

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: TAOUEED PHARMACY
 Physical address: Plot No. 9 KATERA STREET KINSHASA
 Street: Plot No. 9 KATERA STREET KINSHASA
 Ward: KINSHASA
 District/Municipal: KINSHASA
 Region: DAR ES SAALAHA
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
 Full Name: ROBERT MAMANA
 Address: DAR ES SAALAHA
 Email: manuamamam@gmail.com
A.3. REASON(S) FOR CHANGE
TO SUPERVISE MY OWN PREMISE

A.4. OWNER'S DETAILS
 Full Name: HAFFIZ ABDOUL JABBAR
 Remarks: 27/01/2024
 Signature: [Signature]
 Date: 27/01/2024
 Time frame of notification: (As per Contract) ONE (1) MONTH
 Signature: [Signature]
 Date: 30/01/2024
 Phone Number: 0879195774

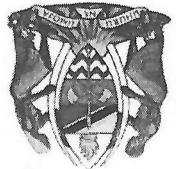
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL
 Full Name: LOYCE JAHN
 Physical address: LOYCE JAHN
 Street: LOYCE JAHN
 Ward: LOYCE JAHN
 District/Municipal: LOYCE JAHN
 Region: LOYCE JAHN
 Details of Previous pharmacy: LOYCE JAHN
 Name of Pharmacy: LOYCE JAHN
 PIN: 063332
 Phone Number: 068667873
 Email: loycejohn4@gmail.com
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.



AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this

30/09

day of

01

20

09

BETWEEN

Forty Four West / West (Name) of P.O. BOX 72647 Region D's Oromia
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

Loye John

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 Forty Four West 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 ownership 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 01 day of 02 2024 to 30 day of 06 2025

3. Commencement of Supervision
The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of 02 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 ₹800,000/- Eight Lakhs SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

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 cooperate with the Pharmacy Council on proper practice affairs whenever the need arise.

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 as much as possible ensure physical supervision of the said premises. 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 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.

4.2.13 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.

4.2.14 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 One (1) month 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).

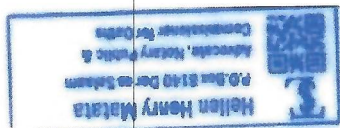
7. Costs
The Proprietor shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

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 30 day of 01 20 24

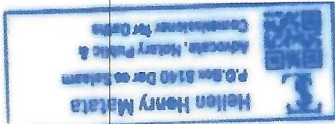
SIGNED and DELIVERED
By the said MABUKUJI
Who is known to me personally/
Introduced to me by NEPAT MANIYAMA
the latter known to me personally
This 30 day of 01 20 24
In the presence of:
Name: HENRY HENRY MANIYAMA
Designation: Advocate
Signature: [Signature]
Date: 30/01/2024



PROPRIETOR

[Signature]

SIGNED and DELIVERED
By the said LOTCE 30 HN
Who is known to me personally/
Introduced to me by NEPAT MANIYAMA
the latter known to me personally
This 30 day of 01 20 24
In the presence of:
Name: HENRY HENRY MANIYAMA
Designation: Advocate
Signature: [Signature]
Date: 30/01/2024



SUPERINTENDENT

[Signature]

WIZARA YA AFYA, MAENDELEO YA JAMII, JIJI ZA MIA, WAZEE NA WATOTO

BARAZA LA FARMASIA



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 Famasii)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA
☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM.

1. Jina la mwanataaluma: LOYCE JOHN PIN 0103332

2. Namba ya simu: 0686678573

3. Tarehe ya mwisho kuhisha jina (Retention): 31/12/2023

4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasii? <http://196.45.42.57/pcmis.data/view/module/registration/pharmacistsignup.php>

☒ KIDIO, Stakeholderi Na, ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA

Mimi: LOYCE JOHN

dawa ngazi ya SHARADA

kitaaluma katika jengo la kutolea huduma ya dawa ili walio

THUFTED PHARMACY

Wilaya ya KANDONI Mkoani DAR ES SALAM

Sahiti: ISM Tarehe: 26/01/2024

Uthibitisho wa Halmashauri wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni mwa wanataaluma

Jina na Sahiti

[Signature]

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI

(Ithibitishwe na: Aisa Mtendaji)

Jina la mtendaji (Kata): JANE P. LEAH

Nadhibitisha kwamba Ndugu LOYCE JOHN Mwanataaluma

mtaa/kijiji: MIMWEMA kuanzia mwaka

Sahiti Aisamendaji

Tarehe: 05/01/2024

Kata ya MIMWEMA
LOYCE JOHN Mwanataaluma
anaishi langu

Muhuri
KANDONI
MUNICIPAL MEDICAL OFFICE OF HEALTH
KINONDONI MUNICIPAL COUNCIL
Tarehe: 31/12/2023

Muhuri
MIMWEMA
MUNICIPAL MEDICAL OFFICE OF HEALTH
KINONDONI MUNICIPAL COUNCIL



Regis
Pharmacy Council

[Signature]

Expires on: 31 December 2024

Issued: 02 February 2023

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: 01033332

LOYCE JOHN

I Hereby Certify that

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

The Pharmacy Act

LICENSE TO PRACTICE

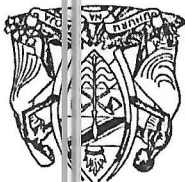


PHARMACY COUNCIL

THE UNITED REPUBLIC OF TANZANIA



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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

Joyce John


 Pharmacy Council
 P.O. Box 1277
 Dodoma

* 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 a set out below.

Registration		PIN
Date of Birth	Date	
	2nd February, 2023	0103332
	16th December, 1996	
	Tanzanian	
	P.O. Box 65000	
	Address is unknown	
	Bachelor of Pharmacy	
	Mwimbi University of Health and Allied Sciences	
	2021	

REGISTRAR

Date 15th February 2023

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

GP - DSM