

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: Pharmacy (Mwanika)
Physical address: Mwanika
Street: Mwanika
Ward: Mwanika
District/Municipal: Mwanika
Region: Mwanika
Facility Identification Number (FIN): 0701252

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
Full Name: DEOGENUS Mwanika
PIN: 0101987
Phone: 0759855935
Email: UJUI
Address: UJUI

A.3. REASON(S) FOR CHANGE

TRANSFERRED TO KICUMBA

Time frame of notification: (As per Contract)
Signature:
Date: 09.05.2024

A.4. OWNER'S DETAILS

Full Name: ALEX SALA
Remarks: change immediate due to reasons given
Signature:
Date: 09.05.2024
Phone Number: 0767990441

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: AMANDA E. UJUI
PIN: 0101987
Phone Number: 0676320375
Email: AMANDA.E.UJUI@Mwanika

Physical address: Mwanika
Street: Mwanika
Ward: Mwanika
District/Municipal: Mwanika
Region: Mwanika

Details of Previous pharmacy: Mwanika
Name of Pharmacy: Mwanika
District/Municipal: Mwanika
Region: Mwanika

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

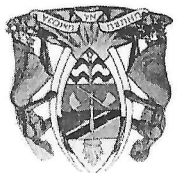
INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations:
Full Name:
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

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: Pharmacy
 Physical address: SARAKA
 Street: Ward
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
 Full Name: AMANDA E. ULICKY
 Address: DSM
 PIN: 0101973
 Phone: 0676350 375
 Email: amanda.ulicky@gmail.com

A.3. REASON(S) FOR CHANGE

A.4. OWNER'S DETAILS

Full Name: _____
 Remarks: _____
 Signature: _____
 Date: _____

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: _____
 PIN: _____
 Phone Number: _____
 Email: _____
 Physical address: _____
 Ward: _____
 District/Municipal: _____
 Region: _____
 Details of Previous pharmacy: _____
 Name of Pharmacy: _____
 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

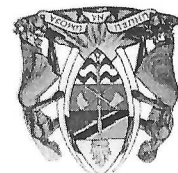
INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: _____
 Full Name: _____
 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.



AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 09 day of May 2024.

BETWEEN

ROBERTA SALLA (Name) of P.O. BOX 77807 Region ONE IS SALLA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees,
agents or his legal representative of his business.

AND

AMANDA F. WICKY a registered pharmacist in charge
who supervises a business of a pharmacist (hereinafter referred to as the 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 a 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 MYUMIBAN 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.

"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.

"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 ~~only six (6)~~ ^{twelve (12)} months, commencing from the 09 day of May 2024 to 20 day of May 2024.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 10 day of May 2024.

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 ₹ 700,000 TZS. ₹ 700,000 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 1st 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 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.

4.1.12 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.

4.1.13 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 are 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 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 Pharmacy 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 Pharmacy 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

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 Superintendent 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 15th day of May 2024

SIGNED and DELIVERED

By the said **ROBERTA SALIA**

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 09th day of May 2024

In the presence of

Name: **SOPHY MSHANGA**

Designation: **Director**

Signature: **[Signature]**

Date: 07/05/2024

SIGNED and DELIVERED

By the said **AMANDA E. UUCKY**

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 09th day of May 2024

In the presence of

Name: **Anthony Yohani Kiyanga**

Designation: **Advocate & Notary Public**

Signature: **[Signature]**

Date: 10/05/2024

SUPERINTENDENT

[Signature]

PROPRIETOR

[Signature]



AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 09 day of April 2024
BETWEEN
BOBEN SALIA (Name) of P.O. BOX 77802 Region District Salamm
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND
CHARLES BOMFACE
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 # Pharmacy (Community)

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 wherefrom 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 employed 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 09 day of April 20 2024 to 08 day of April 20 25

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 09 day of April 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. 300,000 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 1st 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 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 Pharmacist 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.



TECHNICIAN

PHARMACEUTICAL

[Signature]

PROPRIETOR

[Signature]

20

Signed and delivered by the parties at this

day of

This 09/07 day of May 2024

the latter known to me personally

Introduced to me by

Who is known to me personally/

By the said

SIGNED and DELIVERED

[Signature] SALLY

Name: SALLY

Designation: OWNER

Signature: *[Signature]*

Date: 09/07/2024

SIGNED and DELIVERED

By the said

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 24 day of May 2024

In the presence of:

Name: Anthony Yohani Kiyanga
Designation: Advocate & Notary Public
Signature: *[Signature]*
Date: 10/05/2024

1



PCF.20

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



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 ROBERT ALEX SAKA of Year 2008 (PIN) 9101654, residing at UGURU district, in DAR ES SAHAHA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named NYUMBANI PHARMACY, with Facility Identification Number (FIN) 0101252 of year 2020, located at UGURU District, DAR ES SAHAHA Region with a Business Tax Identification Number (TIN) 138-11-6-107 (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: 0762 990441 Email Address: robertsaka08@gmail.com Signature: [Signature] Date: 09.05.2024

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



FORMU YA KUKIRI KUTEKELEZA 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 SANITU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma: AMANDA E. Ulicky PIN 0101973

2. Namba ya simu: 0676 353 375 barua pepe amanda.ulyick@gmail.com

3. Tarehe ya mwisho kuhitisha jina (Retention): 17/12/2023

4. Je, umehitisha taarifa zako kwenye mtumo kupitia tovuti ya baraza la famasi?

(http://196.45.42.57/pcmsis_data/viewmodules/registration/pharmacist-signup.php) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi: AMANDA E. Ulicky

taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya

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

Wilaya ya UBUGUNGO NYUMBANI PHARMACY FIN 010252 lililopo katika

Sahih: UBUGUNGO Mijani Tarehe: 09/05/2024

Uthibitisho wa Mfamasia wa Halmeshauri

Nathibitisha kwamba mwanataaluma tajwa ni miongoni/si miongoni mwa

wanataaluma waliopo katika halmeshauri ninayosimamia

Jina na Sahih: Samuel Mpeo

Tarehe: 09/05/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lithibitishwe na: Afisa Mlendi

Jina la mlendi (kata): ELNES G. MUKONYAMUKONYA

Nathibitisha kwamba Ndugu AMANDA E. Ulicky

langu mtaa/kijiji: Mawunda kuenzia mwaka 2020

Sahih: Afisamlendi

Tarehe: 10/05/2024



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. 4 (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 CHARLES BONFACE PIN 0402598
2. Namba ya simu 0628967585
3. Tarehe ya mwisho kuhisha jina (Retention) DECEMBER 2023
4. Je, umehusha taarifa zako kwenye mtumo kupitia tovuti ya baraza la famasi? <http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php> ☐ MDIYO, Stakabadihi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi CHARLES BONFACE
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliwalio
FIN 0101252 liliopo katika DAWA SANIFU
Wilaya ya URBW 6 Mkoani TAREHE 10.05.2024
Sahih! David Mungo

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma aliywa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri inayosimamia

Muhuri KNY:
DMO
Kny: Halmashauri wa Manispaa
Halmashauri ya Manispaa ya Ubungu

Tarehe 10/05/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ELNES G. MUKAMUKA

Nathibitisha kwamba Ndugu CHARLES BONFACE

langu mtaa/kijiji MTRUKWA kuanzia mwaka 2016

Sahih! Afisamtendaji

Tarehe 10/05/2024





Registrar
Pharmacy Council

[Signature]

Issued: 06 May 2020

Expires on: 31 December 2024

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.

PIN NO: 0101973

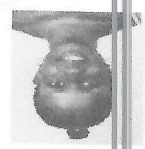
AMANDA M. ULICKY

I Hereby Certify that

(Made under Sect. 22 of The Pharmacy Act No. 1 of 2011)

The Pharmacy Act

LICENSE TO PRACTICE



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL





Registrar
Pharmacy Council

[Signature]

Issued: 06 May 2020

Expires on: 31 December 2024

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

PIN NO: 0402598

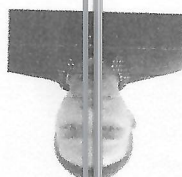
CHARLES BONIFACE

I Hereby Certify that

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

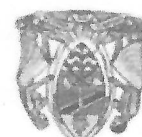
The Pharmacy Act

LICENSE TO PRACTICE



PHARMACY COUNCIL

THE UNITED REPUBLIC OF TANZANIA



00000714



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Amanda E. Ulicky

Full Name



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	Pin	Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0101973		6th May, 2020	10th July, 1993	Tanzanian	P.O. Box 150 Kirimwangu	Bachelor of Pharmacy	Rajiv Gandhi University of Health Sciences 2018

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 the holder of the named above and must not be used as such.

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the 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.

Date: 10th June 2020

0402598		PIN.	Enrollment
6 th	May,	2020	Date of Birth
22 nd	July,	1995	Date of Birth
Tanzanian		Nationality	
P.O. Box 31532 Dar es Salaam		Address	
Diploma in Pharmaceutical Sciences		Qualification	
Ruaha Catholic University		Place and Date of Qualification	
2019			

REGISTRAR

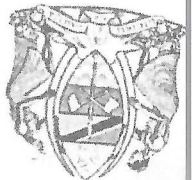
*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Charles Masaki Botifase

Full Name

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT
(Section 25 of the Pharmacy Act, CAP 311)

THE UNITED REPUBLIC OF TANZANIA



00001637