PHARMACY COUNCIL



NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY (Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER	
DETAILS OF THE PHARMACY Name of the pharmacy. HABATRINA PHARMACY Physical address: Street. MSI GAM Ward. MBEY District/Municipal. MBEY Region. DAR- EL SALAAM	
DETAILS OF SUPERINTENDENT Name. DEDDATUL I NJOKANTAY Registration Number. 0103 123 Phone. 068244 0615 Address. Mr -el salaam	
REASON(s) FOR CHANGE PREVIOUS GUPERINTENDED has move to another requion TIME FRAME: (Notify Registrar the time frame as per Contract) Signature. Date.	
OWNER REMARKS	
Name Justi NA JAME LULLUMAY Phone Number 0712 464880. Signature Justina. Date 1517 2025	
FOR OFFICE USE ONLY	
INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER	
Recommendations	

TO BE COMPLETED BY THE OWNER ONLY	PCF.
NEW SUPERINTENDENT Name of Superintendent Method Filbert Nkuyeko Physical address: Street Ng unde Ward Lala District/Municipal Lala Region Dur-es salaam Contacts of previous Superintendent 0.682440615 Email of previous Superintendent	
QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached) (i) copies of registration certificate and valid license to practice (ii) Contract Agreement (iii) Commitment Letter	
REASONS FOR CHANGING THE MANAGEMENT Has more to another legition (Muanza).	
C. FOR OFFICE USE ONLY	•••
INSPECTION/REGISTRATION OR ZONAL	
Recommendations	
NameDesignationSignature	••••

NOTE; Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

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
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(http://150.45.42.57/pcmis.data/view/modules/registration/pharmacist
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DMO
Jina na Sahihi Herron Msungole Tarehe 2417/2015
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI. JAI MA WALINIA WA MANISPAA
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI: Ithibitishwe na: Afisa Mtandaii
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28/0/2029 *
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MA Manual A



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

METHOD FILBERT NKUYEKO

PIN NO: 0102891

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:11 February 2022

Expires on:31 December 2025

Registrar Pharmacy Council





Print 🖨

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this01day of2025			
BETWEEN			
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.			
AND			
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 asPharmacy.			
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.			
representative. "Superintendent" means a pharmacist in charge of the business of a pharmacist			

"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 enrolled as such under section 24 of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this

changing	to a third party either by way of sale, lease, or any other form, which has the effect or or transferring power of authority of owning of pharmacy to a third person during of its operation
2. Duration of This Agreement the ①\	of Agreement shall be effective for a period of twelve (12) months, commencing from _day of0プチュロースラニto30day of620え〜・
The Pharmaceutic	encement of Supervision cal technician shall commence technical assistance of the above named Pharmacyday of2020
4. Obliga	tion of the Parties:
4.1 The Pro	oprietor:
The pro	oprietor shall have the following duties and responsibilities; -
4.1.1	The PROPRIETOR shall pay Monthly allowance/emoluments of TZS. 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 1stday 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

recognized by the Pharmacy Council.

4.1.5 Hire other pharmaceutical personnel for providing services or dispensing personnel

4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

- 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.

- 4.2.9 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 Superintended 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.

date and in the manner herein after appearing.	
Signed and delivered by the parties at thisday of _	07 20 25.
SIGNED and DELIVERED	
By the said Happyneis Noulay	
Who is known to me personally/	
Who is known to me personally/. Introduced to me by	Σ.
the latter known to me personally	HANDWESTERN -
This	PROPRIETOR
In the presence of:	aro N. D. Mar
Name: LARARON. D. MARAMONTO	PROPRIETOR AND THE TOR AND THE
Designation: ADVOCATE	TREEST DATES CONSTRUCTION OF THE PROPERTY OF T
Signature: Acoraurtus	
Date: 2025 18	
	Notary Public Scioner for Oaths
SIGNED 200 DELIVERED	oner for Gath
By the said Method F. Nkuyoko	
Who is known to me personally/	
Introduced to me byVICTOVCA / CERCUS	
the latter known to me personally	M. Felbert:
Thisday of20. 25	SUPERINTENDENT
In the presence of:	N.D. Man
	6287 Dar es altro
Designation: ADVOCATU	
Signature:	
Date: 10th July 2005	
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