



## 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 JOSEPH ANSELM MKWAWA PIN 00419
2. Namba ya simu 0754561505 barua pepe mkwawa@yahoo.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2023
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 0754561505 ☐ HAPANA

## SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi JOSEPH ANSELM MKWAWA mwenye taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo PRETORIA PHARMACY FIN 7452 lililopo katika Wilaya ya DODOMA MIJINI Mkoani DODOMA  
Sahihi [Signature] Tarehe 24/10/2024

## Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi PROSPER MHAARUNA Tarehe 24/10/2024  
Muhuri KNY: DMO  
CITY HEALTH OFFICER OF HEALTH

## SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ASHURA KASIM Kata ya KIKUYU KASKAZINI  
Nadhibitisha kwamba Ndugu JOSEPH ANSELM MKWAWA anaishi langu mtaa/kijiji KIGAMBONI kuanzia mwaka 2012

Sahihi Afisa mtendaji

Tarehe

29.10.2024

Muhuri  
AFISA MTENDAJI WA KATI  
KIKUYU KASKAZINI  
TAMBAKA-DODOMA

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

HILLARY CHRISTOPHER RAJABU  
.....  
(PROPRIETOR)

AND

JOSEPH ANSELM MKWA'WA  
.....  
(SUPERINTENDENT)

## AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 01 day of NOVEMBER 20 24

### BETWEEN

HILLARY -C- RAJABU (Name) of P.O. BOX 47 Region DODOMA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

### AND

JOSEPH ANSELMKWAWA 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 RETAIL 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 01 day of NOV 20 24 to 01 day of NOV 20 25

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of NOV 20 24

## 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 800 000/= 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 shall not exceed seven (7) days from the monthly payment date, 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 thirty (30) 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.

### **The superintendent 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 physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 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.



- 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 29 day of 30 2024

SIGNED and DELIVERED at ..... by the said  
MILARY CHRISTOPHER PATARI who is known  
to me personally/identified to me by .....  
..... the latter being  
personally known to me this 29 day of 30 2017

[Signature]  
PROPRIETOR

In the presence of:  
Name: FRED PETER KALONGA  
Designation: ADVOCATE  
Signature: [Signature]  
Address: 2556 DODOMA  
Date: 29/30/2024



SIGNED and DELIVERED at ..... by the said  
JOSEPH A. NKWAWA who is known  
to me personally/identified to me by .....  
..... the latter being  
personally known to me this 29 day of 10 2017

[Signature]  
SUPERINTENDENT

In the presence of:  
Name: FRED PETER KALONGA  
Designation: ADVOCATE  
Signature: [Signature]  
Address: 2556 DODOMA  
Date: 29/30/2024





# AGREEMENT FOR EMPLOYMENT TO PHARMACEUTICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 29<sup>th</sup> day of Oct 20 24

BETWEEN

HILLARY C. RAJABU (Name) of P.O.BOX 47 Region DODOMA  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees,  
agents or his legal representative of his business.

AND

KHADISA H. SALUM an enrolled pharmaceutical  
~~technician~~ technician who provides pharmaceutical services

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

WHEREAS the pharmaceutical technician 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 a pharmaceutical technician are desirous to enter into an agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree that the pharmaceutical technician will be providing pharmaceutical services to a business of a pharmacist styled as RETAIL 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 wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Pharmaceutical technician" means a person enrolled as such under section 24 of the Act.

#### Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 29<sup>th</sup> day of October 20 24 to 29<sup>th</sup> day of October 20 25

#### 2. Commencement of Services

The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 29<sup>th</sup> day of Oct 20 24

#### 3. Obligation of the Parties:

#### 4. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS. 150000/- payable monthly to the **Pharmaceutical technician** upon discharging his duties and functions as per this Agreement and 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 ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Shall ensure pharmaceutical services are provided with due care.
- 4.1.7 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 pharmaceutical technician.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e PC logo, dispensing register, ledgers etc.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items is signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

#### **4.2 The Pharmaceutical technician**

At a salary or emolument stipulated in clause 4.1, 1 of this Agreement, the pharmaceutical technician shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

**The pharmaceutical technician shall have the following duties and obligations: -**

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

#### **5. Termination**

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract.

This agreement may be terminated by either party upon issuing a written notice of three (3) months 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**

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

6.2 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or pharmaceutical technician 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.

9. 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 Dar es salaam this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNED and DELIVERED

By .....the. Said HILARY C. KASABU

Who is known to me personally/.....

Introduced.....to me by .....

.....the latter known to me personally

This..... day of ..... 20.....

In the presence of:

Name: FRED PETER KALONGA

Designation: ADVOCATE

Signature: [Signature]

Date: 29/10/2024

[Signature]  
PROPRIETOR



SIGNED and DELIVERED

By the said KHADIA H. SALUM

Who is known to me personally/.....

Introduced to me by .....

.....the latter known to me

personally

This..... day of ..... 20.....

[Signature]  
PHARMACEUTICAL  
TECHNICIAN

In the presence of:

Name: FRED PETER KALONGA

Designation: ADVOCATE

Signature: [Signature]

Date: 29/10/2024





## 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. KHADIJA H. SALUM PIN 0600863
2. Namba ya simu. 0623151331 barua pepe .....
3. Tarehe ya mwisho kuhuisha jina (Retention).....
4. Je, umehusha 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. KHADIJA HAMZA SALUM mwenye  
taaluma ya dawa ngazi ya PHARMACEUTICAL DISPENSER nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
PRETORIA PHARMACY FIN ..... lililopo katika  
Wilaya ya DODOMA MIMI Mkoani DODOMA  
Sahihi K. H. Tarehe 29/10/2024

**Uthibitisho wa Mfamasia wa Halmashauri**

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

Jina na Sahihi George Horro

Tarehe 30/10/2024

**SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:**

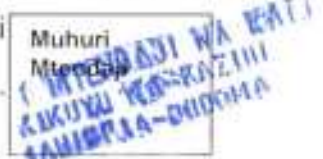
Itibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ASHURA KASSIM Kata ya KIKUYU KASKAZINI  
Nadhibitisha kwamba Ndugu KHADIJA H. SALUM anaishi  
langu mtaa/kijiji KIGAMBONI kuanzia mwaka 2019

Sahihi Afisamtendaji

Tarehe

29.10.2024





PIN No. 0600863



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH



PHARMACEUTICAL DISPENSING CERTIFICATE

This Certificate is awarded to

**Khadija H Salum**

Who has attended and passed One Year Pharmaceutical Dispensing Course

at **City College of Health and Allied Sciences - Temeke**

**2014** **2015**

Registrar - Pharmacy Council

Date **27 May 2024**





PCF.7

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

No. 00001415

**CERTIFICATE OF FULL REGISTRATION**

(Section 15 of the Pharmacy Act, 2002)

Full Name

*Joseph Anselm Mkwawa*

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
No.	Date					
0419	24 <sup>th</sup> Dec. 2003	20 <sup>th</sup> Dec. 1956	Tanzanian	P.O. Box 11903 Arusha	Master of Science in Pharmacy	Lviv State Medical Institute Ukraine 1986

Date

*12<sup>th</sup> May 2004*

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.



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

**JOSEPH ANSELM MKWAWA**

**PIN NO: 0100419**

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: 24 December 2003

Expires on: 31 December 2023

*Registrar  
Pharmacy Council*







## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH

## PHARMACY COUNCIL



## NOTIFICE 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 PRETORIA Pharmacy Facility Identification Number (FIN) \_\_\_\_\_  
 Physical address \_\_\_\_\_  
 Street Area D Ward Kisumu Ch. Mbege District/Municipal Dodoma cc Region Dodoma

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

Full Name Rose S. Kizaba PIN 0407063 Phone 0657675560  
 Address Dodoma Email \_\_\_\_\_

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

CONTRACT TERMINATIONTime frame of notification (As per Contract) 30 days Signature R.S. Kizaba Date 30-07-2024

## A.4. OWNER'S DETAILS

Full Name HILLARY CHRISTOPHER RAJABU Phone Number 0677973000  
 Remarks I agree to the agreement  
 Signature [Signature] Date 30-07-2024

## B. TO BE COMPLETED BY THE OWNER ONLY

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

Full Name HILLARY C. RAJABU PIN 0407063 Phone Number 0677973000 Email hillaryrajab@gmail.com  
 Physical address \_\_\_\_\_  
 Street Kisumu Ward Kisumu Kaa District/Municipal Dodoma cc Region Dodoma  
 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.

## PHARMACY COUNCIL



**NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY**  
*(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)*

**A. TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER****DETAILS OF THE PHARMACY**

Name of the pharmacy..... PRETORIA PHARMACY  
 Physical address:  
 Street..... MLIMWA C..... Ward..... KIWANJA CHA NDEGE  
 District/Municipal..... DODOMA CC  
 Region..... DODOMA

**DETAILS OF SUPERINTENDENT**

Name..... VERONIKA P. MYULA  
 Registration Number..... 0103664  
 Phone..... 0746352606  
 Address..... P.O. Box 37 KONGWA

**REASON(S) FOR CHANGE**

..... Moving to another region .....

**TIME FRAME: (Notify Registrar the time frame as per Contract)**

..... 10 days .....

Signature..... [Signature]  
 Date..... 15/7/2024

**OWNER REMARKS**

Name..... HILLARY - C. DATAGU  
 Phone Number..... 0656237847  
 Signature..... [Signature]  
 Date..... 15/07/2024

**FOR OFFICE USE ONLY****INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

Recommendations.....  
 Name..... Designation..... Signature.....  
 Date.....

**B. TO BE COMPLETED BY THE OWNER ONLY****NEW SUPERINTENDENT**Name of Superintendent JOSEPH ANSELM MKWANA

Physical address:

Street KIKWYUWard KIKWYU - KAIKAZIDistrict/Municipal D.DONARegion D.DONAContacts of previous Superintendent 0746352606Email of previous Superintendent veronimula@gmail.com**QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)**

- (i) copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

**REASONS FOR CHANGING THE MANAGEMENT**Previous Superintendent moving to another region**C. FOR OFFICE USE ONLY****INSPECTION/REGISTRATION OR ZONAL**

Recommendations.....

Name..... Designation..... Signature.....

Date.....

**NOTE:**

Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.



## AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 19<sup>th</sup> day of JANUARY 20 24

BETWEEN

HILLARY - C. RAJABY (Name) of P.O.BOX 47 Region DODOMA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

HILLARY - C. RAJABY enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the **Pharmaceutical Technician**).

**WHEREAS** the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

**WHEREAS** in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business,

**WHEREAS** the Pharmaceutical Technician 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 Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

**WHEREAS** in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

**WHEREAS** the Parties agree to operate a business of a pharmacist styled as RETAIL Pharmacy.

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

### 1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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 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.

"Pharmaceutical Technician" means a person enrolled as such under section 23 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 19<sup>th</sup> day of JANUARY 20 24 to 19<sup>th</sup> day of JANUARY 20 25

## 3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 19<sup>th</sup> day of JANUARY 20 24

## 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 salary/emoluments of TZS. 200,000/- payable monthly to the **PHARMACEUTICAL TECHNICIAN** 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 ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.1.5 Hire other 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 Pharmaceutical Technician and approved by 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 the use of reference and other relevant materials whenever 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 Pharmaceutical Technician.
- 4.1.11 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.
- 4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.14 Perform any other duty as the Council may determine from time to time.

## 4.2 The Pharmaceutical Technician;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Pharmaceutical Technician shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently perform the duties according to their **scope of practice** to the said pharmacy, dealing in Pharmaceuticals.

The Pharmaceutical Technician under personal supervision of a pharmacist  
Shall have the following duties and obligations: -

- 4.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.2 Shall ensure services are provided are provided under his/ her physical supervision.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.
- 4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.5 Shall provide pharmaceutical service with due care.



- 4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- 4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.
- 4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.13 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 three (3) months 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**

- 6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Pharmaceutical Technician 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.

9. 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 19 day of 01 2024

#### SIGNED and DELIVERED

By the said HILLARY C. RAJABU

Who is known to me personally/

Introduced to me by \_\_\_\_\_

\_\_\_\_\_ the latter known to me personally

This 19 day of 01 2024

#### In the presence of:

Name: ZAULIA JACOB SHEMAWA

Designation: ADVOCATE

Signature: [Signature]

Date: 19/1/2024



[Signature]  
PROPRIETOR

#### SIGNED and DELIVERED

By the said HILLARY C. RAJABU

Who is known to me personally/

Introduced to me by \_\_\_\_\_

\_\_\_\_\_ the latter known to me personally

This 19 day of 01 2024

#### In the presence of:

Name: ZAULIA JACOB SHEMAWA

Designation: ADVOCATE

Signature: [Signature]

Date: 19/1/2024



[Signature]  
PHARMACEUTICAL  
TECHNICIAN

Dr. J. J. J. J. J.

Learn

→ make

→ check

450,000  
25,000





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 HILLARY - C. RAJABU PIN 0406011
2. Namba ya simu 0656237847 barua pepe hillaryrajabu@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 21/12/2023
4. Je, umehusha 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 NaEC 1020611666641P ☐ HAPANA

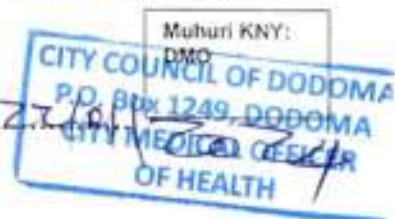
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi HILLARY - C. RAJABU mwenye  
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
PRETORIA PHARMACY FIN ..... lililopo katika  
Wilaya ya DODOMA Mkoani DODOMA  
Sahihi [Signature] Tarehe 19/01/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Hon J. [Signature] Tarehe 21/01/2024



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ANALIA M. ROGASIM Kata ya KIKUYU KUSINI

Nathibitisha kwamba Ndugu HILLARY C. RAJABU anaishi AFISA MTENDAJI  
langu mtaa IMAGE kuanzia mwaka 2021

Sahihi Afisamtendaji

Tarehe 19/1/2024





THE UNITED REPUBLIC OF TANZANIA

00005174

THE PHARMACY COUNCIL

## CERTIFICATE OF ENROLLMENT

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

Council  
1277

Full Name

Hilary C. Rajabu

\*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					
0406011	13th January, 2023	29th June, 1994	Tanzanian	P.O. Box 47 Dodoma	Diploma in Pharmaceutical Sciences	St. Francis University College of Health and Applied Sciences 2019

Date 24<sup>th</sup> February 2023  
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.



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

**HILLARY C RAJABU**

**PIN NO: 0406011**

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:13 January 2023

Expires on:31 December 2024

Registrar  
Pharmacy Council

