



## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH

## PHARMACY COUNCIL



## NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 12(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 287)

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 ST PHARMACY Facility Identification Number (FIN) 0200089  
 Physical address: MUSOMA  
 Street MUSOMA Ward MUSOMA District/Municipal MUSOMA Region MARA

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

Full Name MILLER AMON PIN 0102514 Phone 0686729904  
 Address LINDI Email amon.miller@gmail.com

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

CHANGE OF RESIDENCETime frame of notification: (As per Contract) 1 Month Signature [Signature] Date 21/09/2024

## A.4. OWNER'S DETAILS

Full Name JUMA NYAMGAMBWA Phone Number 0754956078  
 Remarks CHANGE OF RESIDENCE  
 Signature [Signature] Date 21/09/2024

## B. TO BE COMPLETED BY THE OWNER ONLY

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

Full Name IRENE M. SEBASTIAN PIN 0103292 Phone Number 0792132123 Email irenemassy13@gmail.com  
 Physical address: MUSOMA  
 Street MUKENDO Ward KITAJI District/Municipal MUSOMA Region MARA  
 Details of Previous pharmacy: ST PHARMACY FIN 0200089 District/Municipal MUSOMA 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.

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... IRENE M. SEBASTIAN PIN 0103292
2. Namba ya simu... 0782132123 barua pepe irenemassy13@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 5/3/2024
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. .... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... IRENE M. SEBASTIAN ..... mwenye  
taaluma ya dawa ngazi ya DEGREE ..... nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
SJ PHARMACY ..... FIN\* 0200089 ..... lililopo katika  
Wilaya ya MUSOMA MJINI Mkoani MARA .....  
Sahihi Sebastian ..... Tarehe 12/11/2024 .....

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Agape Sankeli ..... Tarehe 15/11/2024 .....



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PRETOS SOLOMON Kata ya MAKOKO .....

Nadhibitisha kwamba Ndugu IRENE MOSSY SEBASTIAN anaishi

langu mtaa/kijiji MYANGWENA kuanzia mwaka 1993 .....

Sahihi Afisamtendaji

Tarehe

12/11/2024







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

**IRENE M SEBASTIAN**

**PIN NO: 0103292**

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





00001944

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

# **CERTIFICATE OF FULL REGISTRATION**

(Section 20 of the Pharmacy Act, CAP. 311)

Full Name **Irene M. Sebastian**

Registrar  
Pharmacy Council  
P.O. Box 1277  
Dodoma

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
PIN	Date					
0103292	2nd February, 2023	1st March, 1992	Tanzanian	P.O. Box 1098 Mwansa	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date **15<sup>th</sup> February 2023**

*[Signature]*  
REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

**AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST**

**BETWEEN**

James M. SEWE M. Amulamba  
**(PROPRIETOR)**

**AND**

IRENE M. SEBASTIAN.  
**(SUPERINTENDENT)**



**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A**

**PHARMACIST** This Agreement is made on this 12 day

of NOVEMBER 2024

**BETWEEN**

SJ PHARMACY ~~699~~ (Name) of P.O. BOX

699 Region MARA

(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

**AND**

IRENE SEBASTIAN a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**) of another part.

**WHEREAS** the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

**AND 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;

**AND 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;

**AND WHEREAS** the proprietor and superintendent (together referred as "**the Parties**") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**AND WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled as SJ Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

**1. Interpretation:**

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

**"Act"** means the Pharmacy Act, [Cap 311 R:E 2002] Laws of Tanzania.

**"Agreement"** means this 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;

**"Council"** means the Pharmacy Council established under section 3 of the Act.

**"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.

**"Pharmacist"** means a person registered as such under section 16 of the Act.

**"Proprietor"** means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

**"Registrar"** means Registrar of the Council appointed under Section 11 of the Act

**"Superintendent"** means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under 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 ~~three~~, ~~six~~, ~~nine~~, twelve months, commencing from the 12 day of November 2024 to 30 11 day of June 2025 Sebastian.  
October 2025

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 12 day of November 2024

## 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 allowance/emoluments of 900,000 /- payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

TZS

- (a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than the **1<sup>st</sup>** day of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

- (b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **ten (10)** days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and



- 4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.



## **4.2 The Superintendent;**

For an allowance 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 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 day to day day. 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 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.

8. The 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 12 day of 11 2024

SIGNED and DELIVERED at MUSOMA by the said  
Musa Maswef who is known  
to me personally/identified to me by .....  
..... the latter being  
personally known to me this 12 day of 11 2024.

Masa  
PROPRIETOR

In the presence of:

Name: EDISON PHILIPPO  
Designation: COMMISSIONER FOR OATHS  
Signature: [Signature]  
Address: 60202 Dar es Salaam  
Date: 12/11/2024



SIGNED and DELIVERED at MUSOMA by the said  
IRENE SEBASTIAN who is known  
to me personally/identified to me by .....  
..... the latter being  
personally known to me this 12 day of November 2024.

Sebastian  
SUPERINTENDENT

In the presence of:

Name: EDISON PHILIPPO  
Designation: COMMISSIONER FOR OATHS  
Signature: [Signature]  
Address: 60202 Dar es Salaam  
Date: 12/11/2024

