



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 EDRICS PHARMACY Facility Identification Number (FIN) 0102844  
Physical address: URASSA Ward URASSA District/Municipal KIGAMBOONI Region DARESSALAAM  
Street URASSA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name SUZANNE M. NYAGALU PIN 1100 Phone 0763 410084  
Address P.O. BOX 12, CANYA JUU Email

A.3. REASON(S) FOR CHANGE

RELOCATE TO KILIMANJARO

Time frame of notification: (As per Contract) 3 MONTH Signature  Date 15/04/2021

A.4. OWNER'S DETAILS

Full Name MRS. UPENDO B. NGAILO Phone Number 0763 410084  
Remarks   
Signature UPENDO Date 26/06/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name EDWARD J. TERRY PIN 010016 Phone Number 875469600 Email edwardterry106@gmail.com  
Physical address: SARANGA Ward SARANGA District/Municipal UDUNGO Region DARESSALAAM  
Street   
Details of Previous pharmacy: N/A Name of Pharmacy  FIN  District/Municipal  Region

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... EDWARD JOSEPH TERRY PIN 0100165
2. Namba ya simu... 0754696010 barua pepe edwardterry105@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 22.06.2025
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 925173341739640 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... EDWARD JOSEPH TERRY mwenye  
taaluma ya dawa ngazi ya PHARMACIST nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
EDRICK PHARMACY FIN 0102844 lililopo katika  
Wilaya ya KIGAMRONI Mkoani DAR ES SALAAM.  
Sahihi Edward Tarehe 23.06.2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi VICTORIA SHAREMBE Tarehe 27/06/2025

Muhuri KNY:  
DMO

KNY - MGANGA MKUU  
MANISPAA YA KIGAMRONI

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

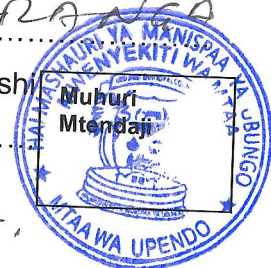
Jina la mtendaji (Kata) HAJA SADIK Kata ya SARANGA  
Nathibitisha kwamba Ndugu EDWARD J. TERRY anaishi  
langu mtaa/kijiji UPENDO, kuanzia mwaka 2008

Sahihi Afisa mtendaji

Kny Masi

Tarehe

25/06/2025





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

**EDWARD JOSEPH TERRY**

**PIN NO: 0100165**

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 2025**

*Registrar  
Pharmacy Council*



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

This agreement is made on this 01<sup>st</sup> day of July 2025.

## **BETWEEN**

**EDRICS PHARMACY – DAR ES SALAAM**, (hereinafter referred to the **PROPRIETOR**)

That expression which includes his assignees, agents or his legal representatives of his business

## **AND**

**EDWARD J. TERRY** Is a registered pharmacist in charge who supervises the business as a pharmacist (here in after referred to as the **SUPERINTENDENT**).

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

**WHEREAS** in compliance whit section 43 of the act the proprietor wishers to engage the professional services of a pharmacist to oversee her business.

**WHEREAS** the superintendent is willing to offer professional service to the proprietor in lieu of remuneration for such services or such other comes and condition as stipulated hereunder.

**WHERE AS** the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as herein after appearing.

**WHEREAS** the parties agree to establish and operate a business of a pharmacist styled as **EDRICS 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 profession pharmacy practice, and any activity carried on by 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.

**“Transfer of ownership”** means any disposition of ownership of the facility subject of this change 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 2 years, commencing from the 1<sup>st</sup> day of July 2025 to 30<sup>th</sup> day of June 2027

## **3. Commencement of supervision**

The superintendent shall commence management and supervision of the above-named pharmacy on the 1<sup>st</sup> 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 TZS 700,000 (Tanzania shillings, seven hundred thousand only) payable monthly to the SUPERITENDENT upon discharging his duties and functions as per this Agreement.
- 4.1.2 The salary/emoluments shall be net of any applicable taxes and/ or deductible employment benefits and shall paid monthly and no later than the 1<sup>st</sup> day the following month.
- 4.1.3 Comply with the laws, regulations, guidelines and standards prescribed by the TMDA and other relevant authorities.
- 4.1.4 Implement and ensure that standard required service and properties are always maintained at a high level.
- 4.1.5 Hire pharmaceutical personnel for providing service that are recognized by the pharmacy council
- 4.1.6 Apply adequate finds necessary to rehabilitate or modify the present premises and maintain the modern pharmacy practice.
- 4.1.7 Follow up and implement on matters advised by a superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 Shall ensure pharmaceutical services are provided with due care.
- 4.1.9 Shall ensure all proper records are maintained and managed well.
- 4.1.10 Shall ensure availability of all necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place.
- 4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.13 Perform any other duty as the TMDA may determine from time to time.

#### **4.2 The Superintendent.**

shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the **EDRICS PHARMACY**.

**The superintendent shall have the following duties and obligations: -**

- 4.2.1 Shall facilitate 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 implement and ensure that standards required for pharmaceutical services and properties are always maintained at a high level.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.4 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.5 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.6 Shall provide pharmaceutical service with due care.
- 4.2.7 Shall ensure availability of all necessary reference and other relevant materials
- 4.2.8 Shall report to the PHARMACY COUNCIL on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure that all certificates (business permit, premises registration, copy of conspicuously displayed on the premises.
- 4.2.10 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.11 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 both parties and or any party this contract

The written notice shall be addressed to the other part and copy shall be submitted to the Director General of PHARMACY COUNCIL for notification.

The Parties agree that the PHARMACY COUNCIL shall not be obligated to issue another notice of termination but a closure order.

## 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 an 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 superintendent from initiating or proceeding to the Commission for the Mediation and Arbitration (CMA).

## 7. Costs.

The **Proprietor** shall meet the cost of drawing up Agreement.

The laws of Tanzania here to shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

**IN WITNESS WHERE OF** the parties here to have duly signed and sealed this presents on the date and in the manner herein after appearing.

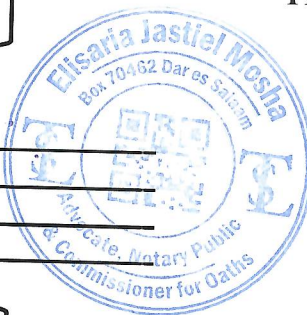
Signed and delivered by the parties on this 27<sup>th</sup> day of July 2025

**SIGNED and DELIVERED** in Dar es Salaam  
by the said **UPENDO B. NGAILO**  
t/a **EDRICS PHARMACY** who is  
known to me personally in my presence  
this... 27.....day of July 2025

[Signature]  
**PROPRIATOR**

### BEFORE ME

Name Elsania Mosh  
Signature [Signature]  
Address 70462 Dar es Salaam  
Qualification Advocate



**SIGNED and DELIVERED** in Dar es Salaam  
by the said **EDWARD J. TERRY** who  
identified to me by..... the latter being  
known to me personally in my presence this  
.....27.....day of July 2025

[Signature]  
**SUPERINTENDANT**

### BEFORE ME

Name Elsania Mosh  
Signature [Signature]  
Address 70462 Dar es Salaam  
Qualification Advocate

