



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: KASOTA Facility Identification Number (FIN)
Physical address: Street: KIJEREJHI Ward: KASOTA District/Municipal: NYAMAGARA Region: MUWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name: LILIAN PETER TERU PIN: 0102160 Phone: 0753704989
Address: MUWANZA Email:

A.3. REASON(S) FOR CHANGE
Change of residence

Time frame of notification: (As per Contract) 28 days Signature: [Signature] Date:

A.4. OWNER'S DETAILS
Full Name: EUNICE G. EMMANUEL Phone Number: 0762713474
Remarks: OK
Signature: [Signature] Date:

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
Full Name: EUNICE EMMANUEL PIN: 0102176 Phone Number: 0762713474 Email: emmanueleunice441@gmail.com
Physical address: Street: IGELIGELE Ward: MAHINA District/Municipal: NYAMAGARA Region: MUWANZA

Details of Previous pharmacy:
Name of Pharmacy: KASOLA PHARMACY FIN: 0103013 District/Municipal: NYAMAGARA Region: MUWANZA

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.



THE UNITED REPUBLIC OF TANZANIA

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**DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL**
(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist Pharm. Technician Pharm. Assistant Pharm. Dispenser

Owner's Responsibilities: Superintendent Other Pharmaceutical Personnel

I EUNICE G Emmanuel with Personal Identification Number
(PIN) 0102176 of Year 2021, residing at Nyamagara district, in MWANZA
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named KASDIA PHARMACY
, with Facility Identification Number (FIN) 0103013 of year _____, located at NYAMAGARA
District, MWANZA Region with a Business Tax Identification Number (TIN) 145869978
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 0762713474 Email Address: emmanuel.eunice441@gmail.com.

Signature:  Date: 18/3/2025

NOTE: This form shall be a substitute of the Contract agreement to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory

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: EUVICE G. EMMARUEL PIN 0102176
2. Namba ya simu: 0762 713474 barua pepe: emmanuelnace@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention): 6/3/2025
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(http://196.45.42.57/pcmis_data_new/modules/registration/pharmacist-signup.php) NDIYO. Stakabadhi Na: 1956 F2c 9e9 Ghe 91 HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA

Mimi EUVICE G. EMMARUEL mwenye taaluma ya dawa ngazi ya MFAMASIA (DEGREE) hakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo KASU YA PHARMACY FIN 0103013 lililopo katika Wilaya ya MOAMBA Mkoani MWANZA Tarehe 7/3/2025 Sahihi [Signature]

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi WINFRIDA E-MINJA [Signature] Tarehe 7/03/2025

MWANZA
MAGAZINI MWA
MWAJIBU WA JIJU
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji MAHINA
Jina la mtendaji (Kata) HABIBU M. HABIBU Kata ya MAHINA
Nadhibitisha kwamba Ndugu EUVICE G. EMMARUEL anaishi [Signature]
langu mtaa/kijiji IGELEGELE kuanzia mwaka 2024
Sahihi Afisa mtendaji [Signature] Tarehe 07/03/2025

AFISA MTEENDAJI WA MTAJI
MTAJI WA IGELGELE
KATA YA MAHINA
JILU LA MWANZA



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

EUNICE G EMMANUEL

PIN NO: 0102176

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: **08 January 2021**

Expires on: **31 December 2025**

*Registrar
Pharmacy Council*





00000814

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL
CERTIFICATE OF FULL REGISTRATION

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



PH REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31818 DAR ES SALAAM

Ennice G. Emmanuel

*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					
0102176	8 th January, 2021	15 th August, 1990	Tanzanian	P.O. Box 132 Mwanza	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2019

Date: 14th January 2021

[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 Pharmacists 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.