



MINISTRY OF HEALTH

PHARMACY COUNCIL

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 KABALIGA PHARMACY Facility Identification Number (FIN).....
Physical address: JAMUHURI Ward MIEMBANI District/Municipal BUKOBA M/C Region KAGERA
Street.....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name BERINA ROMWARD Phone 662 303 0975
Address BUKOBA

A.3. REASON(S) FOR CHANGE

Failure to comply with license requirements
Time frame of notification: (As per Cap 311)..... Signature [Signature] Date 10/09/2025

A.4. OWNER'S DETAILS

Full Name JAPITSI C. MUMUGANI Phone Number 0623 97 87 75
Remarks owner
Signature [Signature] Date 24/09/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name LIBERATHA NEMO PANSIN PIN 090531 Phone Number 062384371 Email.....
Physical address: JAMUHURI Ward MIEMBANI District/Municipal BUKOBA M/C Region KAGERA
Details of Previous pharmacy: KABALIGA PHARMACY District/Municipal BUKOBA M/C Region KAGERA
Name of Pharmacy.....

B.2. QUALIFICATION DOCUMENTS: 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 OFFICE

Recommendations.....
Full Name..... Signature..... Date.....

D. NOTE:

Failure to acquire the services of pharmaceutical personnel within the mentioned time frame, shall lead to immediate closure of the pharmacy under section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel (personnel apart from superintendent).

WAZAFA YA AI YA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI

FORM YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(Kufika katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: TAARIFA ZA MWANATAALUMA

AFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP
1. Jina la mwanataaluma LIBERATHA PONSIAN PIN 0405391
2. Namba ya simu 07439295 27 harua pepe
3. Mchango wa mwisho kuhuisha jina (Refention) 2/2025
4. Umehushia taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

5. ☒ NDIYO. Stakabachi Na ☐ HAPANA

SEHEMU YA PILI: KUKIRI KWA MWANATAALUMA:

Jina LIBERATHA PONSIAN mwenye
taarifa ya dawa ngazi ya KITAKUNOLOJIA DAWA nakiri kwamba nita'anya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwele
KABALIGA PHARMACY FIN KAGERA lililopo katika
vinyo ya BUKOBA Mkoani KAGERA
Tarehe 15/9/2025

Uthibitisho wa Mfamasi wa Halmashauri

halmashauri kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wafanyakazi wafanikiwa katika halmashauri ninayosimamia

Jina la Sahini Jackson M. Kenge Tarehe 16/09/25

Muhuri KNY:
DHO

SEHEMU YA TATU: UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) DESIDERIE MURSHI Kata ya MIEMBENI

Nathibitisha kwamba Ndugu LIBERATHA PONSIAN anaishi

langu mtaalamu ZAMZAM kuanzia mwaka 2010

Sahini Afisa mtendaji

Tarehe

15/9/2025

Muhuri
Mtendaji



AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 22 day of 07 2025

BETWEEN

JAPHET C. MUIGANI (Name) of P.O.BOX 198 Region KOVERA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

LIBERATHA NEENA PONGIAN enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the Pharmaceutical Technician).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business.

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 Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as KABALI GA Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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.

"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 23 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 24 day of 09 2025 to 24 day of 09 2026

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 10 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. 400,000/= 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 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 Hire other 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.

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 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 this 24 day of 09 2025

SIGNED and DELIVERED

By the said Joseph C. Mutuguri

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 24 day of 09 2025

In the presence of:

Name:

Dotto Laurent Bija

Designation:

Commissioner for Oaths

Signature:

[Signature]

Date:

24.09.2025

[Signature]
PROPRIETOR



SIGNED and DELIVERED

By the said Leberatha Neema Porsian

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 24 day of 09 2025

In the presence of:

Name:

Dotto Laurent Bija

Designation:

Commissioner for Oaths

Signature:

[Signature]

Date:

24.09.2025

L. Porsian

PHARMACEUTICAL
TECHNICIAN

