



## 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... TLUX PHARMACY Facility Identification Number (FIN)... 0101717  
 Physical address:  
 Street... NZUBURU Ward... NZUBURU District/Municipal... DODOMA Region... DODOMA

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

Full Name... GEORGE SOSTINISI PIN... 0407144 Phone... 0672225220  
 Address... P.O. BOX 47 Email... sostinisi.george@gmail.com

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

.....  
To do other business

Time frame of notification: (As per Contract) 3 months Signature... [Signature] Date... 13/05/2025

## A.4. OWNER'S DETAILS

Full Name... THERESA PHILIBERT Phone Number... 0765296001  
 Remarks... Good performance  
 Signature... [Signature] Date... 13/05/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

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

Full Name... MWANGAZI MOHAMED MATILU PIN... 0403427 Phone Number... 067429649 Email... mwanazimati@gmail.com  
 Physical address:  
 Street... CHIDACHU Ward... CHIDACHU District/Municipal... DODOMA Region... DODOMA  
 Details of Previous pharmacy:  
 Name of Pharmacy... TLUX PHARMACY FIN... 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.

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 ☐ PHARM. DISP

1. Jina la mwanataaluma. Mwamba Mwanataaluma PIN 04087482

2. Namba ya simu. 0674256419 barua pepe mwanataaluma@gmail.com

3. Tarehe ya mwisho kuhuisisha jina (Retention) 31/12/2024

4. Je, umehuisisha 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. Mwamba Mwanataaluma mwenye

taaluma ya dawa ngazi ya Diploma nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo

Wilaya ya Dodoma Mkoani Dodoma Tarehe 14/5/2024

Sahih

Uthibitisho wa Mfamasia wa Halmashauri

Nadhikitisha kwamba mwanataaluma tajwa ni mlongoni/ si mlongoni mwa

wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahih George Hon. J. Mwanataaluma Tarehe 14/5/2024  
Muhuri KNY: CITY COUNCIL DMO DODOMA  
P.O. Box 1249, DODOMA  
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P.O. Box 1249, DODOMA  
Muhuri KNY: CITY COUNCIL DMO DODOMA  
P.O. Box 1249, DODOMA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata): LENE LEM Kata ya Uthibitisho

Nathibitisha kwamba Ndugu Mwamba Mwanataaluma analishi

langu mtaa/kijiji. Kaji kuanzia mwaka 2024

Sahih Afisa Mtendaji







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

**MWANAIIDI M MATULA**

**PIN NO: 0403437**

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:25 May 2021

Expires on:31 December 2025

Registrar  
Pharmacy Council



00002518



THE UNITED REPUBLIC OF TANZANIA

## THE PHARMACY COUNCIL

## CERTIFICATE OF ENROLLMENT

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



Full Name .....

Mwanaidi M. Matula

\*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					
0403437	May, 2021	July, 1999	Tanzanian	P.O. Box 1108 Dodoma	Diploma in Pharmaceutical Sciences	The University of Dodoma 2020

Certified True Copy of the Original  
 Sign: [Signature] Date: 26/04/2022  
 CHRISPO NICHOLAUS KWILA  
 Advocate, Notary  
 Public & Commissioner for Oaths


Date: 15<sup>th</sup> May 2021

[Signature]  
 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.

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[illegible][illegible][illegible]

THE UNIVERSITY OF CHICAGO  
 DIVISION OF THE PHYSICAL SCIENCES  
 DEPARTMENT OF CHEMISTRY  
 5708 S. UNIVERSITY AVENUE  
 CHICAGO, ILLINOIS 60637

THE OFFICE OF THE ATTORNEY GENERAL

1998



# AGREEMENT FOR EMPLOYMENT TO PHARMACEUTICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 13 day of JS 20 25

BETWEEN

THELEA PHILBERT (Name) of P.O.BOX \_\_\_\_\_ Region DODOMA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

MWANADI MOHAMED MATULA an enrolled pharmaceutical 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 TLUX PHARMACY 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 13 day of 5 2025 to 13 day of 11 2025

### **2. Commencement of Services**

The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 13 day of 5 2025

### **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. 200000 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 Superintendent;**

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 THEREZA PHUBERT

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

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

.....the latter known to me personally

This 12/ day of 5 20 25

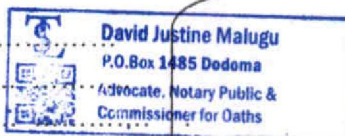
**In the presence of:**

Name DAVID JUSTINE MALUGU

Designation ADVOCATE

Signature [Signature]

Date 14TH MAY 2025



T. Phubert

**PROPRIETOR**

**SIGNED and DELIVERED**

By the said MWANADI MOHAMEDI MALUX

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

Introduced to me by .....

.....the latter known to me

personally

This 13/5 day of 20 25

**In the presence of:**

Name DAVID JUSTINE MALUGU

Designation ADVOCATE

Signature [Signature]

Date 14TH MAY 2025



M. Malux

**PHARMACEUTICAL  
TECHNICIAN**