



## THE UNITED REPUBLIC OF TANZANIA

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: JEEL PHARMACY Facility Identification Number (FIN): 0102164  
 Physical address:  
 Street: ROAD 7 Ward: MADUKANI District/Municipal: DODOMA Region: DODOMA

## A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: GEORGE JOSEPHES PIN: 0407144 Phone: 0672225200  
 Address: P.O. BOX 47 Email: fastoregeorge23@gmail.com

## A.3. REASON(S) FOR CHANGE

To do other activities

Time frame of notification: (As per Contract) 3 months Signature: E Date: 20/4/2025

## A.4. OWNER'S DETAILS

Full Name: JEEL PHARMACY Phone Number: 0753107207  
 Remarks: Has good understanding of his job  
 Signature: [Signature] Date: 1/5/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: FLORENTIA JEANADAM PIN: 0408463 Phone Number: 098275509 Email: Florentiajeandam@gmail.com  
 Physical address:  
 Street: ROAD 7 Ward: MADUKANI District/Municipal: DODOMA Region: DODOMA  
 Details of Previous pharmacy:  
 Name of Pharmacy: IGUNGA PHARMACY FIN: 0300385 District/Municipal: IGUNGA Region: MARA

## 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.



## 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... FILOMENA JEANADAM ... PIN 0408463  
2. Namba ya simu... 0748275609 ... barua pepe filomenajeandam@gmail.com  
3. Tarehe ya mwisho kuhuisha jina (Retention)... 2024-DECEMBER  
4. Je, umehuisisha 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. FILOMENA JEANADAM mwenye

taaluma ya dawa ngazi ya FUNDI DANIA GANIFU nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo

JEEL PHARMACY AND COSMETICS FIN 102165 lililopo katika


Wilaya ya DODOMA MJI Mkoani DODOMA

Sahihi Farahat Tarehe 01/05/2025

### Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ ~~si miongoni~~ mwa

wanataaluma waliopo katika halmashauri ninayosimamia

PROPER MUKAGAMA  Tarehe 02/05/2025

**SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:**

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) SUBIRA MLENDIKA Kata ya YHU SAUWAATA

Nathibitisha kwamba Ndugu FILOMENA JEAN RAMANANATHAN Muburi

lanou mtaa/kijiji MGIMPYA kuanzia mwaka 2025

**Sahihi Afisamtendaji**

### Tarehe

02/05/2025



**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

**FILOMENA JEANADAM**

**PIN NO: 0408463**

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: **30 May 2024**

Expires on: **31 December 2025**

*Registrar*  
*Pharmacy Council*





## AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 1<sup>st</sup> day of May 2025

### BETWEEN

**JEEL COMPANY LIMITED of 41218 Dodoma Region** (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

### AND

**FILOMENA JEANADAM SEVERIAN (+255-748-275-509)** of P.o. Box 1212, Dodoma 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 JEEL 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.

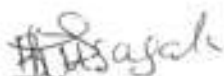
**"Proprietor"** means an owner of Pharmacy and includes his assignees, agents or his legal representative.

**"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 1<sup>st</sup> day of May 2025 to 30<sup>th</sup> day of April 2026.

## 3. Commencement of Supervision

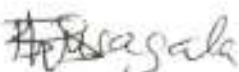
The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 1<sup>st</sup> day of May 2025.

## 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. 350,000/= (Tanzania Shillings Three Hundred Fifty Thousand only) payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging her duties and functions as per this Agreement. At any event, the salary **shall not be paid in advance**. In addition to the salary, you will receive lumpsum amount of TZS. 110,000/= (Tanzania Shillings One Hundred and Ten Thousand Only) to contribute to your lunch and your daily commuting.
- 4.1.2 The salary/emoluments shall be subject to all 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 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.
- 4.1.7 Follow up and implement on matters advised by a Pharmaceutical Technician and approved by 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 the use of reference and other relevant materials whenever 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.
- 4.1.11 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.
- 4.1.12 Shall not interfere with the performance of professional matters in the premises or cause





non-performance of professional services in the pharmacy.

4.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.

4.1.14 Perform any other duty as the Council may determine from time to time.

#### 4.2 The Pharmaceutical Technician;

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 establish and efficiently perform the duties according to their scope of practice to the said pharmacy, dealing in Pharmaceuticals. The Pharmaceutical Technician under personal supervision of a pharmacist Shall have the following duties and obligations: -

4.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.2.2 Shall ensure services are provided are provided under his/ her physical supervision.

4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.

4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.

4.2.5 Shall provide pharmaceutical service with due care.

4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.

4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.

4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.

4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.

4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.

4.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.

4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.

4.2.13 Shall perform any other duty as the council may determine.

#### 5. Termination

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

5.2 This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of one (1) month to the other party of his intention to terminate this contract

*H. S. Agale*

*Thandans*

5.3 The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

5.4 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

## **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 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. Amendment to this contract can be suggested from either part but it will be with mutual agreement.




**IN WITNESS** therefore this Agreement is signed and delivered on this date and in the manner as herein appearing.

**SIGNED and DELIVERED** by the said

.....  
who is personally known to me/identified to me by..... the  
Latter being known to me personally.  
This 01..... day of MAY.....2025

  
.....  
**PROPRIETOR**

**BEFORE ME:**

Signature: 

Full Names: LAZARO SP BULAGALA

Designation: .....

Address: .....

Date: 1st MAY 2025

**SIGNED and DELIVERED** by the  
Said .....

who is personally known to  
me/identified to me by .....

the latter Being known to me personally

This 01..... day of MAY.....2025.

  
.....  
**PHARMACEUTICAL TECHNICIAN**

**BEFORE ME:**

Signature: 

Full Names: ANNA JEREMIAH

Designation: .....

Address: .....

Date: 01/05/2025



