

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: KIBO PHARMACY Facility Identification Number (FIN): 0100757
Physical address: Street: Uhuru Ward: Mirango District/Municipal: Nyamagana Region: Mwanza

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: YOHANN E. GABRIEL PIN: 0103425 Phone: 0717488165
Address: P.O. Box 28 SHINYANGA Email: yohanngabriel3@gmail.com

A.3. REASON(S) FOR CHANGE

Change of PERmanent residence from Mwanza
to Shinyanga

Time frame of notification: (As per Contract) 30 days Signature: Yohann Date: 15/01/2025

A.4. OWNER'S DETAILS

Full Name: JESCA JEUS JULIUS Phone Number: 0763503242
Remarks: AGREED
Signature: JESCA JEUS JULIUS Date: 15/01/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: EMILIANA MKWAYA JAMES PIN: 0102740 Phone Number: 0678905573 Email: emilianajames@yahoo.com
Physical address: Street: Nyakingi Ward: Mkolani District/Municipal: Nyamagana Region: MWANZA
Details of Previous pharmacy: Name of Pharmacy: Kigala pharmacy FIN: District/Municipal: Illemela Region: MWANZAB.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.

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. EMILIANA MKWAYA JAMES PIN 0102740
2. Namba ya simu. 0678 905593 barua pepe emilianajames@yahoo.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
()

() ☒ NDIYO, Stakabadhi Na. 1941dcd28460666 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi EMILIANA MKWAYA JAMES mwenye
taaluma ya dawa ngazi ya DIGRII nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
KIBO PHARMACY FIN lililopo katika
Wilaya ya Mkoani MWANZA
Sahihi James Tarehe 11/01/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi

Emmanuel J. Mthembu

Tarehe 15/01/2025

Muhuri KNY:
DMO

MWANGA MIKUWA JIJ
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PILI KAMBI Kata ya NKOLANI

Nadhibitisha kwamba Ndugu EMILIANA MKWAYA anaishi

langu mtaa/kijiji NYANG'INGI kuanzia mwaka 11/2024

Sahihi Afisamtendaji

[Signature]

Tarehe

15/01/2025



SIGNED and DELIVERED

By the said S. L. S. C. D. - D. L. L. S.

Who is known to me personally /

Introduced to me by

..... the latter known to me personally
This 11 day of January 2025

In the presence of:

Name: REVINA TIBILENGWA

Designation: PRINCIPAL STATE ATTORNEY

Signature: [Signature]

Date: 11th day of January, 2025

STATE ATTORNEY

11 JAN 2025

P.O Box 331
MWANZA

[Signature]
PROPRIETOR

SIGNED and DELIVERED

By the said EMILIANA MUKWAYA JAMES

Who is known to me personally /

Introduced to me by

..... the latter known to me personally
This 11 day of JANUARY 2025

In the presence of:

Name: REVINA TIBILENGWA

Designation: PRINCIPAL STATE ATTORNEY

Signature: [Signature]

Date: 11th day of January, 2025

STATE ATTORNEY

11 JAN 2025

P.O Box 331
MWANZA

[Signature]
SUPERINTENDENT



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

EMILIANA MKWAYA JAMES

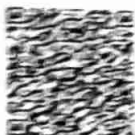
PIN NO: 0102740

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: 11 February 2022

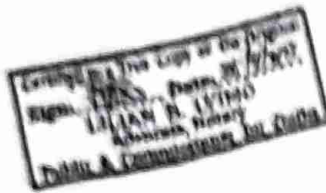
Expires on: 31 December 2025

Registrar
Pharmacy Council





00001387



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)



PHARMACY COUNCIL
TANZANIA
24th FEB 2022

Full Name Emiliana Mkuwaga James

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 PIN	Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0102740	11th February, 2022	18th June, 1996	Tanzanian	P.O. Box 1978 Shauri Moyo	Bachelor of Pharmacy	St. John's University of Tanzania 2020

Date 24th February 2022

Shahidha
REGISTER

- NOTES: (1) This certificate affords immediate 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 and reference should thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.