#### THE UNITED REPUBLIC OF TANZANIA

#### 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 DATII PHARMACY  Recility Identification Number (FIN). 0300422
Physical address: Street OLURWHAKA Ward BULENE District/Municipal KARAFINE Region KARERA
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name. ADRIAND CHARLES LUCAS PIN 0108301 Phone 0766 401487 Address. P.O. BOX 625, DAR - STUMIN Email PARTITION 248 gmail Com
PIA KUISHI MA KUFANYA KARI WKON MUNINGINE DARFS SALAAM.
Time frame of notification: (As per Contract) 3 Months' Signature
Full Name. DATH PHOPPINGS Phone Number 0563727632 Remarks. TAGATIBU ZAI PROPINGAY CHIN-COLF 7216-1802. CE. Signature. Putt 6. Date. 8 10 172025
B. TO BE COMPLETED BY THE OWNER ONLY
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name MORES HENCY MARKNEE PIN 0103 469 Phone Number 0 1983873 Email Prosection of 198081
Physical address: Street_CLAS_A' Ward NAVENDA District/Municipal 19750-A Region 16A650A
Name of Pharmacy 1: MARY C PHARMACY FINO 102696 District/Municipal 1999 A Region 1040814
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
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 MOCT HENRY MANERE PIN OLOZOG9
2. Namba ya simu 0719723 P23 barua pepe Moser henry Tilesmail com
Tarehe ya mwisho kuhuisha jina (Retention)
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)
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:
Mimi Mast Hanny Malence mwenye
taaluma ya dawa ngazi ya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
トATI PHANMACY FIN 0300422. lililopo katika
Wilaya ya KARASE Mkoani KAGERA
Wilaya ya CARAS Mkoani CAGTRA Sahihi Tarehe 17 07 2025
Uthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
Jina na Sahihi FORTUNATA B. HARRISE BANGAR Tarehe P.4. 07 1025 MCANGAR AGAIN SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:  Ithibitishwe na: Afisa Mtendaji
Jina na Sahih FORTUNIA BHAKASE BANGU Tarehe 94/07/1025 000 COR
TANGAMARAU
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:
Ithibitishwe na: Afisa Mtendaji
Jina la mtendaji (Kata). SHI JA MASELE Kata ya NEW ENDA
Nathibitisha kwamba Ndugu. MOSBS HEIVRY, MADBO anaishi Muhuriyi WA KATA
langu mtaa/kijiji Mutur 16, kuanzia mwaka 63 104 2005 M MARIE Kuanzia mwaka 63 104 2005 M
Nathibitisha kwamba Ndugu MOSES HEVRY MADEUSE Muhuri, WA KATA langu mtaa/kijiji Muhuri IE, kuanzia mwaka 63 10412635 MENDAN KWERWA Sahihi Afisamtendaji Tarehe
25/02/225

#### AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A DUADMACIST

	THARMAGIGT	
This Agreeme	ent is made on this T day of July 20 05	
	BETWEEN	
DATI PI	HARMACY (Name) of P.O.BOX 20 Region (APACASE-	CARTI
(hereinafter re	eferred to as the PROPRIETOR) the expression which includes his assign egal representative of his business.	
Moser	Henry Madenge a registered pharmacist in ch	arge
who supervise:	s a business of a pharmacist (hereinafter referred to as the SUPERINTENDEN	11).
	e Proprietor wishes to establish and operate a business of a pharmacist which ness under the Act	is a
	compliance with section 43 of the Act the Proprietor wishes to engage ervices of a pharmacist to be in charge of his business,	the
	e Superintendent is willing to offer professional services to the proprietor in lie for such services or such other terms and conditions as stipulated hereunder;	eu of
	ne proprietor and superintendent are desirous to enter into an agreemen operate a business of a pharmacist at the terms and conditions as herein	
WHEREAS th	ne Parties algree to restablish and operate a business of a pharmacist st	tyled
AND NOW WH	HEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;	
Interpretation		
	he Pharmacy Act, Cap 311.	
"Agreement"   Pharmacist.	means the Agreement between the parties to establish and operate a business	ss of

- "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 owning of pharmacy to a third person during existence of its operation

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2	Paramet		F A	eement
	111117-01	ion o	raar	eement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 17 day of 07 20 25 to 17 day of 07 20 25

#### 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 17 day of 07 2025

#### 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 TZS. 1,000,000 = (one million) payable monthly to the 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<sup>st</sup> 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 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.



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#### THE UNITED REPUBLIC OF TANZANIA

#### THE PHARMACY COUNCIL.

### CERTIFICATE OF FULL REGISTRATION

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

Vull Name Moses H. Maderige

\* I he by certify that the following is a true extract from the entry in the Register relating to fully resistered pharmacist details in respect of whom are set out below.

Regi	strution	Date				Place and Date
PIN.	Date	of Birth	Nationality	Address	Qualification	of Qualification
	2022	1991				क् व
0103069	Sune,	March,	**	4 2 6	90 P	John's University anzamia 2020
	44	12.44	Fonzania	F.O. Box Taxime	Bachelor	St. John

Date 25th Jume 2012

REGISTRAR

NOTES: (1) This certificaate 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 referene 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.



# PHARMACY COUNCIL





#### LICENSE TO PRACTICE

The Pharmacy Act

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

I Hereby Certify that

MOSES H MADENGE

PIN NO: 0103069

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:17 June 2022

Expires on:31 December 2025

Registrar Pharmacy Council





- 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 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.

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

Signed and delivered by the parties at this 17 day of 20 25  SIGNED and DELIVERED By the said. Who is known to me personally/ Introduced to me by the latter known to me personally This. 17 day of 20 PROPRIETOR In the presence of Name. Designation: Signature: Date  SIGNED and DELIVERED By the said. Who is known to me personally/ Introduced to me by. the latter known to me personally Introduced to me by. the latter known to me personally This. 1 day of 0 7 20 SUPERINTENDENT
Who is known to me personally/ Introduced to me by the latter known to me personally This
Who is known to me personally/ Introduced to me by  the latter known to me personally  This
Introduced to me by  the latter known to me personally  This
This day of 20 S PROPRIETOR  In the presence of Name:  Designation:  Signature:  Date:  Signed and DELIVERED House  Who is known to me personally/  Introduced to me by  the latter known to me personally  the latter known to me personally
In the presence of Name:  Designation:  Signature:  Date:  Who is known to me personally/  Introduced to me by  the latter known to me personally  The latter known to me personally  The latter known to me personally
In the presence of Name:  Designation:  Signature:  Date:  Who is known to me personally/  Introduced to me by  the latter known to me personally
Name:  Designation:  Signature:  Date:  SIGNED and DELIVERED  By the said.  Who is known to me personally/  Introduced to me by.  the latter known to me personally
Designation: Signature: Date:  SIGNED and DELIVERED By the said. Who is known to me personally/ Introduced to me by.  the latter known to me personally
Signature: Date:  SignED and DELIVERED By the said.  Who is known to me personally!  Introduced to me by.  the latter known to me personally
Signature: Date:  SIGNED and DELIVERED By the said.  Who is known to me personally/ Introduced to me by.  the latter known to me personally
SIGNED and DELIVERED By the said
SIGNED and DELIVERED By the said
Who is known to me personally/
Who is known to me personally/
Who is known to me personally/
Introduced to me by
the latter known to me personally
This day of Q. t 20.25 SUPERINTENDENT
In the presence of
Name: Jana Clanan
Designation: +Ovo (s.1)
Signature: ZJ 727 Zo Zi
Comment of