



## 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 FUPI PHARMACY Facility Identification Number (FIN) 0102507  
 Physical address: NGOMENI Ward MHONDA District/Municipal MVOMERO Region MOROGORO  
 Street NGOMENI

## A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name OMEGA MICHAEL MAZENGO PIN 0102925 Phone 0742127719  
 Address OMEGAMAZENGO@gmail.com Email OMEGAMAZENGO@gmail.com

## A.3. REASON(s) FOR CHANGE

Notice from Pharmacy council

Time frame of notification: (As per Contract) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## A.4. OWNER'S DETAILS

Full Name FIDELIS FUPI THOMAS Phone Number 0718658735  
 Remarks I allow to change  
 Signature Fidelis Date 17/5/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name MARIAM K. MRESA PIN 0104002 Phone Number 0687908692 Email mresamariam@yahoo.com  
 Physical address: KICHANGAN Ward MHONDA District/Municipal MVOMERO Region MOROGORO  
 Street KICHANGAN  
 Details of Previous pharmacy: \_\_\_\_\_  
 Name of Pharmacy \_\_\_\_\_ FIN \_\_\_\_\_ District/Municipal \_\_\_\_\_ Region \_\_\_\_\_

## 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 MWANATAALUM

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM DISP

1. Jina la mwanataaluma MARIAM K. MRESA PIN 0104002
2. Namba ya simu 0687908692 barua pepe mariam.mresamariam@yahoo.com
3. Tarehe ya mwisho kuhuisha jina (Retention) April 2025
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

(<http://196.45.42.57/data/view/modules/registration/pharmacist-signup.php>)

☒ NDIYO, Stakabadhi Na 925104324184176 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MARIAM K. MRESA mwenye  
taaluma ya dawa ngazi ya SHAHADA (DEGREE) nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
FUPI PHARMACY FIN 0104002 lililopo katika  
Wilaya ya MVOMERO Mkoani MOROGORO  
Sahihi mmr Tarehe 5/5/2025

Uthibitisho wa Mfamasia wa Halamashauri

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

Jina na Sahihi NYAMBURA J. MSARO

Tarehe

15/05/2025

Mhuri KNY:-

DMO

K.N.Y. MGANGA MKUU WA WILAYA  
H/WILAYA MVOMERO  
S. L. P. 759  
MOROGORO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la Mtendaji (Kata) ELIUDI MALON NJUNGA Kata ya MHONDA  
nathibitisha kwamba Ndugu MARIAM K. MRESA anaishi  
Langu mtaa/Kijiji RICHANGANI Kuanzia mwaka 2000

Muhuri  
Mtendaji

Sahihi Afisa mtendaji

Tarehe

[Signature]  
AFISA MTENDAJI  
KATA YA MHONDA

06/05/2025  
AFISA MTEN  
KATA YA MH



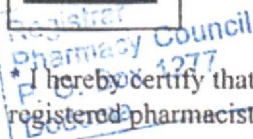


THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002726

**CERTIFICATE OF FULL REGISTRATION**

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

Full Name Mariam K. Mpesa

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					
0104002	27th March, 2025	18th January, 1998	Tanzanian	P.O. Box 65001 Dar es Salaam	Bachelor of Pharmacy	Muhimbili University of Health and Allied Sciences 2023

Date 24<sup>th</sup> April, 2025

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

**MARIAM K MRESA**

**PIN NO: 0104002**

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: **27 March 2025**

Expires on: **31 December 2025**

**Registrar  
Pharmacy Council**



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

.....FIDELIS FUPI PHARMIA THOMAS.....  
(PROPRIETOR)

AND

.....MARIAM K. MRESA.....  
(SUPERINTENDENT)

**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A**

**PHARMACIST**

This Agreement is made on this 5<sup>th</sup> day of May 20 25

**BETWEEN**

FIDELIS FUPI THOMAS (Name) of P.O. BOX 37 Region MOROGORO  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

**AND**

MARIAM -K. MREJA a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**) of another part.

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

**AND 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;

**AND 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;

**AND WHEREAS** the proprietor and superintendent (together referred as "**the Parties**") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**AND WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled as FUPI PHARMACY Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

**1. Interpretation:**

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

**"Act"** means the Pharmacy Act, [Cap 311 R: E 2002] Laws of Tanzania.

**"Agreement"** means this 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;

**"Council"** means the Pharmacy Council established under section 3 of the Act.



**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.

**Pharmacist** means a person registered as such under section 16 of the Act.

**Proprietor** means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

**Registrar** means Registrar of the Council appointed under Section 11 of the Act

**Superintendent** means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under 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 5<sup>th</sup> day of May 20 25 to 5<sup>th</sup> day of May 20 26

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 5<sup>th</sup> day of May 20 25

## 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 allowance/emoluments of TZS 700,000/= payable to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement.

- (a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than the **1<sup>st</sup>** day of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.
- (b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **ten (10)** days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and

the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

- 4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent Log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.

## **4.2 The Superintendent;**

For an allowance 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.



- 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.

## 5. Termination

- 5.1 This Agreement shall be terminated:

- (a) by automatic termination;
- (b) by mutual consent, or
- (c) by Notice

- 5.2 The Agreement may automatically be terminated:

- (i) after the expiry of a term fixed under Clause 2 of this Agreement unless otherwise the parties agree to renew the terms of the agreement.
- (ii) If the Council cancels the licence, or suspends or removes the name of a **Superintendent** from the Register due to professional misconducts in accordance with section 45 of the Act.  
Notwithstanding the requirement of this Clause, where termination is due to the cancellation of the Superintendent's licence, or suspension or removal from the Register, Roll or List of Pharmacists, all benefits, allowances or claims due to the Superintendent for the work done for any such of days before the cancellation, suspension or removal shall be paid by the Proprietor prior to termination.

- 5.3 The Agreement may be terminated at any time by mutual agreement or consent between the parties when they find it appropriate that the agreement be terminated. Provided that where the Agreement is terminated by mutual consent, all claims or allowance due to the **Superintendent** shall be paid in full by the Proprietor prior to termination.

8. The 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 5<sup>th</sup> day of May 20 25

**SIGNED and DELIVERED** at .....by the said  
FIDELIS FURI THOMAS who is known  
to me personally/identified to me by OMEGA  
MICHAEL MAZENGO the latter being  
personally known to me this 5<sup>th</sup> day of May 20 25.

Fideli  
**PROPRIETOR**

**In the presence of:**

Name: PHILIP MAHENG  
Designation: ADVOCATE  
Signature: [Signature]  
Address: P.O. Box 7, TURIANI  
Date: 06/05/2025  
Signed and delivered by the parties at this 06<sup>th</sup> day of MAY 20 25



**SIGNED and DELIVERED** at .....by the said  
MARIAM -K. MRESA who is known  
to me personally/identified to me by OMEGA  
MICHAEL MAZENGO the latter being  
personally known to me this.....day of .....20.....

MRESA  
**SUPERITENDENT**

**In the presence of:**

Name: PHILIP MAHENG  
Designation: ADVOCATE  
Signature: [Signature]  
Address: P.O. Box 7, TURIANI  
Date: 06/05/2025

