



PCF. 17



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 SHINYANGA ROYAL PHARMACY Facility Identification Number (FIN) 0300107  
Physical address Plot No 89, Block E, Ward CHELA District/Municipal KAHAMA Region SHINYANGA  
Street Nyaga Road Kahama

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name BENEDICTOR IOAMBA MACHA PIN 0103698 Phone 0759664174  
Address \_\_\_\_\_ Email \_\_\_\_\_

A.3. REASON(S) FOR CHANGE

Superintendent shifting to another Region (To Sengerema - Mwanza)

Time frame of notification: (As per Contract) One (1) month Signature B. Idama Date 24/03/2025

A.4. OWNER'S DETAILS

Full Name MHOJA NKWABI Phone Number 0622303503  
Remarks Accepted  
Signature [Signature] Date 31/03/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JIRISUN RICHARD NDAKAZI PIN 0103994 Phone Number 062896158 Email jirisonndakazi@gmail.com  
Physical address Street Majengo Ward Majengo District/Municipal Kahama Region Shinyanga  
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



# SHINYANGA ROYAL PHARMACY (2015) LTD.

TEL: +255 28 2710072, Fax: +255 28 2710572,

Email: [chairman@komgroupnet.co.tz](mailto:chairman@komgroupnet.co.tz)

P.O. Box 253, Kahama-Shinyanga, Tanzania

## AGREEMENT FOR EMPLOYMENT TO OPERATE BUSINESS OF A PHARMACIST

This agreement is made on this 11 day of May 2025

### BETWEEN

**MHOJA NKWABI KABALO M/S SHINYANGA ROYAL PHARMACY (2015) LTD** of P.O.BOX 253, KAHAMA District, SHINYANGA Region (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

### AND

**JIRISON RICHARD NDAKAZI** a registered pharmacist in charge who supervise a business of a pharmacist (hereinafter referred to as **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 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 **SHINYANGA ROYAL PHARMACY (2015) LTD.**



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

**01. 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 Wholesale Pharmacy.

**"Proprietor"** means an owner of the pharmacy and includes his assignees, agents or his legal representative"

**"Superintendent"** means a pharmacist in charge of a 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 to 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.

**02. Duration of Agreement**

This Agreement shall be effective for a period of twelve (12) months, commencing from the 11 day of May 2025 to 11 day of May 2026

### 03. Commencement of supervision

The superintendent shall commence management and supervision of the above-named pharmacy on the 11 day of May 20 25

### 04. 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 salary/emoluments of **TZS 800,000.00 (Eight hundred thousand only)** payable monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.
- 4.1.2 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 1<sup>st</sup> day of the following month
- 4.1.3 Comply with the laws, regulations, guidelines and standards prescribed by the pharmacy council and other relevant authorities
- 4.1.4 Implement and ensures that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the pharmacy council.
- 4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 Shall ensure pharmaceutical services are provided with due care
- 4.1.9 Shall ensure all proper records are maintained and managed well
- 4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall report to the pharmacy council on poor attendance, service provided or malpractices done by the Superintendent.

## **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.

### **The superintendents shall have the following duties and obligations:-**

- 4.2.1 Shall obtain from the 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.
- 4.2.2 Shall ensure day to day physical supervision of the said premises.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.
- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.



## 07. Costs

The Proprietor shall meet the cost of drawing up this Agreement.

08. The Laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

09. The Pharmacy 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 12 day of MAY 2025

### SIGNED and DELIVERED

By the said MHOJA NKWABI KABALO

Who is known to me personally/introduced to me by

..... the latter known to  
Me personally this 11 Day of May 2025.

[Signature]  
PROPRIETOR

### In the Presence of:

Name: ANGELINA KALUNZI

Designation: ADVOCATE

Signature: [Signature]

Date: 12 - 05 - 2025



### SIGNED and DELIVERED

By the said JIRISON RICHARD NDAKAZI

Who is known to me personally/introduced to me by

..... the latter known to  
Me personally this 11 Day of May 2025.

[Signature]  
SUPERINTENDENT

### In the Presence of:

Name: ANGELINA KALUNZI

Designation: ADVOCATE

Signature: [Signature]

Date: 12 - 05 - 2025





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

**JIRISON RICHARD NDAENZI**

**PIN NO: 0103994**

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

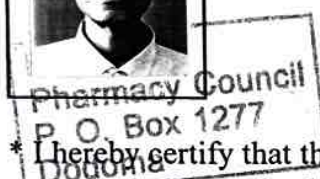
Registrar  
Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002718

**CERTIFICATE OF FULL REGISTRATION***(Section 20 of the Pharmacy Act, CAP. 311)*Full Name Jirison Richard Ndakazi

\* 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					
0103994	27th March, 2025	25th February, 1999	Tanzanian	P.O. Box 86 Kibondo	Bachelor of Pharmacy	St. John's University of Tanzania 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.





## 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 JIRISON RICHARD NDAKAZI PIN 0103994
2. Namba ya simu 07526 99577/0628961503 barua pepe jirisonndakazi@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 24 April 2025
4. Je, umehuisa 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 JIRISON RICHARD NDAKAZI mwenye  
taaluma ya dawa ngazi ya SHAHADA YA FAMASI nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo  
SHINYANGA ROYAL PHARMACY FIN 0300107 lililopo katika  
Wilaya ya KAHAMA MJI Mkoani SHINYANGA  
Sahihi [Signature] Tarehe 10/05/2025

## Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi SHILO BEHEM Bw. [Signature] Tarehe 12/05/2025

Muhuri KNY  
DMC

MGANGA MKUU WA HAMBAPAA  
KAHAMA

## SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Y.H. MKWIZU Kata ya KAHAMA MJI

Nathibitisha kwamba Ndugu JIRISON R. NDAKAZI anaishi

tangu mtaa/kijiji KAHAMA MJI kuanzia mwaka 2024

Sahihi Afisa mtendaji

[Signature]

Tarehe

12/05/2024

Muhuri  
Mtendaji

AFISA MTENDAJI MAKATI  
KATA YA KAHAMA MJI  
KAHAMA