

# 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)

Hereby Certify that

#### LAURENT JOHN NKOMOLE

PIN NO: 0103438

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:02 February 2023

Expires on:31 December 2025

Registrar Pharmacy Council





- If amicable settlement becomes impossible, then, an aggneved party may seek 6.2 legal remedy.
- Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration 6.3 (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.

t and sealed this presents on the

N WITNESS WHEREOF the parties hereto	have d	uly signed a	and sealer	, true be	
date and in the manner herein after appearing	g				
Signed and delivered by the parties at this	14	_day of _	03	20	25
SIGNED and DELIVERED  By the said IAASSIM WATERS  Who is known to me personally/ PROPR  Introduced to me by IAURE TO THE latter known to  the latter known to  and of O.S.  In the presence of PARTHER  Designation ARREST  Design	ALLAHE	onally	PRO	DPRIETO	Son.
Signature: 14 OB 12015  Date  SIGNED and DELIVERED  By the said Aug Evil July (1448)	Jhonoi Mc151	F 150			
Who is known to me personally/ PHARE Introduced to me by the latter known to the latter known to day of a 2		onally 25	sui	PERINTI	P. ENDENT
In the presence of Names Designation Signature Date	tenCl	Line	003		

- 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 thise (a) 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.

### Dispute Settlement

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

- 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 maipractices 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.

-pharmacist" means a person registered as such under section 16 of the ACI

"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

Duration of Agreement This Agreement shall be effective for a period of twelve (12) months, commencing from day of 43 20 25 to 14 day of 43 20 25

3. Commencement of Supervision The superintendent shall commence management and supervision of the above named Pharmacy on the 14 day of 03 20 25

## Obligation of the Parties:

## 4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- salary/emoluments pay Monthly PROPRIETOR shall payable monthly to the 4.1.1 The 800,000 = 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 1"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.

# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this	4 day	of 6%	20 25
	BETWEEN		
(hereinafter referred to as the PROP agents or his legal representative of his	PRIETOR) the e	X 11/2 Reg	ion MARA 4021 includes his assignees.
12	AND		
who supervises a business of a pharm			pharmacist in charge e SUPERINTENDENT).
WHEREAS the Proprietor wishes to e regulated business under the Act			
WHEREAS in compliance with sec professional services of a pharmacist			r wishes to engage the
WHEREAS the Superintendent is will remuneration for such services or suc	ing to offer profe h other terms and	ssional services t d conditions as sti	o the proprietor in lieu of pulated hereunder;
WHEREAS the proprietor and supe establish and operate a business of appearing;	mintendent are a a pharmacist a	desirous to enter t the terms and i	into an agreement, to conditions as hereinafter
WHEREAS the Parties agree to es	stablish and ope	erate a business _Pharmacy	of a pharmacist styled
AND NOW WHEREFORE THIS AGR	EEMENT WITNE	SSETH AS FOLI	LOWS;
. Interpretation: "Act" means the Pharmacy Act, Cap			
"Agreement" means the Agreement Pharmacist.			
"Business of pharmacy or pharm activity carried on by a person in relati	ion in		
"Pharmacy" means any approved p the practice of a pharmacist is provi Pharmacy institutional Pharmacy or v	vholesale Pharm.	acy.	
"Proprietor" means an owner of Proprietor means an owner of Propriesentative. "Superintendent" means a pharmac	harmacy and in-	cludes his assign	ees, agents or his legal narmacist

# 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 Austro Abertott PIN 0103438
2. Namba ya simu 9629744318 barua pepe vi hornole50@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 30 12 2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-
signup.php) DNDIYO, Stakabadhi Na HAPANA
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:
Mimi LAUSENI JOHN NEMOLE mwenye
taaluma ya dawa ngazi ya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
DISANAH PHAR MACS FIN DIDAS IIIIlopo katika
Wilaya ya .M. D.R.O. G. S.Z.D. Mkoani . M. AZD. G. S.Z.C
Sahihi 1 Tarehe 14 03 2025
Uthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni/ si miongoni/
wanataaluma waliopo katika halmashauri ninayosimamia
Jina na Sahihi Hilda Hubert Hubert Tarehe 14 03 202
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:
Ithibitishwe na: Afisa Mtendaji
Jina la mtendaji (Kata) HAWA NEDNYAN I Kata ya KIN GO
Nathibitisha kwamba Ndugu LATURENT JOHN NKOFTOLE anaishi Muhuri
langu mtaa/kijiji. MxLERE kuanzia mwaka 2022 Mendaji
Sahihi Afisamtendaji
14/03/2025 MOROGOS MOROGOS



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH,

PHARMACY COUNCIL

2 1 MAR 2025

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

	Changes to be Made: Superintendent U 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  DIYANAH  PHARMACY  Facility Identification Number (FIN) 0102131  Physical address:  Street KWA CHAMBO Ward KIHONDA  Bistrict/Municipal MoRGORO  Region MoRGORO.
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name LAURENT SOLD AKONCLE PIN 0/03488, Phone 0639744818 Address Morografio Municipal Com. Email Mismale 50 C Strong Com.
	A.J. REASON(S) FOR CHANGE AS SUPERINTENDENT
	Time frame of notification: (As per Contract) — Signature &
	A.4. OWNER'S DETAILS Full Name (ASSIM WAZIR) BLI Phone Number 065517.3304 Remarks Signature (ASSIM) Date 20/03/2025
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL  Full Name PACLISM AND PIN OF 3435 Phone Number 0679443 Email of orale 50 C grad con  Physical address  Ward GIGUA District/Municipal MoRucako Region MoRucako  Details of Previous pharmacy:  Name of Pharmacy PBISSA PHARMACY FIN District/Municipal MoRucako  District/Municipal MoRucako  District/Municipal MoRucako  District/Municipal MoRucako  District/Municipal MoRucako  Name of Pharmacy PBISSA PHARMACY FIN District/Municipal MoRucako
	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 Designation Signature Date
	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.