PCF. 17

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** [✓] **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... SAFINA PHARMACY ..... Facility Identification Number (FIN)... 07020112274

Physical address:

Street... PLOT NO. 1 ..... Ward... KIPUNGUNI – UKONGA ..... District/Municipal... ILALA ..... Region... DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... LEONARDA LUCIAN KILEUDE ..... PIN... B100180 ..... Phone... 0714503001

Address... P.O BOX 25570, UKONGA, DSM ..... Email... leonkileude6022@gmail.com

A.3. REASON(s) FOR CHANGE

... had no pharmacy under my supervision for period of one year. ...

Time frame of notification: (As per Contract) 01/09/2024 to 31/08/2025 ..... Signature... ..... Date... 06/09/2024

A.4. OWNER'S DETAILS

Full Name... BEATRICE APAEL ..... Phone Number... 0752848347/0714115030

Remarks...

Signature... ..... Date... 06/09/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name LEONARDA LUCIAN KILEUDE ..... PIN B100180 ..... Phone Number 0714503001 ..... Email... leonkileudeb022@gmail.com

Physical address:

Street... PLOT NO. 1 ..... Ward... KIPUNGUNI – UKONGA ..... District/Municipal... ILALA ..... Region... DAR-ES-SALAAM.

Details of Previous pharmacy:

Name of Pharmacy... SOFU PHARMACY ..... FIN... 0101752 ..... District/Municipal... UBUNGO ..... 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.

PCF. 7

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL № 00001222

CERTIFICATE OF FULL REGISTRATION

(Section 15 of the Pharmacy Act, 2002)

Full Name ....Leornard Lucian Kilude....

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

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

Date ....

....
REGISTRAR
PHARMACY COUNCIL

NOTES 1. This certificate affords ... evidence of registration. In due course the name of the Pharmacist will be published in the ... annually by the Council: and reference should thereafter be made to the current ... registration.

2. This Certificate ... identity of its holder of the named above and must not be used as such.

GP-Ds

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

LEONARD LUCIAN KIKUDE

PIN NO: 0100180

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:**24 December 2003**

Expires on:**31 December 2024**

Registrar
Pharmacy Council

AGREEMENT FOR CONSULTANCY TO OPERATE ABUSINESS OF A PHARMACIST

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

BETWEEN

SAFINA PHARMACY (name) of P.O.Box _____ Region DSM

(Hereinafter referred to as the PROPRIETOR) the expression which includes his assignees agent or his legal representative of his business.

AND

LEONARD L. KILUNDO 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 remunerator 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 SAFINA 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 a community 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

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. LEONARD LUCIAN KIKUDE PIN 0100180
2. Namba ya simu. 0714503001 barua pepe leonkikude6022@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*. 31 DECEMBER 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) ☑ NDIYO, Stakabadhi Na. GHX1012240262?2 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. LEONARD LUCIAN KIKUDE mwenye taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo SAFINA PHARMACY FIN 07020112?4 lililopo katika Wilaya ya ILALA Mkoani DAR-ES-SALAAM.

Sahihi ..... Tarehe 06/09/2024.

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi ..... **Tarehe** 12/09/2024

Muhuri KNY: DMO

Kny: MGANGA MKUU HALMASHAURI YA JIJI LA DAR-ES-SALAAM

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ASHURA Y. BWATAMU Kata ya UKONGA

Nathibitisha kwamba Ndugu. LEONARD L. KIKUDE anaishi langu mtaa/kijiji: SABASABA, kuanzia mwaka 1795 - 2024

Muhuri Mtendaji

AFISA MTENDAJI WA KATA KATA Y. UKONGA

Sahihi Afisamtendaji .....

Tarehe 12/09/2024

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 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*