



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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 TADEHA PHARMACY Facility Identification Number (FIN) 0300315
Physical address:
Street STENO Kuo Ward ILEMBO District/Municipal MPANDA Region KATANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name STENO JOHN FELICIAN PIN 0102579 Phone 0763247179
Address P.O. Box 405 KATANI Email stenojohn@gmail.com

A.3. REASON(S) FOR CHANGE

change for residence

Time frame of notification: (As per Contract) 30/12/2024 Signature [Signature] Date 30/12/2024

A.4. OWNER'S DETAILS

Full Name PIUS CHARLES TIBILO Phone Number 0768565298
Remarks change for residence for pharmacist
Signature [Signature] Date 30/12/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name LIGHTNESS M JEDYAI PIN 0101112 Phone Number 076855223 Email edjainlightness@gmail.com
Physical address:
Street ILEMBO Ward ILEMBO District/Municipal MPANDA Region KATANI
Details of Previous pharmacy:
Name of Pharmacy — FIN — District/Municipal — Region —

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.

STEVEN JOHN FELICIAN,

S.L.P 449,

KATAVI,

30/12/2024.

KWA MSAJILI MAKAO MAKUU,

BARAZA LA FAMASI,

S.L.P 1277,

DODOMA.

YAH: KUVUNJA MKATABA WA KUSIMAMIA (TADECHA PHARMACY)

Husika na mada tajwa hapo , mimi STEVEN JOHN FELICIAN, ni mfamasia ambaye nimepata usajili wa baraza la famasi kama mfamasia mwenye namba **0102579**.

Dhumuni la barua hii nikutaka kuvunja mkataba wa pharmacy tadecha pharmacy ambayo nilikua na simamia kwa sababu ya kuhama kima kazi kwenda mkoa mwingine hivyo kushindwa kusimamia kwani ntakua mbali na mkoa wa katavi.

Natumaini ombi langu litapokelewa na kufanyiwa kazi.

Wako mtiifu katika ujenzi wa taifa.


.....

STEVEN JOHN FELICIAN.



THE UNITED REPUBLIC OF TANZANIA

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(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 TADECHA PHARMACY Facility Identification Number (FIN) 0300315
 Physical address: ILEMBO Ward ILEMBO District/Municipal MPANDA Region KATAVI
 Street ILEMBO

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name LIGHTNESS M. SEDYAI PIN 0101112 Phone 0768552251
 Address 247 MPANDA Email sedyaighatani@gmail.com

A.3. REASON(S) FOR CHANGE

THE PHARMACY STEVEN JOHN FELICIAN WITH PIN 0102579
HAS BEEN EMPLOYED BY THE GOVERNMENT IN LINDI RRH
THEREFORE CAN NOT SERVE AS SUPERINTENDENT FOR TADECHA PHARMACY.
 Time frame of notification: (As per Contract) _____ Signature _____ Date _____

A.4. OWNER'S DETAILS

Full Name TADECHA PHARMACY Phone Number 0764 545298
 Remarks _____
 Signature _____ Date _____

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name LIGHTNESS M. SEDYAI PIN 0101112 Phone Number 0768552251 Email _____
 Physical address: ILEMBO Ward ILEMBO District/Municipal MPANDA Region KATAVI
 Street ILEMBO
 Details of Previous pharmacy: _____
 Name of Pharmacy _____ FIN _____ District/Municipal _____ Region _____

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. LIGHTNESS M SEDYAI PIN 0101112
2. Namba ya simu. 0768532251 barua pepe sedyailightness@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 5/06/2024
4. Je, umehuisa taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. EC102188648811P ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. LIGHTNESS M SEDYAI mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya

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

TAECHA PHARMACY FIN 0300315 lililopo katika

Wilaya ya MPANDA Mkoani KATANI

Sahihi David Machele Tarehe 20/12/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi DAVID MACHELE Tarehe 08.01.2025

Muhuri KNY:
**KDMO MGANGA MKUU
HALMASHAURI YA MANIS
MPANDA**

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) AGNES ENOC Kata ya ILEMBO

Nathibitisha kwamba Ndugu LIGHTNESS M SEDYAI anaishi

langu mtaa/kijiji KASIMBA, kuanzia mwaka 2018

Sahihi Afisamtendaji

Tarehe

13/01/2024

Muhuri
**AFISA MTENDAJI
MTAA WA KASIMBA**

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 30th day of DECEMBER 2025 24

BETWEEN

TADECHA PHARMACY (Name) of P.O.BOX 79 Region KATAVI
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees,
agents or his legal representative of his business.

AND

LIGHTNESS M SEDYAI 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 TADECHA PHARMACY 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;

“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 01st day of JANUARY 2025 to 31st day of DEC 2025.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01st day of JAN. 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. 800,000 (EIGHT HUNDRED THOUSAND) 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 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 _____ day of _____ 20_____

SIGNED and DELIVERED

By the said.....

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally

This..... 30th day of December 20 24.

In the presence of:

Name: SWEETBERT ALPHONSE NKUMPILO

Designation: ADVOCATE / COMMISSIONER FOR OATHS

Signature: 

Date: 30th December 2024.



PROPRIETOR

SIGNED and DELIVERED

By the said. HATIVES M JEDYAI

Who is known to me personally/.....

Introduced to me by. GABRIEL A. CHENGUSA

.....the latter known to me personally

This..... day of 20.....

In the presence of:

Name: SWEETBERT ALPHONSE NKUMPILO

Designation: ADVOCATE / COMMISSIONER FOR OATHS

Signature: 

Date: 30th December 2024.



SUPERINTENDENT