### 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)

| Ch           | anges to be Made: Superintendent V Other Pharmaceutical Personnel  |
|--------------|--|
| A.<br>N      | O BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.  1. DETAILS OF THE PHARMACY arme of the Pharmacy  1. DETAILS OF THE PHARMACY ARMACY ARMAC |
| S            | treet N2UGUNI B Ward N2UGUNI District/Municipal 5050MA CC Region 5060MA  |
| A.<br>Fi     | 2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL  UII Name HAMPHREY - B. KOMBA PIN 0101671 Phone 0673960199  ddress P. O. BOX 1249 DOBONIA Email Lamphrey Letchard 920g Mail Cer  |
| A            | 3. REASON(s) FOR CHANGE physical address / Location  |
| Ti           | ime frame of notification: (As per Contract) 2 \$ 17 2025 Signature. CL. Date 28 19 2025   |
| F100         | A. OWNER'S DETAILS  UII Name EUSEBI C. KESSY Phone Number 0712102060  emarks ignature ## 2-85 Y Date 1 10 2035   |
|              | BE COMPLETED BY THE OWNER ONLY   |
|              | 1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL   |
| Str          | rest CH LDACH Ward MKONZE District/Municipal DODOMACC Region DODOMA: stails of Previous pharmacy:  |
|              | me of Pharmacy   |
| 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. FO        | OR OFFICIAL USE ONLY   |
| INS          | SPECTION/REGISTRATION OR ZONAL OFFICE  |
| Re<br>Ful    | commendations  |
| D. NO<br>Fai | OTE;<br>illure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time<br>me, 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.



# PHARMACY COUNCIL





## LICENSE TO PRACTICE

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

I Hereby Certify that

LUCAS EMMANUEL

PIN NO: 0104045

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:20 August 2025

Expires on:31 December 2025

Registrar Pharmacy Council







## THE UNITED REPUBLIC OF TANZANIA

00002569

## THE PHARMACY COUNCIL

## CERTIFICATE OF FULL REGISTRATION

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

|         | Full Name           | Lusas              | Emmann                                  | <b>\$</b> }          |                  |
|---------|---------------------|--------------------|---|----------------------|------------------|
|         | ouncil              |                    |   |                      | **************** |
| Pro Box | ify that the follow | ing is a true extr | act from the entry<br>are set out below | in the Register rela | ating to fully   |

Address Date of Burn Story Address Date of Date of Date of Date of Burn Barward Address Date of Transaming of Tran

Date 15th September, 2025

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.

## 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 Lucas Emmanuel PIN 0104045   |
| 2. Namba ya simu 0746088039 barua pepe lucasngcie u @gmail . (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) NDIYO, Stakabadhi Na HAPANA  |
| SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:   |
| Mimi Lucas Emmanuel mwenye   |
| taaluma ya dawa ngazi ya Shahapa nakiri kwamba nitafanya   |
| kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo  KESA PITARANANY FIN 0102 118 lililopo katika                                  |
| Sahihi Tarehe 01/10/2025   |
| Uthibitisho wa Mfamasia wa Halmashauri   |
| Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa  |
| wanataaluma waliopo katika halmashauri ninayosimamia  PZOLPEIZ MHX GXMA JMM DI                                     |
| SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:   |
| Ithibitishwe na: Afisa Mtendaji  |
| Jina la mtendaji (Kata) FURAHA ELLY Kata ya MKONZE   |
| Nathibitisha kwamba Ndugu LUCAS EMMANUEL anaishi Muhuri  |
| langu mtaa/kijiji. CHIDACHI, kuanzia mwaka 2025 Mtendaji   |
| Nathibitisha kwamba Ndugu LUCAL EMMANUEL anaishi Muhuri Iangu mtaa/kijiji. CHIDACHI kuanzia mwaka 2025 Mtendaji Sahihi Afisamtendaji Tarehe CI 00 2005 |

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

| This Agreement is made on this                     | day of            | 0                   | 20 UJ  |
|--|-------------------|---------------------|--|
|  | TWEEN             |                     |  |
| EWEBI C. KESSY (Name) of F                         | 0 BOY 112         | 6 Paris             | MODOMX.  |
| (hereinafter referred to as the PROPRIETOR) the    | e expression whi  | ch includes hi      | s assignees agents or                                |
| his legal representative of his business.          | o expression will | CIT III CIUGOS TII  | o assignees, agents or                               |
|  |                   |                     |  |
|  | AND               |                     |  |
| Lucas Emmanuel                                     | an                | egistered pha       | rmacist in charge who                                |
| supervises a business of a pharmacist (hereinaft   |                   |                     | National Control of the second section of the second |
| WHEREAS the Proprietor wishes to establish a       | and operate a h   | usings of a         | nharmaciet which ie a                                |
| regulated business under the Act                   | silu operate a c  | usiness of a        | pharmacist which is a                                |
| regulated business and the rice                    |                   |                     |  |
| WHEREAS in compliance with section 43 of           | of the Act the    | Proprietor w        | vishes to engage the                                 |
| professional services of a pharmacist to be in cha | arge of his busin | ess,                |  |
| WHEREAS the Superintendent is willing to off       | er professional   | services to th      | ne proprietor in lieu of                             |
| remuneration for such services or such other terr  |                   |                     | 마시스 중에 있다. 사람들 살아면 보다 하는데 없다. 다스 사람                  |
|  |                   |                     |  |
| WHEREAS the proprietor and superintendent are      |                   |                     |  |
| operate a business of a pharmacist at the terms    | and conditions a  | s hereinafter a     | appearing;   |
| WHEREAS the Parties agree to establish an          | d operate a b     | usiness of a        | pharmacist styled as                                 |
| KESA - RETAIL                                      | Pharm             |                     | d 350  |
| AND NOW WHEREFORE THIS AGREEME                     | NT WITNESSET      | TH AS EQUIC         | wwe.   |
| AND NOW WHEREFORE THIS AGREEME                     | MI WIINESSE       | H M3 FOLLO          | WS,  |
| Interpretation:                                    |                   |                     |  |
| "Act" means the Pharmacy Act, Cap 311.             |                   |                     |  |
| "Agreement" means the Agreement between            | the parties to e  | stablish and        | operate a business of                                |
| Pharmacist   |                   |                     |  |
| 0.8900.5370.0000                                   |                   |                     |  |
| "Business of pharmacy or pharmacist" inclu         | des professiona   | pharmacy pr         | actice and any activity                              |
| carried on by a person in relation to medicines, n | nedical devices   | or herbal medi      | cines;   |
| "Pharmacy" means any approved premises w           | herein or from v  | which any ser       | vices pertaining to the                              |
| practice of a pharmacist is provided, and shall in |                   | 보이면 보다면 하면 이 경기 때문에 | 아이트 경험 가지 않는 아이들이 살아 있어요 얼마나 다                       |
| institutional Pharmacy or wholesale Pharmacy.      |                   |                     |  |
|  |                   |                     |  |
| "Proprietor" means an owner of Pharmacy            | and includes I    | nis assignees       | agents or his lega                                   |

"Superintendent" means a pharmacist in charge of the business of a pharmacist

representative.

"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. |     | Agreement     |             | The same of the sa |        |             | elve (12)<br>30 |            |        | encing<br>20 | from   | the   |
|----|-----|---------------|-------------|--|--------|-------------|-----------------|------------|--------|--------------|--------|-------|
| 3. |     | mencemen      |             |  |        |             |                 |            |        |              | 5000 E | 00000 |
|    | the | superintende  | nt shall co | mmence ma<br>day of  | ment a | nd su<br>20 | pervision (     | of the abo | ve nam | ed Pha       | armac  | / on  |
| 4. |     | gation of the | e Parties:  |  |        | -1555       |                 |            |        |              |        |       |

## 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.\_\_\_\_payable monthly to the 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 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.

- 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 two (2) 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 ha  | ave duly sig | ned and seal                            | ed this pre         | esents o | n the date |
|---|--------------|---|---------------------|----------|------------|
| and in the manner herein after appearing.   |              |   |                     |          |            |
| Signed and delivered by the parties at this   | EO           | _day of                                 | 10                  | _20      | 25         |
| SIGNED and DELIVERED  By the said EULEBI C. EE  Who is known to me personally/ OW.  Introduced to me by | NER          |   |                     |          |            |
| the latter known to r   |              | ly _                                    | PROP                | RIETO    | R          |
| In the presence of:  Name: Trusten ASCINI  Designation: ASCINI  Signature: ASCINI  Date: Old 10 12020   | Means        |   |                     |          | o.         |
| By the said was temmanue. Who is known to me personally/  |              | 3 Ad                                    | Constitution of the |          | 8          |
| Introduced to me by   | me personal  | 0.0000000000000000000000000000000000000 | SUPE                | RINTEN   | NDENT      |
| In the presence of:  Name: HVOLEN ASSET  Designation: ABUSCANS  Signature: BILLOT2020                   | MAND         | Advacant & Co                           | Ter for Oaths       |          |            |