



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

**GENEROSE L ALEX**

**PIN NO: 0403134**

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.

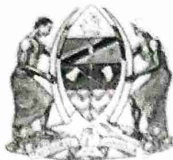
Issued: **12 March 2021**

Expires on: **31 December 2025**

\_\_\_\_\_

*Registrar  
Pharmacy Council*





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THE UNITED REPUBLIC OF TANZANIA

# THE PHARMACY COUNCIL CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP311)



PHARMACY COUNCIL  
P.O. BOX 31818 DAR ES SALAAM

Full Name Generose L. Alex

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					
0403134	12 <sup>th</sup> March, 2021	19 <sup>th</sup> March, 1998	Tanzanian	P.O. Box 139 Katoro Geita	Diploma in Pharmaceutical Sciences	Paradigm's College of Health Sciences 2019

Date 28<sup>th</sup> April 2021

*[Signature]*  
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 continuing 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.



## 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 GENEROSE LUMALA ALEX PIN 0403134
2. Namba ya simu 0743390724 barua pepe lumalagenerose@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 2025
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. ☐ HAPANA

**SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:**

Mimi GENEROSE LUMALA ALEX mwenye  
taaluma ya dawa ngazi ya STASHAHADA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwaloo  
KISHAPU PHARMACY FIN 0300502 lililopo katika  
Wilaya ya KISHAPU Mkoani SHINYANGA  
Sahihi Amala Tarehe 17-07-2025

**Uthibitisho wa Mfamasia wa Halmashauri**

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

Jina na Sahihi BALUNGI KAHWA Tarehe 08/09/25

Muhuri KNY:  
DMO

**SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:**

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Catheline Kayombo Kata ya KISHAPU

Nadhibitisha kwamba Ndugu GENEROSE LUMALA anaishi

langu mtaa/kijiji MWASELE B, kuanzia mwaka 2018

Sahihi Afisamtendaji

[Signature]

Tarehe

10/09/2025

Muhuri  
Mtendaji  
MTENDAJI WA KATA  
KATA YA KISHAPU  
(W) KISHAPU



# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 19 day of August 2025

## BETWEEN

EDWARD LUKANYA KABANZA (Name) of P.O.BOX 66 Region SHINYANGA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

## AND

GENE ROSE LUMALA ALEX 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 KISHAPU PHARMACY 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 19 day of AUGUST 2025 to 19 day of AUGUST 2026

## 3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 19 day of AUGUST 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 TZS. 400,000/= 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 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 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

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

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

### SIGNED and DELIVERED

By the said.....

Who is known to me personally/.....

Introduced to me by .....

.....the latter known to me personally  
This.....day of.....20.....

In the presence of:

Name: JULIUS MASHU

Designation: PHARMACEUTICAL TECHNICIAN

Signature: [Signature]

Date: 08/09/2025

[Signature]

PROPRIETOR

8.9.2025  
HAKIMU MKAZI  
JAHAKAMA YA MNANZO NEGE  
KISHAPU

### SIGNED and DELIVERED

By the said.....

Who is known to me personally/.....

Introduced to me by .....

.....the latter known to me personally  
This.....day of.....20.....

In the presence of:

Name: JULIUS MASHU

Designation: PHARMACEUTICAL TECHNICIAN

Signature: [Signature]

Date: 08/09/2025

[Signature]

PHARMACEUTICAL  
TECHNICIAN

8.9.2025  
HAKIMU MKAZI  
JAHAKAMA YA MNANZO NEGE  
KISHAPU