/Municipal ILAM Region DAR-ES-SALAAMB.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

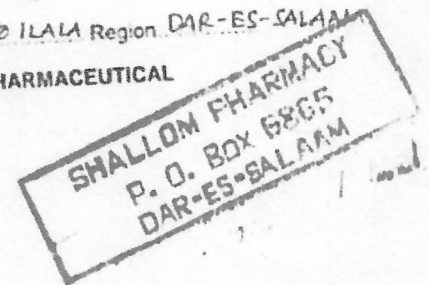
INSPECTION/REGISTRATION OR ZONAL OFFICE

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... ABEL M. NDEMU PIN 0100376
2. Namba ya simu... 0713.689174 barua pepe amudemu2791@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-](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... ABEL M. NDEMU mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
SHALLON PHARMACY FIN 0100337 lililopo katika
Wilaya ya KINONDONI Mkoani DAR-ES-SALAAM
Sahihi [Signature] Tarehe 19/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:
DMO

Jina na Sahihi OSWIN SANGA [Signature] Tarehe 23/06/25

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI

Kny:MGANGA MKUU WA MANISPAA
HALMASHAURI YA MANISPAA YA KINONDONI

lthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BONIFACE MURAGIDA Kata ya KISIINYAMA

Nadhibitisha kwamba Ndugu ABEL M. NDEMU anaishi

langu mtaa/kijiji KISIINYAMA, kuanzia mwaka 2024

Sahihi Afisamtendaji

[Signature]

Tarehe

20/6/2025

Muhuri
Mtendaji



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

Nº 00001360



CERTIFICATE OF FULL REGISTRATION

(Section 15 of the Pharmacy Act, 2002)

Full Name

Abel M. Mdemu

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
No.	Date					
0376	24 th Dec. 2003	9 th Sept. 1972	Tanzanian	P.O. Box 13910 Dar es Salaam	Master of Science in Pharmacy	Ukrainian Pharmaceutical Academy 2000

Date

REGISTRAR

NOTES: 1) This certificate affords conclusive evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacists published annually by the Council. All reference should thereafter be made to the current Published list for evidence as to continuing registration.

2) This Certificate is not an official document of the Council and must not be used as such.

- ☐ Medical Officer
- ☐ Pharmacist
- ☐ Pharmacist
- ☐ Pharmacist
- ☐ Pharmacist
- ☐ Pharmacist
- ☐ Pharmacist

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
Abel M. Mdemu

PIN No: 0100376

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: 24 December 2003

Expires on: 31 December 2025

Registrar
Pharmacy Council

Print

HAI JUMA HAI

P.O. BOX 6865,

Dar -es- Salaam,

Email:hajijuma5@gmail.com

Tel:0655437344

09/06/2025

Mrs, Ritha K. Matunda,

Shallom Pharmacy,Kijitonyam,

P.O.BOX 31818

Dar-es-Salaam

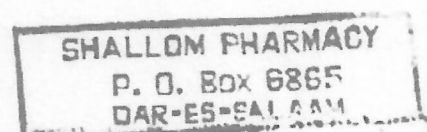
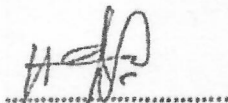
Subject: Request for Contract withdrawal as Supervising Pharmacist


Dear Dada Ritha,

I hope this letter finds you well. I am writing to formally request the withdrawal of my contract as the supervising pharmacist at SHALLOM PHARMACY, effective on 30 June 2025. I sincerely appreciate the opportunity to have worked with your team and value the experience gained during my tenure. To ensure a smooth transition, I am willing to assist in transferring responsibilities to another qualified pharmacist or provide any necessary documentation during this period. Thank you for your understanding and cooperation.

Sincerely.

HAI JUMA HAI




11/06/2025

MR ABEL MDEMU,

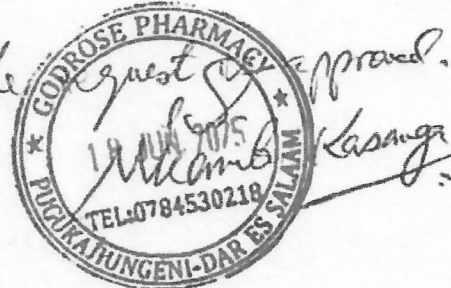
P.O. BOX,

DAR ES SALAAM.

Tel:0713689174.

17/06/2025.

MANAGING DIRECTOR,
GODROSE PHARMACY-CHANIKA,
P.O.BOX,
ILALA-DAR ES SALAAM.



**RE: REQUEST FOR CONTRACT WITHDRAWAL AS SUPERVISING
PHARMACIST**

Dear Managing Director,

I hope this letter finds you well. I am writing to formally informing you I will not Sign the new contract as a supervising pharmacist of GODROSE PHARMACY effective on 30 June 2025. I sincerely appreciate the opportunity to have worked with your team and value the experience gained during my tenure. To ensure a smooth transition, I am willing to assist in transferring responsibilities to another qualified pharmacist o during this period. Thank you for your understanding and cooperation.

Sincerely.

MR ABEL MDEMU

This Agreement is made on this 20th day of JUNE, 2025

BETWEEN

RITHA K. MATUNDA (Name) of P.O.BOX 6865 Region DARES SALAM

(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees agents or his legal representative of his business.

AND

Abel M. Mdemu a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

WHEREAS in compliance with section 43 of the Act the Proprietor wishes to engage the professional services of a pharmacist to be in charge of his business.

WHEREAS the Superintendent 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 superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled at KIJITONYAMA SHALLOM Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to establish and 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, a pharmacist service at~~

"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.

"Transfer of ownership" means any disposition of ownership of the facility subject to agreement to a third party either by way of sale, lease, or any other form, which has 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 1st day of JULY, 2025 to 30th day of JUNE, 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 1st day of JULY, 2025

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. 600,000 T (TZS six hundred thousand) payable monthly to the **SUPERINTENDENT** 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 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 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.
- 4.1.7. Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

- subject of the
which has the
- 4.1.8. Shall ensure pharmaceutical services are provided with due care.
 - 4.1.9. Shall ensure all proper records are maintained and managed well.
 - 4.1.10. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
 - 4.1.11. Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
 - 4.1.12. Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledgers etc.
 - 4.1.13. Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
 - 4.1.14. Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
 - 4.1.15. Perform any other duty as the Council may determine from time to time.

4.2. The Superintendent;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

The superintendent shall have the following duties and obligations: -

- 4.2.1. Shall obtain from the Pharmacy Council and other appropriate authorities collect 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.
- 4.2.2. Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 4.2.3. Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

- 4.2.4. Shall manage and undertake all technical and professional work in pharmacy.
- 4.2.5. Shall supervise and control all pharmaceutical personnel work in pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6. Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7. Shall provide pharmaceutical service with due care.
- 4.2.8. Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10. Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.11. Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12. Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.13. Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14. Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15. Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16. Shall perform any other duty as the Council may determine.

work in the law.

5. Termination

Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract.

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

6. Dispute Settlement

6.1. In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

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 Superintended 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 20th day of JUNE 20 25

SIGNED and DELIVERED

By the said RUTHA KOMZIGWA MATUNDA

Who is ~~known to me personally~~

Introduced to me by MR. H. KATANDULA

..... the latter known to me personally

This 20th day of JUNE 20 25

In the presence of

Name STEPHEN A. MSUYA

Designation Proprietor

Signature [Signature]

Date 20th JUNE 2025



[Signature]

PROPRIETOR

SIGNED and DELIVERED

By the said ABEL M. MDEMUS

Who is ~~known to me personally~~

Introduced to me by MR. H. KATANDULA

..... the latter known to me personally

This 20th day of JUNE 20 25

In the presence of

Name STEPHEN A. MSUYA

Designation Commissioner for Oaths

Signature [Signature]

Date 20th JUNE 2025



[Signature]

SUPERINTENDENT