

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: Saffina Pharmacy
 Street: Plot No. 1
 Ward: Kirumbani -
 District/Municipal: Ilala
 Region: Dar es Salaam
 Physical address: 0702011274
 Facility Identification Number (FIN): 0702011274

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL
 Full Name: Leonard Lucius Kikwete
 Address: P.O. Box 25570, Kikwete, KSM
 Phone: 0114503001
 Email: leondelucius@gmail.com

A.3. REASON(S) FOR CHANGE
Find no pharmacy under my supervision for period of one year.

A.4. OWNER'S DETAILS
 Time frame of notification: (As per Contract) 01/09/2024 to 31/08/2025
 Full Name: BERTAL APPEL
 Signature: [Signature]
 Date: 06/09/2024

B. TO BE COMPLETED BY THE OWNER ONLY
 Remarks: 0752848347/071411507
 Phone Number: 0752848347/071411507

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

Full Name: Leonard Lucius Kikwete PIN: 01010150
 Physical address: Plot No. 1
 Street: Kirumbani -
 Ward: Ilala
 District/Municipal: Ilala
 Region: Dar es Salaam
 Email: leondelucius@gmail.com
 Phone Number: 0114503001
 District/Municipal: Ilala
 Region: Dar es Salaam
 Name of Pharmacy: Saffina Pharmacy FIN: 01010152
 District/Municipal: Ilala
 Region: Dar es Salaam

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.



NOTES: 1. The registration fee is payable annually by the Council; and reference should thereafter be made to the current fee schedule. 2. The registration fee is payable annually by the Council; and reference should thereafter be made to the current fee schedule. 3. The registration fee is payable annually by the Council; and reference should thereafter be made to the current fee schedule.

Date: _____

00180		No.	Registration
24th Dec. 2003		Date	
2nd Feb. 1962		Date of Birth	
Tanzania		Nationality	
P.O. Box 20860 Dar es Salaam		Address	
Bachelor of Pharmacy		Qualification	
University of Dar es Salaam 1988		Place and Date of Qualification	

Pharmacist details in respect of whom are set out below.

Leopold Lucian Kilinde

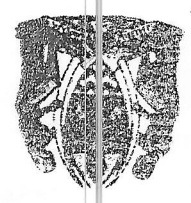
(Section 15 of the Pharmacy Act, 2002)

CERTIFICATE OF FULL REGISTRATION

THE PHARMACY COUNCIL

No 00001222

THE UNITED REPUBLIC OF TANZANIA





Registrar
Pharmacy Council

[Signature]

Issued: 24 December 2003

Expires on: 31 December 2024

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.

PIN NO: 0100180

LEONARD LUCIAN KIKUDE

I Hereby Certify that

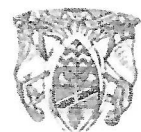
(Made under Sect. 22 of The Pharmacy Act No. 1 of 2011)

The Pharmacy Act

LICENSE TO PRACTICE



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



AGREEMENT FOR CONSULTANCY TO OPERATE ABUSINESS OF A

PHARMACIST

This Agreement is made on this 22 day of 08 20 24

BETWEEN

SATVA PHARMACY (name) of P.O.Box 85m Region 85m
(Hereinafter referred to as the PROPRIETOR) the expression which includes his assignees agent or his legal representative of his business.

AND

Leobard L. VIKUB a registered pharmacist in charge who supervise a business of a pharmacist (hereinafter referred to as the SUPERINTENDENT),
WHERE AS the proprietor wishes to establish and operate 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 service or such other terms and conditions as stipulated hereunder;

WHERE AS the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of pharmacist at the terms and conditions as hereinafter appearing;

WHEREAS the parties agree to establish and operate a business of pharmacist styled as SATVA B pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. Interpretation:

- "Act" means pharmacy Act, Cap 311
- "Agreement" means the agreement between the parties to establish and operates a business of pharmacist.
- "Business of pharmacy or pharmacist" includes professional pharmacy practices and any activity carried on by a person in relation to medicine, medical devices or herbal medicines;
- "Pharmacy" means any an approved premise wherein or from which any services pertaining to the practice of a pharmacist is provided and shall include institutional pharmacy, consultant pharmacy, institutional pharmacy and wholesale pharmacy.
- "Proprietor" means an owner of pharmacy and includes his assignees, agents or his legal representatives.
- "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 part 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.

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 for 15 hours per week.
- 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 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 white coat and name tag on it.
- 4.2.13 Shall establish a well-organize 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 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 may be terminated upon expiry of the contract. This agreement may be terminated by mutual agreement between both parties and or any part 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 party and copy shall be submitted to the Registrar, Pharmacy Council for notification.

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI



FORMU 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 MSADIZI ☐ PHARM. DISP
1. Jina la mwanataaluma **LEONARD LUCIAN KIWIDE** PIN 0100180

2. Namba ya simu **0714503001** barua pepe **leonardkide62@gmail.com**

3. Tarehe ya mwisho kuhisha jina (Retention) **31 DECEMBER 2024**

4. Je, umehisha 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 **GUX101224026273** ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi: **LEONARD LUCIAN KIWIDE**
taaluma ya dawa ngazi ya **MFAMASIA** nakiri kwamba nitafanya mwenye

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
SAFARI PHARMACY FIN 0702011274

Wilaya ya **ILALIA** Mkoani **DAR-ES-SALAAM**

Sahibi **KW** Tarehe **06/09/2024**

Utthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tejiwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri nayeosimamia

Jina na Sahibi **Donald Kibuk** Tarehe **12/09/2024**

SEHEMU YA TATU: - UTHIBITISHO WA WAKAZI:

Utthibitishwe na: Afisa Mtendaji
Jina la mtendaji (Kata) **ASHURA Y. B. MWATAMU** Kata ya **USUKU**

Nadhibitisha kwamba Ndugu **LEONARD L. KIWIDE** analishi
langu mtaa/kijiji **USABASA**, kuanzia mwaka **1995 - 2024**

Sahibi Afisamtendaji **1/11/2024** Tarehe **12/09/2024**

Muhuri Mtendaji
Muhuri KNY: **DMO**

HALMASHAURI YA JIJI LA DAR-ES-SALAAM
KNY: NGANGA

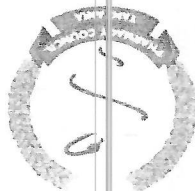
Muhuri Mtendaji
Muhuri KNY: **DMO**

HALMASHAURI YA JIJI LA DAR-ES-SALAAM
KNY: NGANGA

Muhuri Mtendaji
Muhuri KNY: **DMO**

HALMASHAURI YA JIJI LA DAR-ES-SALAAM
KNY: NGANGA

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0702011274

This is to certify that the premises owned by M/S Safina Pharmacy of P.O.Box 21532, Dar es Salaam, located at Plot No. 1, Kipunguni, Kipawa, Ilala Municipality/District in Dar es Salaam region have been registered for Retail Pharmacy for Selling Pharmaceutical Products with Facility Identification Number (FIN) 0702011274

Issued on: August, 2016

24th September 2016
DATE:

SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is to be conducted must conform to requirements of the Pharmacy Act Cap. 311 or any other written law related to the premises registration at all times, failure of which will cause this certificate to be suspended, revoked or cancelled
2. The Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act
3. Any change in the ownership, business name and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. This certificate shall be displayed conspicuously in the registered premises