



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH





NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A (Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

	GONGLET OF Business of Pharmacy) GN No. 267)
	Changes to be Made: Superintendent V Other Pharmacouting
Α	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTION
	A.1. DETAILS OF THE PHARMACY
	Name of the Pharmacy. ZULFA FITARMACY Physical address: Facility Identification Number (FIN). 0103340 Street. GENERAL TYRE A Ward. MSASANI District/Municipal. KINONOWI Region. DAR-ES-SALANY A.2. DETAILS OF SUPERINTENDED.
	Full Name TORESH DIETHOL PERSONNEL DIETHOL PIN OPEN OF THE THE PROPERTY OF THE
	A.3. REASON(s) FOR CHANGE Email Make any Attrick Alling (agmadicin)
	Change of Working Place
	Time frame of notification: (As per Contract) 4 month Signature Thus Date 18/08/2017
i i	Remarks We live in Lutual under Handing and have a new phyrmusit
B. To	D BE COMPLETED BY THE OWNER ONLY
B. Fu Ph St	1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL III Name MEDFUS MAKUAYA PIN 5109341. Phone Number 0746-744-621 Inysical address: Interest Manage Makaya Makaya District/Municipal Known Company Comp
B.2	me of Pharmacy HISEA PHARMACY FIN 0300364 District/Municipal Nombe Region Mombe Personnel (To be attached)
	PERSONNEL (To be attached) (i) Copies of registration as also
	(i) Copies of registration certificate and valid license to practice (ii) Contract Agreement/MOU (iii) Commitment Letter
C. FOR	R OFFICIAL USE ONLY
	PECTION/REGISTRATION OR ZONAL OFFICE
Rec	Ommendations .
D. NOT	E:
Failu	ore to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time e, 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.
	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					
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With the state of	~				
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya haraza la famasio.					
(http://190.43.42.57/pcmis.data/view/modules/registration/pharms sixt					
signup.php) ☑NDIYO, Stakabadhi Na.CB24}2304927619 ☐ HAPANA					
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:					
Mimi TMEDEUS MAKIRYA					
nokisi lawa ngazi ya					
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo					
FIN lililopo katika					
Wilaya ya					
Sanihi					
Nadhibitisha kwamba mwanataaluma tajwa ni miongon i/ si miongoni mwa					
wanataaluma waliopo katika halmashauri ninayosimamia KIIYIMGANGA MUHUWA MANISPAA HALMASRAURI YA MANISPAA HALMASRAURI YA MANISPAA					
HALMASRAURI YA MANGATAN KANDINOM					
Jina na Sahihi OS WIN SANGA Tarehe 3/4/202					
SEHEMILVA TATIL					
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:					
Ithibitishwe na: Afisa Mtendaji Jina la mtendaji (Kata) ABDILLAH MKE EME Kata ya Kata ya					
Nathibitisha kwamba Ali Ansana Kata ya					
Nathibitisha kwamba Ndugu AMEDEUS P. MAKWAYA anaishi Mukanga MTENDA Makanga MTENDA MANGA MTENDA MTE					
Sahihi Afidamtan I. "					
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2029*					
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MAKANGIRA					



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

AMEDEUS MAKWAYA

PIN NO: 0102345

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:22 April 2021

Expires on:31 December 2025

Registrar Pharmacy Council





AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A **PHARMACIST**

PHARMACIST PHARMACIST					
This Agreement is made on thisday of MARCH _20_&5					
FARHILA SALUM OHOROGO D					
FAPHLA SALUM CHONTOWE (Name) of P.O.BOXRegionPARES SALAM (herein after referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.					
AMEDRIS MARAYA					
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					
whereas the Superintendent is willing to offer professional services to the proprietor in lieu of					
establish and operate a business of a pharmacist at the terms and conditions as hereinafter					
WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as					
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;					
//B:					

Pharmacy, institutional Pharmacy or whole sale Pharmacy. "Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal

"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

"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

2. Duration of Agreement					
This Agreement shall be effective for a period of twelve (12) months, commencing from the day of MARCH 20 25 to 19 day of MARCH 20 26					
3. Commencement of Supervision					
The superintendent shall commence management and supervision of the above named Pharmacy on the day of MARCH 20 20					
4. Obligation of the Parties:					
a. The Proprietor:					
The proprietor shall have the following duties and responsibilities; -					
Monthly salary/emoluments of TZS					
SUPERINTENDENT upon discharging his duties and functions as per this Agreement.					
ii. 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 st day of the following month.					
iii. Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.					

- iv. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- v. Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- vi. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- vii. Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- viii. Shall ensure pharmaceutical services are provided with due care.
- ix. Shall ensure all proper records are maintained and managed well.

- x. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- xi. Shall cooperate with the Pharmacy Council on proper practice affairs whenever the need arise.
- xii. 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.
- xiii. Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- xiv. Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- xv. Perform any other duty as the Council may determine from time to time.

b. 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: -

- i. 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.
- ii. Shall as much as possible ensure physical supervision of the said premises. Full time pharmacist is more preferable.
- iii. Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- iv. Shall manage and undertake all technical and professional matters in the pharmacy.
- v. Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- vi. Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- vii. Shall provide pharmaceutical service with due care

- viii. Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards
 - ix. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
 - x. Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- xi. Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- xii. 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.
- xiii. Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- xiv. 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

- a. In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.
- b. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- c. 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.

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	_day ofMARel+	20_25
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SIGNED and DELIVERED	
By the said ADHILA SALUM CHONGOWE Who is known to me person III	
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" the presence of:	PROPRIETOR
Name: Very Grand Vaya	9
Designation:	
Signature:	Ever Barthrone Box 20142 Day es
Date: 3 2005	
SIGNED and DELIVERED	
By the said. AMEDEUS MAKWAYA	S. S
Who is known to me	Read Notary Public
Who is known to me personally/	A Cary Public Notary Public Proposition or for Oaths
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In the presence of	SOI EIRINI ENDENT
Name:	- (
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Date: 9 0 8 202	
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