



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... EL-SHADAH PHARMACY Facility Identification Number (FIN)... 0103182

Physical address:

Street... MZANI Ward... NYAKAHURA District/Municipal... BIHARAMULO Region... KAGERA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... MADARAKA GEORGE MWAKANYAMALE PIN... 0101676 Phone... 0766012802

Address... P.O. BOX 22, BIHARAMULO Email... mmadarakageorge@gmail.com

A.3. REASON(S) FOR CHANGE

REMOVEDNESS OF THE AREA WHERE THE PHARMACY IS COMPARED TO WHERE I AM RIGHT NOW.

Time frame of notification: (As per Contract) 1 MONTH - Signature... Date... 01 April, 2025

A.4. OWNER'S DETAILS

Full Name... JACKSON PETER Phone Number... 0744 739 112

Remarks... AGREED

Signature... Date... 11/04/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... NATUMWA SAMUEL KISDA PIN... 0103762 Phone Number... 06987425 Email... natumwakisda09@gmail.com

Physical address:

Street... NYAKAHURA Ward... NYAKAHURA District/Municipal... BIHARAMULO Region... KAGERA

Details of Previous pharmacy:

Name of Pharmacy... LIFE LINE PHARMACY FIN... 0300362 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.

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 NATUMWA SAMUEL KISUDA PIN 0103762
2. Namba ya simu 0687 812125 barua pepe natumwa kisuda@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024
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. 9WX1013379879 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi NATUMWA SAMUEL KISUDA mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
EL - SHADAH FIN 0103/82 lililopo katika
Wilaya ya BIHARAMULO Mkoani KAGERA
Sahihi [Signature] Tarehe 01/01/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi [Signature] Tarehe 11/01/2025
BENEDICTO SESE MARWA

K.N.Y. MIBUNGA MKUU (W.
BIHARAMULO)

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ALEN . K. LWILA Kata ya NYAKAHURA

Nadhibitisha kwamba Ndugu NATUMWA SAMUEL KISUDA anaishi
langu mtaa/kijiji NYAKAHURA, kuanzia mwaka 2024
Sahihi Afisa mtendaji Tarehe 11/04/2025
[Signature]

Mubuni KNY:
AFISA MTENDAJI - KATA
NYAKAHURA
HALMASHAURI YA WILAYA
BIHARAMULO

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 01 day of MAY 2025.

BETWEEN

JACKSON PETER (Name) of P.O.BOX _____ Region KAGERA
(herein after referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

NATUMWA SAMUEL KISUDA 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 as EL-SHADA H 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 whole sale Pharmacy.

"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 of this agreement to a third party either by way of sale, lease, or any other form, which has the 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 ^{two (2)} ~~twelve (12)~~ months, commencing from the 01 day of MAY 20 25 to 01 day of MAY 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of MAY 20 25.

4. Obligation of the Parties:

a. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- i. The PROPRIETOR shall pay Monthly salary/emoluments of TZS. 800,000/- payable monthly to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.
- ii. 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.
- iii. Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- iv. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- v. Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- vi. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- vii. Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- viii. Shall ensure pharmaceutical services are provided with due care.
- ix. Shall ensure all proper records are maintained and managed well.

- x. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- xi. Shall cooperate with the Pharmacy Council on proper practice affairs whenever the need arise.
- xii. 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.
- xiii. Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- xiv. Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- xv. Perform any other duty as the Council may determine from time to time.

b. 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: -

- i. 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.
- ii. Shall as much as possible ensure physical supervision of the said premises. Full time pharmacist is more preferable.
- iii. Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- iv. Shall manage and undertake all technical and professional matters in the pharmacy.
- v. Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- vi. Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- vii. Shall provide pharmaceutical service with due care

Peter

SIGNED and DELIVERED

By the said JACKSON PETER

Who is known to me personally/

Introduced to me by

the latter known to me personally
This 11th day of April 2025

In the presence of:

Name: CHRISTIAN R. BYAMUNGU

Designation: ADVOCATE

Signature: [Signature]

Date: 11.04.2025



PROPRIETOR

SIGNED and DELIVERED

By the said NATUMWA SAMUEL KISIDA

Who is known to me personally/

Introduced to me by

the latter known to me personally
This 11th day of April 2025

In the presence of:

Name: CHRISTIAN R. BYAMUNGU

Designation: ADVOCATE

Signature: [Signature]

Date: 11.04.2025



SUPERINTENDENT



THE UNITED REPUBLIC OF TANZANIA

00002427

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name Natamura Samuel Kisuda

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
PIN	Date					
0103762	21st June, 2024	20th December, 1997	Tanzanian	P.O. Box 47 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2022

Date 01st July 2024

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 Pharmacist 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.



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

NATUMWA SAMWEL KISUDA

PIN NO: 0103762

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:21 June 2024

Expires on:31 December 2025

**Registrar
Pharmacy Council**

