



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 PICHA YA NDEGE Facility Identification Number (FIN) 0100288
Physical address:
Street PICHA YA NDEGE Ward SO FU District/Municipal KIBAHIA TC Region PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name RONALD E. POTELA PIN 0402421 Phone 0656677377
Address Email

A.3. REASON(s) FOR CHANGE

ASSIGNMENT DUE TO RELOCATION

Time frame of notification: (As per Contract) Signature Date

A.4. OWNER'S DETAILS

Full Name REBECCA B. KITANDA Phone Number 0784368181
Remarks
Signature [Signature] Date 18/07/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JANEVA J. JEWE PIN 0405236 Phone Number 0718526189 Email janeva20@gmail.com
Physical address:
Street PICHA YA NDEGE Ward SO FU District/Municipal KIBAHIA TC Region PWANI
Details of Previous pharmacy:
Name of Pharmacy JJ. DLOMI FIN District/Municipal KIBAHIA TC Region PWANI

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... JANETH J. JEWE PIN 0405236
2. Namba ya simu... 0718536189 barua pepe janeulva20@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 30/12/2024
4. Je, umehusha 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... JANETH J. JEWE mwenye
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
PICHA YA NDEGE PHARMACY FIN 0100288 lililopo katika
Wilaya ya KIBAHA Mkoani PWANI
Sahihi Jeje Tarehe 16/7/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi BETRICE REVOCARUS - B. Rev Tarehe 16/7/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ESTHER B. MALI Kata ya PICHA YA NDEGE

Nadhibitisha kwamba Ndugu JANETH J. JEWE anaishi

langu mtaa/kijiji PICHA YA NDEGE kuanzia mwaka

Sahihi Afisamtendaji

Esther B. Mali

Tarehe

16/7/2025





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

JANETH J JEWE

PIN NO: 0405236

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:18 September 2022

Expires on:31 December 2025

Registrar
Pharmacy Council



AGREEMENT TO OPERATE A PHARMACY WITH PHARMACEUTICAL TECHNICIAN SERVICES

BETWEEN

REBECCA BENJAMEN KETANDA

(PROPRIETOR)

AND

JANETH JONATHAN JEWIE

(PHARMACEUTICAL TECHNICIAN)

AGREEMENT FOR EMPLOYMENT TO PHARMACEUTICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 09th day of JUNE 20 25.

BETWEEN

REBECCA KUMINDA of P.O.BOX 30274 Region PWANI (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

JANETH JONATHAN JEWE a recognized Pharmaceutical technician who will perform all the technical activities in the pharmacy under the supervision of the pharmacist.

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

WHEREAS in compliance with good pharmacy practice standards, 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, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as stipulated hereunder;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as PICHA YA NDEGE 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.

"Pharmaceutical Technician" means a person recognized as such under regulation 27 of the pharmacy (Pharmacy Practice) Regulations, 2012

"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 09th day of JUNE 20 25 to 09th day of JUNE 20 26.

3. Commencement of Supervision

The pharmaceutical Technicians shall commence management and supervision of the above-named Pharmacy on the 09th day of JUNE 20 25.

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 stipend of 600,000/- payable monthly to the TZS. Pharmaceutical technician upon discharging his duties and functions as per this Agreement. At any event, the stipend shall **not be paid in advance**.

4.1.2 The stipend 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 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.6 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.7 Shall ensure pharmaceutical services are provided with due care.

- 4.1.8 Shall ensure all proper records are maintained and managed well.
- 4.1.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.10 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.
- 4.1.11 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 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.13 Shall be responsible for buying all reference materials
- 4.1.14 Perform any other duty as the Council may determine from time to time.

4.2 The Pharmaceutical Technician

At a stipend stipulated in clause 4.1.1 of this Agreement, the pharmaceutical technician shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said Pharmacy.

The Pharmaceutical Technician 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 manage and undertake all technical and professional matters in the pharmacy.
- 4.2.3 Shall provide pharmaceutical service with due care.
- 4.2.4 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards
- 4.2.5 Shall keep medicines, medical supplies and other pharmacy items and properly in compliance with good pharmacy practice
- 4.2.6 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 the parties and or any party upon issuing a written notice of one month to the other party of his intention to terminate the contract or one-month stipend in lieu thereof.

The written notice shall be addressed to the other party 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 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. 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 09th day of JUNE 20 25.

SIGNED and DELIVERED at KIBAKA by the said

REBECCA KITAINA who is known

to me personally/identified to me by

.....the latter being

personally known to me this 09th day of JUNE 2025.

In the presence of:

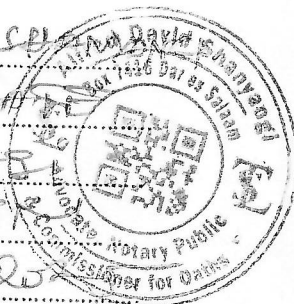
Name: ALFRED DAVID SHANVANI

Designation: ADVOCATE

Signature: [Signature]

Address: 7416 DSR

Date: 9th June, 2025



[Signature]

PROPRIETOR

SIGNED and DELIVERED at KIBAKA by the said

JANETH JONATHAN JENE who is known

to me personally/identified to me by

.....the latter being

personally known to me this 09th day of JUNE 2025.

In the presence of:

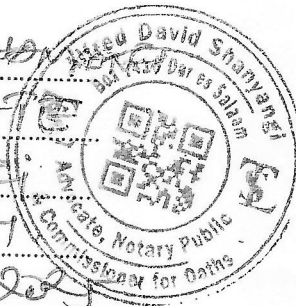
Name: ALFRED DAVID SHANVANI

Designation: ADVOCATE

Signature: [Signature]

Address: 7416 DSR

Date: 9th June, 2025



[Signature]

PHARMACEUTICAL TECHNICIAN