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 V Other Pharmacoutical Personnel	
A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE BHARMACY.	
Name of the Pharmacy ABANA PHARMACY Facility Identification Number (FIN) 010293	L .I
Street MINUMANT Ward WAZO KONTENADistrict/Municipal KINGNOWNT Region DAR	ES- SALGAM
A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name A RIVOLD SULTHEN BL. PIN 0102352. Phone 0768 455879 Address P. D. B. X. 11007 Day - Es - Jacamemail alegganuki 376 gmail. Com	
A.S. REASON(s) FOR CHANGE harse of Physical adders from Dar-es-salaam to	
Time frame of notification: (As per Contract) 4 Month Signature Atto Date 18/08/202	.5
A4. OWNER'S DETAILS Full Name MARTHA DANIEL ROMAN Phone Number 0718 9537 84 Remarks Signature MRA Date 18 08 2025	
B. TO BE COMPLETED BY THE OWNER ONLY	
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name TW. Gold L. TOACHEM PINO/02/41/4 Phone Number 07/468 0655 Physical address: Street. MSI GAN Ward. MSE 2.1 District/Municipal. USUN GO Region. MS. G. SALAN Details of Previous pharmacy: Name of Pharmacy. FIN. District/Municipal. Region. B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL.	m
(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	
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 Pharmaceutical Personnel within the mentioned time	
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)



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

JUVENAL JOACHIM

PIN NO: 0102474

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

	This Agreement is made on this 15 day of August 2025
	BETWEEN
	(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees agents or his legal representative of his business.
	AND TUVENAL TOACHM a registered pharmacist in charge
	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 professional services of a pharmacist to be in charge of his business,
	WHEREAS the Superintendent 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 superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;
	WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as ABANA RETAIL 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;
9	"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

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"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	Agreemen	1
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This	Agreement	shall	be	effective	for	a	period	of	twelve	(12)	month	s, co	mmencing	from
the_	1574	day	of_	AUGUST	20	2	5	_to	14	4d	ay of_ <i>A</i>	CIGUST	2026	***

3. Commencement of Supervision

The	superintendent	shall	commence	management	and	supervision	of	the	above	named
Phar	macy on the	18	day of	08 20	25					

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. 800,000/= 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 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 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 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.

- 8. The laws of Tanzania heroto 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.

date and in the manner herein after appearing.			
Signed and delivered by the parties at thisday of	08	20 25	
SIGNED and DELIVERED By the said MANTHA DAVIEL ROMAN	t i gradient de state	.∉ [*] a∋ *	. ; ; ; ;
Who is known to me personally/	i e e	(45 m 11)	" R .
Introduced to me by the latter known to me personally This day of AUGUST 20.25	PROPE	IETOD	
In the presence of		The I Will	**
Name: RITA NIBWO NTAGA ZUA RITA NIBWO			
Designation: ADVOCATE			
Signature: Date: 18 08 2025			e
SIGNED and DELIVERED			
By the said J.W. SVHL JOHCHIVY			
Who is known to me personally/			
introduced to hie by	16	θ	w
This 18+4 day of August 20.23	100	<u>xe</u>	
11115	SUPER	NTENDENT	•
In the presence of:	7.00	,	
Name: RITA NIBWO NTAGAZOARITA NIBWO			
Designation: A D VOCATE Signature: 80023160011			
Date: 18 (08 (2025)			
To Tor Tor Oaths			
AND THE PROPERTY OF THE PROPER			