



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)

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER A.1. DETAILS OF THE PHARMACY A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL A.3. REASON(S) FOR CHANGE C.4. D. S. L. L. D.		Character () GN No. 267)
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Physical address: Street. ITHEUSCHISC Ward. KARIAKE O District/Municipal. ILALA Region DAR-ES-SALAAM. A.2. DETAILS OF SUBERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Address. P. O. BOX. IRAT. B. ITAMA, MARA. Email. N. J. 10, 20, 10, Phone. D. 755. 31. 9695. A.3. REASON(s) FOR CHANGE CHANGE OF LOCATION Time frame of notification: (As per Contract) One. most. Signature. B. Manyu. Date. 42 0 9 2025. A.4. OWNER'S DETAILS Full Name. CRANTACLES RAGE MARK. Phone Number. 06860 2000. B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL. Full Name. LINA. SAMUEL. B. ITA. PIN 010330 Phone Number. 062606 Email. bill Joah Cognot Physical address: Street. MAXIZIM. Ward. LINA. NGA. District/Municipal. ILALA. Region. DAR-ES-CHAAM. B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL (ii) Contract Agreement/MOU (iii) Contract Agreement/MOU (iii) Commitment Letter C. FOR OFFICIAL USE ONLY INSPECTION/REGISTRATION OR ZONAL OFFICE Recommendations. Designation. Signature. Date. Date. Date in the previous 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 frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmaceutical Personnel within the mentioned time		OF THE PHARMACY.
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B. TO BE COMPLETED BY THE OWNER ONLY B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name LINA SAMUEL BITTA PINO 03330 Phone Number 062656 Fmail Little Index grad comes Street MAZIZIM Ward UKONGA District/Municipal ILALA Region DAR ES CALAAM Details of Previous pharmacy: Name of Pharmacy. KICERA PHARMACY FIN PIO2731 District/Municipal MUSOMARegion MARA B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL (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 Pharmaceutical Personnel within the mentioned time		
B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name LINA CAMUEL Region DAR-ES - CALAA M. Physical address: Street. MAZIZINI Ward UKO NGA District/Municipal LINALA Region .DAR-ES - CALAA M. Details of Previous pharmacy: Name of Pharmacy .KISERA PHARM ACY FIN. PLO2731 District/Municipal .MUSDMARegion MARA 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 Pharmaceutical Personnel within the mentioned time	I	B. TO BE COMPLETED BY THE OWNER ONLY
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Recommendations Full Name		(i) Copies of registration certificate and valid license to practice
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Page 1. Date		Recommendations
NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.	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 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)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA				
MFAMASIA FUNDI DAWA SANIFU FUNDI DAWA MSAIDIZI PHARM. DISP				
1. Jina la mwanataaluma LINA SAMWEL BITTAPIN 0103330				
2. Namba ya simu 0626-53 63 15 barua pepe bitta lihah @ gmail 100m				
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024.				
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) VNDIYO, Stakabadhi Na HAPANA				
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA: Mimi. LINA SAMWEL BITTA				
taskima va davis in the State of the mwenye				
taaluma ya dawa ngazi yaUFA MASIA nakiri kwamba nitafanya				
kazi yangu ya kitaaluma katika jengo la kutolea huduma				
CINITALITE PHARITALY FINE OLD 2211				
Mkoani DAR - ES - SALAAM				
Tarehe 01/04/2025				
Uthibitisho wa Mfamasia wa Halmashauri				
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa				
wanataatuma waliopo katika halmashauri ninavosimamia				
Jina na Sahihi Dulla Tarehe Tarehe Tarehe				
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:				
Ithibitishwe na: Afisa Mtendaji				
Jina la mtendaji (Kata) ASHUPA Y RWATTAN LIVONGA				
Nathibitisha kwamba Ndugu LIVA 1. 17477				
langu mtaa/kijiji MA2121 N1 ,kuanzia mwaka 2000 HBD1 20 Mtendaji				
Sahihi Afisamtendaji Tarehe				
Sahihi Afisamtendaji OR 02 2025 AFISAMTENDAJI WA KATA KATA YA UKONGA				



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

LINA SAMWEL BITTA

PIN NO: 0103330

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:02 February 2023

Expires on:31 December 2025

Registrar Pharmacy Council





AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This A				
This Agreement is made on this 1st (First) day of APRIL 2025.				
BETWEEN				
ORINTA. ISS D.				
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.				
AAID				
WHO SAM WEL BITTA				
who supervises a business of a pharmacist (hereinafter referred to as the SUPERINTENDENT				
regulated business under the Act				
WHEREAS in compliance with				
WHEREAS in compliance with section 43 of the Act the Proprietor wishes to engage the				
remuneration for such services or such other terms and conditions.				
				establish and operate a business of a pharmacist at the terms and conditions as hereinafter
WHEREAS the Bording				
WHEREAS the Parties agree to establish and operate a business of a pharmacist styled Pharmacy.				
AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;				
··· 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.				
"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 $\frac{1}{4} (\frac{61257}{61251})$ day of $\frac{1}{4} \frac{1}{4} \frac{1}{4}$

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the I (first) day of APRIL 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. 800000 (Eight Hundred Trousand) 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.

2

- 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 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 1 FIRST day of	PRIL 20 25
SIGNED and DELIVERED	
By the said GRINTAUFF	
Who is known to me personally/	N 1
TO THE DA	P in
This gh day of 20.25	A Munimum A
This day of Avail 2025	
are breagiffe of	PROPRIETOR
MANUS SANCOCC	
Designation: 1980 GOTE	
Signature:	
Date:	
SIGNED and DELIVERED	
By the said LINA SAMWEL BITTA	
Who is known to me personally/	
This	CR. H.
This day of April 20 20	DAIIS.
	SUPERINTENDENT
In the presence of:	
Name: MUMWI SKADUL Janni Sadoca	
Designation: ANVO COSTE	
Signature:	
Date:	
The state of the s	
Thoroid, Notary of	
5	