



PCF. 17



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 KIGERA PHARMACY Facility Identification Number (FIN) 0102731
Physical address
Street KIGERA Ward KWANLWA District/Municipal MUSOMA Region MARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name LINA SAMUEL BITIA PIN 0103330 Phone 0626536315
Address P.O. Box 4002, DAR-ES-SALAAM Email bittalinalah@gmail.com

A.3. REASON(S) FOR CHANGE

CHANGE OF LOCATIONTime frame of notification (As per Contract) One Month Signature [Signature] Date 02/04/2025

A.4. OWNER'S DETAILS

Full Name Agness M. Harumi Phone Number 0764904608
Remarks
Signature [Signature] Date 24/3/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name BONIFACE SELICE NZYUNYAPIN Phone Number 0755314695 Email Nzyungu.Loni.pha.20@gmail.com
Physical address
Street Kitanga Ward BUTIAMA District/Municipal BUTIAMA Region MARA
Details of Previous pharmacy
Name of Pharmacy GRINIA LIFE PHARMACY FIN 0102311 District/Municipal ILALA 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



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

BONIFACE NZYUNGU

PIN NO: 0103010

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:17 June 2022

Expires on:31 December 2025

Registrar
Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

00001658

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



Full Name Boniface Nzyungu
 JNCIL
 S SALAAM



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					
0103010	17th June, 2022	19th June, 1996	Tanzanian	P.O. Box 3592 Dar es Salaam	Bachelor of Pharmacy	Kampala International University in Tanzania 2020

Date 05th June 2022

[Signature]
 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.

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 Boni Face Selice Nzyungu PIN 0103010
2. Namba ya simu 0755314695 barua pepe Nzyunguboniface20@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 30/06/2025
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 Boni Face Selice Nzyungu mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
KIGERA PHARMACY FIN 010273 lililopo katika
Wilaya ya MUSOMA MC Mkoani MARA
Sahihi [Signature] Tarehe 04/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi AGAPE SARIKOKI Tarehe 4/4/2025

Muhuri KNY:
DMO

MUNICIPAL

P.O. Box 194
MUSOMA

MEDICAL OFFICER C. HEALTH

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) THE H. Lameck Kata ya KIGERA

Nadhibitisha kwamba Ndugu [Signature] anaishi

langu mtaa/kijiji Bondelkachi 'A', kuanzia mwaka [Signature]

Sahihi Afisa mtendaji

Tarehe 02/04/2025

Muhuri
Mtendaji

AFISA MTENDAJI
KATA YA KIGERA

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 02nd day of April 2025

BETWEEN

AGNES MWITA HARUNU (Name) of P.O.BOX 219 Region MARA
(herein after referred to as the PROPRIETOR) the expression which includes his assignees,
agents or his legal representative of his business.

AND

BONIFACE SELICE NZYUNGU 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
KIGERA 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 twelve (12) months, commencing from the 02nd day of APRIL 20 25 to 02nd day of APRIL 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 02nd day of APRIL 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

- viii. Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards
- ix. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- x. Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- xi. Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- xii. 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.
- xiii. Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- xiv. Shall perform any other duty as the Council may determine.

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 One (1) month 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

- a. In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.
- b. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- c. 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.

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 02nd day of APRIL 20 25

SIGNED and DELIVERED

By the said AGNES MWITA HARUNI

Who is known to me personally/

Introduced to me by

This 02nd day of APRIL 2025

In the presence of:

Name: THOMAS MANYAMA

Designation: ADVOCATE

Signature: [Signature]

Date: 3/4/2025



[Signature]

PROPRIETOR

SIGNED and DELIVERED

By the said BONIFACE SELICE Nzyunli

Who is known to me personally/

Introduced to me by

This 02nd day of APRIL 2026

In the presence of:

Name: THOMAS MANYAMA

Designation: ADVOCATE

Signature: [Signature]

Date: 3/4/2025



[Signature]

SUPERINTENDENT