



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 T LUX PHARMA LY Facility Identification Number (FIN) 0101712
Physical address:
Street NZUBUNI Ward NZUBUNI District/Municipal DODOMA Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name DAMAS ZAVERY MUKIMULI PIN 0402548 Phone 0765296001
Address P.O. Box 1663 Email bdykhjg@gmail.com

A.3. REASON(s) FOR CHANGE

Became pharmacist

Time frame of notification: (As per Contract) Signature [Signature] Date 8/05/2025

A.4. OWNER'S DETAILS

Full Name DAMAS ZAVERY MUKIMULI Phone Number 0765296001
Remarks Very good pharmacist
Signature [Signature] Date 08/05/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name CLEORIE SUSTENSI PIN 0407104 Phone Number 067220520 Email schwartzguy63@gmail.com
Physical address:
Street KIKUYU Ward NZUKINYAMBA District/Municipal DODOMA Region DODOMA
Details of Previous pharmacy:
Name of Pharmacy T LUX PHARMA LY FIN 0101712 District/Municipal DODOMA Region DODOMA

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.

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

REGIONAL OFFICE

REGIONAL OFFICE

C. YOUR OWNERSHIP

- 1. Name of owner
- 2. Address of owner
- 3. Date of birth of owner
- 4. Nationality of owner

5. Date of birth of owner

6. Date of birth of owner

7. Date of birth of owner

8. Date of birth of owner

9. Date of birth of owner

D. YOUR OWNERSHIP

1. Name of owner

2. Address of owner

3. Date of birth of owner

4. Nationality of owner

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8. Date of birth of owner

9. Date of birth of owner

10. Date of birth of owner

11. Date of birth of owner

12. Date of birth of owner

13. Date of birth of owner

14. Date of birth of owner

15. Date of birth of owner

16. Date of birth of owner

17. Date of birth of owner

18. Date of birth of owner

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. GEORGE SOSTENESI PIN 0407144
2. Namba ya simu. 067225220 barua pepe subwagata@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
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. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. GEORGE SOSTENESI mwenye
taaluma ya dawa ngazi ya DIPLOMA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
TLUX PHARMACY FIN lililopo katika
Wilaya ya DODUMA MSHI Mkoani DODUMA
Sahihi PR Tarehe 8/5/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

PROFESSOR MACHANA 8/5/2025
Jina na Sahihi Tarehe.....

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) AGNES MACHANA Kata ya HOTUNA/KINPAMBWA ROAD

Nathibitisha kwamba Ndugu GEORGESOSTENESI anaishi

langu mtaa/kijiji KINPAMBWA ROAD kuanzia mwaka 2024

Sahihi Afisamtendaji

Tarehe

8/5/2025

Mtendaji wa Mtaa
MTAA WA KINPAMBWA ROAD
KATA YA HOTUNA



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

GEORGE SOSTENESI

PIN NO: 0407144

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: 05 September 2023

Expires on: 31 December 2025

Registrar
Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

00006928

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT

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

Full Name
Pharmacy Council
P. O. Box 1277
Dodoma

George Sosteresi

*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					
0407144	5th September, 2023	16th April, 1994	Tanzanian	P.O. Box 47 Dodoma	Diploma in Pharmaceutical Sciences	St. Johns University of Tanzania 2021

Date. 20th March 2024

REGISTRAR

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

AGREEMENT FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 1st day of MAY 2025

BETWEEN

THEREZA PHILBERT (Name) of P.O.BOX 1663 Region DODOMA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees,
agents or his legal representative of his business.

AND

GEORGE SUTINSI an enrolled pharmaceutical
technician who provides pharmaceutical services

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a
regulated business under the Act

WHEREAS the pharmaceutical technician 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 a pharmaceutical technician are desirous to enter into an
agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and
conditions as hereinafter appearing;

WHEREAS the Parties agree that the pharmaceutical technician will be providing pharmaceutical
services to a business of a pharmacist styled
as TLUX 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.

"Pharmaceutical technician" means a person enrolled as such under section 24 of the Act.

Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 1st day of MAY 2025 to 1st day of JUNE 2026

2. Commencement of Services

The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 1st day of MAY 2025

3. Obligation of the Parties:

4. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS. 300,000/= payable monthly to the **Pharmaceutical technician** upon discharging his duties and functions as per this Agreement and 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 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 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Shall ensure pharmaceutical services are provided with due care.
- 4.1.7 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 pharmaceutical technician.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e 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 is 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 pharmaceutical technician shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

The pharmaceutical technician shall have the following duties and obligations: -

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract.

This agreement may be terminated by either 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. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.2 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or pharmaceutical technician 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.

Signed and delivered by the parties at Dar es salaam this 01 day of 05 2025

SIGNED and DELIVERED

Bythe. Said THEREZA PHILBERT KIFUNGO

Who is known to me personally/.....

Introduced.....to me by

.....the latter known to me personally

This 01 day of 05 2025

In the presence of:

Name Damas Zavery Mkenzie

Designation Advocate

Signature [Signature]

Date 01/05/2025



[Signature]
PROPRIETOR

SIGNED and DELIVERED

By the said GEORGE J. J. J. J.

Who is known to me personally/.....

Introduced to me by.....

.....the latter known to me

personally

This 01 day of 05 of 2025

In the presence of:

Name Damas Zavery Mkenzie

Designation Advocate

Signature [Signature]

Date 01/05/2025



[Signature]
**PHARMACEUTICAL
TECHNICIAN**