

# 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: SURUSI PHARMACY Facility Identification Number (FIN): 0101939  
Physical address: MAGUNGA Ward: MIRWA District/Municipal: BUTIAMA Region: MARA  
Street: MAGUNGA

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

Full Name: AMANI JULIUS MAKUYA PIN: 0402017 Phone: 0710452113  
Address: AMANI MAKUYA 97@yahia.com Email: AMANI MAKUYA 97@yahia.com

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

Shifting of location from Butiama to Dado

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

#### A.4. OWNER'S DETAILS

Full Name: THOMAS MANGARA MARIWA Phone Number: 0743138994  
Remarks: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 01/01/2025

### B. TO BE COMPLETED BY THE OWNER ONLY

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

Full Name: MATHIAS G. LIATA PIN: 0404716 Phone Number: 0699767186  
Physical address: MAGUNGA Ward: MIRWA District/Municipal: BUTIAMA Region: MARA  
Street: MAGUNGA Details of Previous pharmacy: SURUSI FIN: 0101939 District/Municipal: BUTIAMA Region: MARA  
Name of Pharmacy: SURUSI

#### B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- Copies of registration certificate and valid license to practice
- Contract Agreement/MOU
- 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.

# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 01 day of JULY 2025

BETWEEN

THOMAS M. MARWA (Name) of P.O.BOX 120 Region MARA  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

MATTHIAS G. LWASA AND

enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the Pharmaceutical Technician).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 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, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as RETAIL Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

## 1. Interpretation;

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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 enrolled as such under section 23 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 01 day of JULY 2025 to 30 day of JUNE 2026

## 3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of JULY 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

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payable monthly to the PHARMACEUTICAL TECHNICIAN 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 1<sup>st</sup> day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards



and delivered by the parties at this 24<sup>TH</sup> day of SEPTEMBER 2025

SIGNED and DELIVERED  
By the said THOMAS M MARWA

Who is known to me personally/ \_\_\_\_\_  
Introduced to me by \_\_\_\_\_

\_\_\_\_\_, the latter known to me personally  
This 24<sup>TH</sup> day of SEPTEMBER 2025

In the presence of:  
Name: JOSEPH EPAFRASI LYAKURWA  
Designation: COMMISSIONER FOR OATH  
Signature: [Signature]  
Date: 24/09/2025

[Signature]  
PROPRIETOR



SIGNED and DELIVERED  
By the said MATHIAS G LWASA

Who is known to me personally/ \_\_\_\_\_  
Introduced to me by \_\_\_\_\_

\_\_\_\_\_, the latter known to me personally  
This 24<sup>TH</sup> day of SEPTEMBER 2025

In the presence of:  
Name: JOSEPH EPAFRASI LYAKURWA  
Designation: COMMISSIONER FOR OATH  
Signature: [Signature]  
Date: 24/09/2025

[Signature]  
PHARMACEUTICAL  
TECHNICIAN





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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

## CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)

PHARMACY COUNCIL  
D.O. BOX 3869Full Name Matthias G. Lwasa

I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0404716	25th May, 2022	2nd April, 1996	Tanzanian	P.O. Box 1464 DAR ES SALAM	Diploma in Pharmaceutical Sciences	Catholic University of Health and Allied Sciences 2021

Date 15th June 2022  
REGISTRAR

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

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