THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE 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. 767)

Changes to be Made: Superintendent [V] 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 UKEREWE PHARMACY Facility Identification Number (FIN) 15D611180

Physical address

Street UHINDINI Ward KAGERA District/Municipal UKEREWE Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ERADIUS LAWRENCE PIN 0102745 Phone 0755099366

Address eradymutte@gmail.com Email BOX 736 ILEMELA/MWANZA

A.3. REASON(s) FOR CHANGE Transfer to Another Area.

Time frame of notification: (As per Contract) 3month Signature [signature] Date 01/08/2023

A.4. OWNER'S DETAILS

Full Name SEBASTIAN FILBERT MAHENDA Phone Number 0762673871

Remarks. Nimekubaliana naye.

Signature [signature] Date 01/8/2023

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name EMMANUEL CHUWAKA PIN 0103467 Phone Number 0765286783 Email emmanuelchuwaka63@gmail.com

Physical address:

Street KAGERA Ward KAGERA District/Municipal UKEREWE Region MWANZA

Details of Previous pharmacy:

Name of Pharmacy KIWUZI PHARMACY FIN 0102322 District/Municipal ILEMELA MUNICIPAL Region MWANZA

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 [illegible] Superintendent/Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 33 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

PHARMACY COUNCIL RECEIVED 13 NOV 2023 P.O. Box 93, MWANZA

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **923319214796507**
Received from	: UKEREWE PHARMACY
Amount	: 50,000.00
Amount in Words	: Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142202540104 - Application for change of name/ ownership - APPLICATION FOR CHANGE OF SUPERINTENDENT*		**50,000.00**
	Total Billed Amount :	**50,000.00 (TZS)**

Bill Reference	: 16217318231138060915
Payment Control Number	: ***991620224055***
Payment Date	: **2023-11-15 18:12:44**
Issued by	: Beatuss Mpogoza
Date Issued	: 2023-11-16 09:42:15
Signature	: .....

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 01 day of NOVEMBER 20 23

BETWEEN

SEBASTIAN AMBENDI (Name) of P.O.BOX 10495 Region NYANZA.
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees agents or his legal representative of his business.

AND

Emmanuel Chuvaka a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter 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 with section 43 of the Act the Proprietor wishes to** engage the professional services of a pharmacist to be in charge of his business.

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;

WHEREAS 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 hereinafter appearing;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as LIKAREWE 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 [illegible] of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement from one party either by way of sale, lease or any other form which has the effect of changing or transferring power or authority of running 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 November 20 22 to 01 day of November 2024

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of November 20 23

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 a salary/amount of Shs. [illegible] 60,000/= [illegible] payable monthly to the SUPERINTENDENT 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/payments shall be net of any applicable taxes and/or deductions employment benefits and shall be paid monthly and not later than the [illegible] 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 operations are maintained in high level at all times.

4.1.5 Hire 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.

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.

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 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 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 hereinafter appearing.

Signed and delivered by the parties at this 01 day of 11 20 23

SIGNED and DELIVERED
By the said SEBASTIAN [illegible]
Who is known to me personally/
Introduced to me by ....
..........the latter known to me personally
This 01 day of 11 2023
In the presence of
Name MKAIMA CHARLES
Designation ADVOCATE
Signature
Date 01/11/2023

PROPRIETOR

SIGNED and DELIVERED
By the said Emmanuel Chuaka
Who is known to me personally/
Introduced to me by ....
..........the latter known to me personally
This 01 day of 11 20 23

In the presence of
Name MKAIMA CHARLES
Designation ADVOCATE
Signature
Date 01/11/2023

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. EMMANUEL CHUVAKA PIN 103467
2. Namba ya simu. 0765285783 barua pepe emmanuelchuvaka63@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*. 31 MAY 2023
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pharmacist-data/view/modules/registration/pharmacist-signup.php) ☐ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi EMMANUEL CHUVAKA mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo LIKEREWE PHARMACY FIN 0200172 lililopo katika Wilaya ya LIKEREWE Mkoani MWANZA

Sahihi EChuvaka Tarehe 01/11/2023

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

Jina na Sahihi Emmanuel Chuvaka Tarehe 01/11/2023
EChuvaka

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na Afisa Mtendaji

Jina la mtendaji (Kata) FABIAN M. MSESE Kata ya KAGERA

Nathibitisha kwamba Ndugu. EMMANUEL CHUVAKA anaishi langu mtaa/kijiji KAGERA kuanzia mwaka 2022

Muhuri: Afisa Mtendaji Kata ya Kagera

Sahihi Afisamtendaji Tarehe 07.11.2023

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

EMMANUEL CHUVAKA

PIN NO. 0103467

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:31 May 2023

Expires on **31 December 2023**

Registrar
Pharmacy Council

PCT 54

THE UNITED REPUBLIC OF TANZANIA

00002118

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name ..... Emmanuel Chuvaka .....

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 PIN	Registration Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0103467	31st March 2023	6th December 1989	Tanzanian	P.O. Box 2324 Iringa	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 05th June 2023 .....

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 Pharmacists 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.