



THE UNITED REPUBLIC OF TANZANIA

PCF. 17

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 BURKA PHARMACY Facility Identification Number (FIN) 0100893
Physical address:
Street MAJENGO Ward ELERAI District/Municipal ARUSHA Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ERNEST EDWARD MSWATA PIN 0400231 Phone —
Address P.O. Box 400 ARUSHA Email —

A.3. REASON(s) FOR CHANGE

DEATH

Time frame of notification: (As per Contract) 7 DAYS Signature _____ Date _____

A.4. OWNER'S DETAILS

Full Name ANNA LUTHER MSWATA Phone Number 0754 178 840
Remarks _____
Signature [Signature] Date 07/08/2023

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name SARAH ABEL MATHIAS PIN 0406847 Phone Number 0756216119 Email Sarah.mathias98@gmail.com
Physical address:
Street Kemula Ward ELERAI District/Municipal Arusha Region Arusha
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.

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... SARAH ABEL MATHIAS PIN... 0406847
2. Namba ya simu... 0756216119 barua pepe sarahmathias98@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 28-12-2024
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. GJX10134625463 ☐ HAPANA

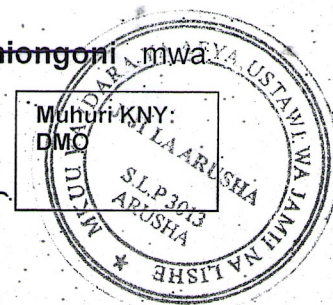
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... SARAH ABEL MATHIAS mwenye taaluma ya dawa ngazi ya... FUNDI DAWA SANIFU nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo... BURKA PHARMACY FIN 0100893 lililopo katika Wilaya ya ARUSHA Mkoani ARUSHA Sahihi MATHIAS Tarehe 22/04/25

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Carolyn Lema Tarehe 24/4/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

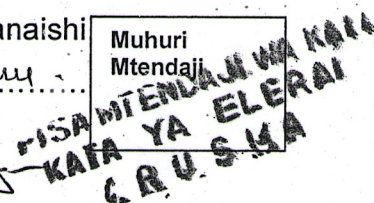
Jina la mtendaji (Kata) EVELYN T. MBOYE Kata ya ELERAI

Nadhibitisha kwamba Ndugu SARAH ABEL MATHIAS anaishi langu mtaa/kijiji KENTURA kuanzia mwaka MWAKA HUU

Sahihi Afisamtendaji

Tarehe

22/04/2025





THE UNITED REPUBLIC OF TANZANIA

00006012

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT

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



Registrar
Pharmacy Council

Full Name

Sarah Abel Mathias

*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 | | | | | |
| 0406847 | 12 th May, 2023 | 28 th July, 1998 | Tanzanian | P.O. Box 1889 Dodoma | Diploma in Pharmaceutical Sciences | St. John's University of Tanzania 2022 |

Certified as True Copy of the Original
Cosmas Kulwa Mataba
Advocate, Notary Public & Commissioner
for Oaths
Date: 03/05/2024

Date: 02nd June 2023

PEGI TDR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceut Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; 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 s



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

SARAH ABEL MATHIAS

PIN NO: 0406847

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: 12 May 2023

Expires on: 31 December 2025

Registrar
Pharmacy Council



EMPLOYMENT CONTRACT FOR PHARMACY TECHNICIAN

This Employment Contract is made and entered into as of 21/04/2025
by and between:

Employer: Burka Pharmacy
Location: Arusha, Tanzania

Employee: SARAH A MATHIAS [Employee's Full Name]
Position: Pharmacy Technician

1. Position and Duties

The Employee is hired as a Pharmacy Technician at Burka Pharmacy, Arusha. The Employee's duties will include but are not limited to:

1. Assisting the pharmacist in preparing and dispensing medications.
2. Managing and organizing inventory, including stocking and ordering of pharmaceutical products.
3. Providing guidance and information to customers regarding medications and their proper use.
4. Performing routine pharmacy tasks, including prescription processing and labeling.
5. Ensuring compliance with pharmacy laws and regulations.
6. Maintaining a clean and orderly pharmacy environment.

2. Term of Employment

The Employee will begin work on 21/4/2025, with the term of employment ending on 21/04/2026, unless renewed or terminated in accordance with this contract.

3. Probation Period

The first six months of employment from the effective date of signing the contract, shall be considered a probationary period. During this period, the Employer reserves the right to terminate this contract with seven (7) days' notice should the Employee's performance be deemed unsatisfactory.

Upon successful completion of the probationary period, the Employee's position will be confirmed, and the employment will continue under the terms of this contract for the remaining term.

4. Working Hours

The Employee is expected to work from Monday to Saturday between the hours of 8:00am and 08:00pm.

5. Compensation

The Employee shall receive a monthly salary of 500000/= TZS, paid on the last working day of each month. Salary may be adjusted based on performance.

6. Benefits

The Employee will be entitled to the following benefits during the term of employment:

Leave: The Employee is entitled to 28 days of paid annual leave, to be taken at a mutually agreed time.



Medical Benefits: The Employee will receive medical coverage according to the company's policies.

7. Duties and Obligations

1. The Employee agrees to perform their duties diligently, responsibly, and to the best of their ability.
2. The Employee agrees to comply with the policies and procedures of Burka Pharmacy and all applicable laws and regulations.
3. The Employee will not engage in any activities or conduct that could harm the reputation or business of the Employer.

8. Termination

1. Either party may terminate this contract by providing one month's written notice or payment in lieu of notice. The Employer may terminate the contract without notice in cases of gross misconduct or severe breach of contract terms.
2. During the probationary period, either party may terminate the contract with seven (7) days' written notice.

9. Confidentiality

The Employee agrees not to disclose any confidential or proprietary information belonging to Burka Pharmacy during or after the term of employment, except as required by law.

10. Governing Law

This contract shall be governed by the laws of the United Republic of Tanzania. Any disputes arising from this contract shall be resolved in accordance with Tanzanian labor laws.

11. Acceptance

By signing this contract, the Employee agrees to the terms and conditions set forth above.

Employer: Burka Pharmacy

Name: EDWARD E. MSWATA

Signature: [Signature]

Date: 22/04/2025

Employee:

Name: SARAH A. MATHIAS

Signature: [Signature]

Date: 22/4/2025

Before:

Name: FRIDA MAGESA

Signature: [Signature]

Address: P.O. Box 2150, ARUSHA

Qualification: ADVOCATE

