



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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: MUTTA PHARMACY Facility Identification Number (FIN): 0102107
Physical address:
Street: KIZUANI Ward: MBAGALA District/Municipal: TEMKE Region: DAR

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: MAGEESA HUGUS PIN: 072 Phone: 0683651047
Address: KIPUNGU, UROGWI Email: mymagesa@gmail.com

A.3. REASON(S) FOR CHANGE

A new employment

Time frame of notification: (As per Contract) Signature: [Signature] Date: 30.07.2025

A.4. OWNER'S DETAILS

Full Name: GIBSON MICHAEL Phone Number: 0758293744
Remarks: NEW PERSONNEL
Signature: G. Michael Date: 30/7/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: MAGEESA HUGUS PIN: 072 Phone Number: 0683651047 Email: mymagesa@gmail.com
Physical address:
Street: KIZUANI Ward: MBAGALA District/Municipal: TEMKE Region: DAR
Details of Previous pharmacy:
Name of Pharmacy: MUTTA PHARM FIN: 0102107 District/Municipal: TEMKE Region: DAR

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.

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 MAGESA MUGUSI PIN 072
2. Namba ya simu 0683 651047 barua pepe mrmagesa@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 MAGESA MUGUSI mwenye
taaluma ya dawa ngazi ya PHARMACIST nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MUTTA PHARMACY FIN 0102107 lililopo katika
Wilaya ya TRUSMI Mkoani DAR
Sahihi Magesa Tarehe 30-07-2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi YONAH BINDAL -# Tarehe 31/7/2025

Muhuri KNY:
DMO

FOR MUNICIPAL MEDICAL OFF
EALTH

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MWANAHAMU SHABAN Kata ya KIPAWA

Nadhibitisha kwamba Ndugu MAGESA MUGUSI anaishi

langu mtaa/kijiji KIPUNGU kuanzia mwaka 1984

Muhuri
Mtendaji

Sahihi Afisamtendaji

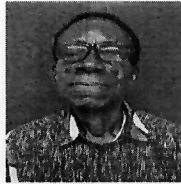
Tarehe
31/07/2025

AFISA MTENDAJI WA KATA
YA KIPAWA



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

MAGESA MUGUSI

PIN NO: 0100072

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





No 00001073

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 15 of the Pharmacy Act, 2002)



Full Name

Mageza Mugusi

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					
072	24 th Dec. 2003	5 th April, 1952	Tanzanian	P.O. Box 70226 Dar es Salaam	Master of Science in Pharmacy	Comenius University Slovakia 1980

Date 10th May 2004

REGISTRAR

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.

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL SUPERVISOR

This Agreement is made on this **25th JULY, 2025**

BETWEEN

GIDSON GODFRID MICHAEL of P o Box residing at **Mbagala, in Temeke District, in Dar es salaam Region, with Identification No:**
GIDSON MICHAEL.....(hereinafter referred to as the PROPRIETOR) the expression which include his assigns, agents or his legal representative of his business.

AND

MAGESA MUGUSI with Pharmaceutical Licence Number 0072, residing at KIPVINGU NI.....in Dar es salaam, with Identification No: **0072**.....enlisted pharmaceutical supervisor who will oversee legal, professional and ethical operation in the Pharmacy (hereinafter referred to as the Supervisor)

Collectively referred to as "The Parties".

WHEREAS The owner is the registered Proprietor of the pharmacy known as (**MUTTA PHARMACY AND COSMETICS**) licensed to operate under applicable laws and regulations of Tanzania;

WHEREAS in compliance with the Pharmacy "Pharmacy Practice "Regulation 2012 the proprietor wishes to engage the professional services of Supervisor,

WHEREAS the Supervisor is duly registered pharmaceutical personnel qualified under the Pharmacy Act and recognized by the Pharmacy Council of Tanzania to professionally supervise pharmaceutical operations;

WHEREAS the Proprietor and Supervisor are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS The parties agree to operate a business of a pharmacist styled as RETAIL Pharmacy.

NOW THEREFORE, In Consideration of the mutual promises and covenants herein contained, the Parties hereby agree as follows.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS,

1. PURPOSE

The purpose of this agreement is to engage the supervisor to provide professional oversight and supervision of the day-to-day pharmaceutical operations of the pharmacy, in full compliance with the Pharmacy Act, TMDA Regulations and all other applicable laws.

2. COMMENCEMENT AND DURATION

2.1 This agreement shall be effective for a period **Twenty-Four Months (24)**, subject to renewal by mutual written consent.

2.2 This agreement shall commence on the **29**.....day of **07**....., 20**25**.....

[Signature]

3. SCOPE OF WORK AND DUTIES OF THE SUPERVISOR.

The supervisor shall perform the following functions with diligence and professional integrity.

1. Supervise all pharmaceutical and professional activities carried out at the pharmacy.
2. Ensure compliance with
 - The Pharmacy Act, Cap 311
 - The Tanzania Medicines and Medical Devices Authority Act;
 - Good Pharmacy Practice Guidelines;
 - All Pharmacy Council Directives.
3. Be physically available at the Pharmacy or provide adequate professional oversight as per regulations.
4. Review and approve prescriptions and ensure correct dispensing of medicines.
5. Supervise pharmacy staff and provide training when necessary.
6. Monitor stock levels, expiration dates and safe storage of pharmaceuticals.
7. Maintain complete and accurate records of medicines received, dispensed and disposed of
8. Represent the pharmacy during inspections, audits or legal inquiries by regulatory authorities.
9. Prepare and submit reports to TMDA/ Pharmacy Council as required.
10. Immediately report any unethical or unlawful activity to the relevant authority.

4. OBLIGATION OF THE PROPRIETOR

The proprietor shall

- 4.1 Ensure the pharmacy operate only under the supervision of the duly registered supervisor.
- 4.2 Provide all resources and documentation required for legal and professional operation.
- 4.3 Not interfere with the supervisor's professional independence.

5. RENUMERATION AND PAYMENT TERMS.

- 5.1 The ~~PROPRIETOR~~ shall pay Monthly salary/ emoluments of TZS 500,000/- (Five Lakhs only) payable monthly to the **SUPERVISOR** upon discharging his duties and function as per this Agreement at any event, the salary shall not be paid in advance.
- 5.2 Comply with the laws, Regulations Guidelines and standards prescribed by the pharmacy Council and other relevant authorities.
- 5.3 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in a high level at all times
- 5.4 Failure to pay for two consecutive months without justification shall constitute material breach of this agreement.

[Signature]

6. CONFIDENTIALITY

The Supervisor agrees to maintain strictly confidentiality regarding all patients records, business operations, pricing and proprietary information obtained during the term of this Agreement, both during and after the termination of this Agreement.

7. BREACH OF CONTRACT AND TERMINATION

7.1 Any material breach of this Agreement by either party shall attract a liquidated damages penalty of **Three Million Tanzanian Shillings (TZS 3,000,000/=)**.

- This is without prejudice to any further legal remedies available to the aggrieved party.

7.2 This agreement may be terminated by mutual consent of both parties in writing or without notice in cases of Criminal Misconduct or gross negligence, Failure to comply with TMDA or Pharmacy Council.

8. DISPUTE RESOLUTION

Any disputes arising out of this Agreement shall be resolved amicably through negotiation. If unresolved, the dispute may be referred to mediation or arbitration in accordance with Tanzanian Law.

9. GOVERNING LAW

This agreement shall be governed by and construed in accordance with the laws of the United Republic Of Tanzania.

IN WITNESS WHEREOF, The parties have hereunto set their hands and seal on the day and year first above written.

SIGNED and DELIVERED

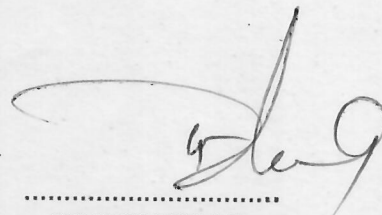
By the said **GIDSON GODFRID MICHAEL**

Who is known to me personally.....

Introduced to me by.....

.....the latter known to me personally

This 25 day of 07 2025



PROPRIETOR

In the presence of

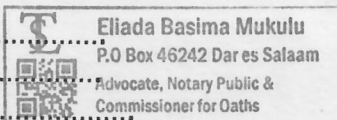
Name: ELIADA BASIMA MUKULU

Address: 46242, D/M

Designation: ADVOCATE

Signature: [Signature]

Date: 25/07/2025



SIGNED and DELIVERED

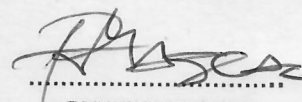
By the said **MAGESA MUGUSI**

Who is known to me personally

Introduced to me by.....

.....the latter known to me personally

This 25 day of 07 2025



SUPERVISOR

In the presence of

Name: ELIADA BASIMA MUKULU
Address: 46242, DAR ES SALAAM
Designation: ADVOCATE
Signature: E. Basima Mukulu
Date: 25/07/2025



Eliada Basima Mukulu
P.O Box 46242 Dar es Salaam
Advocate, Notary Public &
Commissioner for Oaths