

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 SYAFIRUWA H. GENDUSE PIN 0103 406 4
2. Namba ya simu 0743140012 barua pepe Stephano.genduse@gmail.co
3. Tarehe ya mwisho kuhisha jina (Retention) 30/12/2024
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 QW X101347618013 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi SYAFIRUWA HASSANI GENDUSE mwenye
taaluma ya dawa ngazi ya SITAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
IRPLEN PHARMACY FIN 0103100 lililopo katika
Wilaya ya BITHARAMULO Mkoani KAGERA
Sahihi [Signature] Tarehe 14/07/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi BENEDICTO SESE MWA Tarehe 14/07/2025
[Signature] [Signature]

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) SYAFIRUWA HASSANI GENDUSE Kata ya IRPLEN PHARMACY
Nadhibitisha kwamba Ndugu SYAFIRUWA HASSANI GENDUSE anaishi
langu mtaa/kijiji IRPLEN PHARMACY kuanzia mwaka 2024
Sahihi Afisa Mtendaji [Signature] Tarehe 18/07/2025

Muhuri KNY:
MGANDA MKUJI
IRPLEN PHARMACY
SERIKALI Y IRPLEN
NO. KATI 2



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 JRSLEM PHARMACY Facility Identification Number (FIN) 0103100
Physical address: MARANZI KATI Ward LUSATUNGA District/Municipal BIHARAMULO Region KAGERA
Street MARANZI KATI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name DUNA LUCAS DANIEL PIN 1234 Phone 0767461876
Address BIHARAMULO KAGERA Email duna1@gmail.com

A.3. REASON(S) FOR CHANGE

Transfer to another Region.
Time frame of notification: (As per Contract) 1 month Signature Daniel Date 14.07.2025

A.4. OWNER'S DETAILS

Full Name ANGELA JULIUS HIRAZA Phone Number 0767930138
Remarks Accepted to break contract.
Signature Angela Date 14.07.2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name STAFIRUNA H. GENUSE FIN 0103402 Phone Number 074314012 Email stafirunagenuse@gmail.com
Physical address: MARANZI KATI Ward KATOKE District/Municipal BIHARAMULO Region KAGERA
Street MARANZI KATI
Details of Previous pharmacy: JRSLEM PHARMACY FIN 0103100 District/Municipal BIHARAMULO Region KAGERA
Name of Pharmacy JRSLEM PHARMACY

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.



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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



Full Name Stafiruma Hassani Gendwe

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0103404	2nd February, 2023	26th June, 1996	Tanzanian	P.O. Box 14883 Dar es Salaam	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 15th February 2023

[Signature]
REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist 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

STAFIRUNA HASSANI GENDUSE

PIN NO: 0103404

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*



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

ANORSTA JULIANO HAHARA

(PROPRIETOR)

AND

STAFIRUNA H. GENDUNG

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 14 day of July 20 25

BETWEEN

ANJESIA J. HAHAZA (Name) of P.O. BOX 76 Region KAGERA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

STAFIRUNA H. GENDUSE 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 JRE JRSUM 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 three, six, nine, twelve months, commencing from the 14 day of JULY 202025 to 14 day of JULY 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 14 day of JULY 202025

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 800,000/- TZS 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 no later than the 1st day of the following month, 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 ten (10) 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.



- g. 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 14 day of JULY 20 2025

SIGNED and DELIVERED at BIRMINGHAM by the said
ANJESTA J. HAHARA who is known
to me personally/identified to me by ANJESTA
JULIANO HAHARA the latter being
personally known to me this 14 day of JULY 2025

A.J.
PROPRIETOR

In the presence of:

Name: BEATRICE EVARIST KIMATH
Designation: ADVOCATE
Signature: [Signature]
Address: P.O. Box 40400 DOR - ES - SALMO
Date: 14th JULY, 2025



SIGNED and DELIVERED at BIRMINGHAM by the said
STAFIRUNA H. GENDUSE who is known
to me personally/identified to me by -
the latter being
personally known to me this 14 day of JULY 2025

[Signature]
SUPERINTENDENT

In the presence of:

Name: BEATRICE EVARIST KIMATH
Designation: ADVOCATE
Signature: [Signature]
Address: P.O. Box 40400 DOR - ES - SALMO
Date: 14th JULY, 2025

