



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... MASALLAH PHARMACY.....Facility Identification Number (FIN)... 0102436
 Physical address:
 Street... MNYAKONGO Ward... NKUHUNGU District/Municipal... DODOMA SISI Region... DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... BENEDICTO MASANJI MAJANGI PIN... 0407316 Phone... 0652276316
 Address... DODOMA Email... majangi.benedict@gmail.com

A.3. REASON(s) FOR CHANGE

.....
EMERGENCY

Time frame of notification: (As per Contract) 1 MONTH Signature... Bmajangi Date... 13/05/2025

A.4. OWNER'S DETAILS

Full Name... YAHYA MAJALLAH Phone Number... 0672900900
 Remarks.....
 Signature... [Signature] Date... 13/05/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... BENEDICTO MASANJI PIN... 0407316 Phone Number... 0652276316 Email... majangi.benedict@gmail.com
 Physical address:
 Street... 6th ROAD Ward... UHUHU District/Municipal... DODOMA SISI Region... DODOMA
 Details of Previous pharmacy:
 Name of Pharmacy... MASALLAH PHARMACY FIN... 0102436 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.



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 BENEDICTO M. MAJANGU PIN 0407316
2. Namba ya simu 0658276316 barua pepe majangibenh@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)
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 BENEDICTO M. MAJANGU mwenye
taaluma ya dawa ngazi ya SIASHAHADA (DIPLOMA) nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MAJALLAH PHARMACY FIN 0102436 lililopo katika
Wilaya ya DODOMA JIJ Mkoani DODOMA
Sahihi Bmajangi Tarehe 13/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Honi Tarehe 13/05/2025
Muhuri KNY:
DMO
CITY COUNCIL OF DODOMA
P.O. BOX 544 DODOMA
CITY MEDICAL OFFICE
OF HEALTH

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) FATUMA AMRI Kata ya UHUURU
Nathibitisha kwamba Ndugu BENEDICTO MAJANGU anaishi
langu mtaa/kijiji UHUURU kuanzia mwaka 2025
Sahihi Afisamtendaji F. Amri Tarehe 13/05/2025





THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

BENEDICTO MAJANGI MAJANGI

PIN NO: 0407316

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311
is entitled to practice as a **Pharmaceutical Technicians** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued: **26 September 2023**

Expires on: **31 December 2025**

**Registrar
Pharmacy Council**





F.58

THE UNITED REPUBLIC OF TANZANIA

00006484

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)



Full Name

Benedicto Majangi Majangi

Pharmacy Council
P. O. Box 1277
Dodoma

I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0407316	26th September, 2023	24th December, 2002	Tanzanian	P.O. Box 372 Dodoma	Diploma in Pharmaceutical Sciences	DECCA College of Health and Allied Sciences 2022

Date: 19th April 2024

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

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 TO OPERATE BUSINESS OF PHARMACISTS

BETWEEN

**YAHYA MAJALLAH
(PROPRIETOR)**

AND

**BENEDICTO MAJANGI MAJANGI
(THE PHARMACEUTICAL TECHNICIAN)**

**DRAWN BY
SOSTENES PETER MSELINGWA -(ADVOCATE)
PLOT NO.5 BLOCK '10' KIPANDE STREET
P.O.BOX 1485
DODOMA.**

AGREEMENT TO OPERATE BUSINESS OF PHARMACISTS

THIS AGREEMENT is made on this 13 day of May 2025

BETWEEN

YAHYA MAJALLAH of P.O. Box 2752, Dodoma, majalahy@gmail.com (Hereinafter referred to as the **(PROPRIETOR)** of the one part,

AND

BENEDICTO MAJANGI MAJANGI of P.O Box, Dodoma, with Phone No. 0658276316 and majangibenh@gmail.com (Herein referred to as the **("THE PHARMACEUTICAL TECHNICIAN")** of the other part,

WHEREAS a PROPRIETOR is the lawful owner of the aforesaid business.

AND WHEREAS a PROPRIETOR is desirous that his business be operated by the **PROPRIETOR** and the **PHARMACEUTICAL TECHNICIAN** is desirous to operate the aforementioned business;

NOW THEREFORE THE PROPRIETOR and the **PHARMACEUTICAL TECHNICIAN** agrees to run the business of pharmacist under the terms and conditions set hereunder.

- 1) That, upon the signing of this Agreement the **PROPRIETOR** and the **PHARMACEUTICAL TECHNICIAN** shall run and operate an established business known as **MAJALLAH PHAMARCY**.
- 2) At a salary or emolument stipulated at clause 3 of this Agreement the **PHARMACEUTICAL TECHNICIAN** shall with all speed and professional diligence, take a necessary step to establish and efficiently run of the said Pharmacy, dealing PHAMACEUTICALS regulated under this Act.
- 3) The **PROPRIETOR** shall supply adequate funds to meet the following expenses;
 - a) The daily salary/ emolument shall be Tshs. 10,000/= and the whole salary/emolument of this contract shall be payable at or not later than 11th June, 2025 to the **PHARMACEUTICAL TECHNICIAN** in discharging functions as per clause 2 above.
 - b) The **PHARMACEUTICAL TECHNICIAN** shall be attending the office according to the Pharmacy schedule.
 - c) The costs of rehabilitating or modifying the present premise and maintenance of the same as the modern Pharmacy.


- d) All other costs necessary or incidental to the running and maintaining the Pharmacy.
- 4) That, the **PHARMACEUTICAL TECHNICIAN** will execute all duties required to be attended by the Superintendent according to the **PHARMACY ACT** Of 2011
- 5) That, the **PHARMACEUTICAL TECHNICIAN** should be faithful, honest, smart, and responsible and act with integrity and in accordance with the proper code of ethics and conducts.
- 6) That, the **PHARMACEUTICAL TECHNICIAN** shall directly be responsible be liable for any malpractice in the Pharmacy done by him.
- 7) That, the **PROPRIETOR** shall meet the costs of drawing up this agreement.
- 8) That, this Agreement shall be effective for a period of one (01) month, commencing from this 11th day of May, 2025 to 11th day of June, 2025.
- 9) That, unless either Part breach the term(s) of this contract, the Proprietor and the Pharmacist shall either give a fourteen (14) days notice in case want to end the contract.

INWITNESS WHEREFORE, the **PROPRIETOR** and the **PHARMACIST** have executed this Agreement on the date and in the manner hereafter appearing;

SIGNED and DELIVERED by the said **YAHYA MAJALLAH**,
who is known/identified to me by
the latter being known to me in my presence
this 13..... day of May..... 2025


PROPRIETOR

BEFORE ME:


SIGNATURE.....
NAME: SOSTENES PETER MSELINGWA
POSTAL ADDRESS: 1485, DODOMA
QUALIFICATION: ADVOCATE



SIGNED and DELIVERED by the said **BENEDICTO MAJANGI MAJANGI**,
who is known/identified to me by
the latter being known to me in my presence
this 13..... day of May..... 2025


PHARMACEUTICAL TECHNICIAN

BEFORE ME:

SIGNATURE.....
NAME: SOSTENES PETER MSELINGWA
POSTAL ADDRESS: 1485, DODOMA
QUALIFICATION: ADVOCATE

