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. 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 Morn Parol No Cy Facility Identification Number (FIN) 01 0354 Physical address: Street 40 Bb Ward TEGET 0 & District/Municipal MBUND Region DOD STSPHA		
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name DEAT MOUNT Phone 0788072900 Address Email		
A.3. REASON(s) FOR CHANGE			
	ENS OF CONTRACT		
	Time frame of notification: (As per Contract)SignatureDate		
	A.4. OWNER'S DETAILS Full Name		
B. TO BE COMPLETED BY THE OWNER ONLY			
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name STEVEN MM BONDUPIN PROSESPhone Number 0743351455 Physical address:		
	Street. (AZ) B.A. Ward T.E.G.ETA PDistrict/Municipal. MBUNG Region DRLES SALAB M Details of Previous pharmacy: Name of Pharmacy. M.A.M. PARRAM (SFIN. District/Municipal. UBWARegion DAN ET JOHNE)		
	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		
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 STEVEN MMBANDO PIN 0405368				
2. Namba ya simu. 074336 14 55 barua pepe stevensammy366@gmqil.com				
3. Tarehe ya mwisho kuhuisha jina (Retention)3! /12 /2025				
4. Je, umehuisha 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 STEVEN SAMMY MMBANDO mwenye				
taaluma ya dawa ngazi ya AIPIeMA nakiri kwamba nitafanya				
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liiturala				
MAM PHARMACY				
Wilaya ya UBUNGO Mkoani DAR-ES-SALAAM				
Wilaya ya UBUNGO Mkoani DAR-ES-SALAAM Sahihi Tarehe 15/09/2025				
Uthibitisho wa Mfamasia wa Halmashauri				
Nadhibitisha kwamba mwanataaluma tajwa ni miongon i/ si miongoni mwa				
Has DMO DMO				
Jina na Sahihi JUDO Longoll Tarehe Jana Muhuri KNY: DMO SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI: Ithibitishwe na: Afisa Mtendaii				
MAN WE STRIVE YA MANGE				
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:				
Ithibitishwe na: Afisa Mtendaji				
Jina la mtendaji (Kata). MI KUS EKELA MWAK Kata ya HOMBO VITUKA				
Nathibitisha kwamba Ndugu STEVEN mms ANDD anajshi Muhura a sanah M				
langu mtaa/kijiji MAGOGOMI, kuanzia mwaka.				
Sahihi Afisamtendaji Tarehe KATA YA YOMBO WITUKA				
15/09/2070				



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

STEVEN MMBANDO

PIN NO: 0405368

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 FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

	This Agreement is made on this 25 day of 09 20 25
	BETWEEN
	(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.
	AND
	who provides pharmaceutical services an enrolled pharmaceutical technician
	WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act
	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 a pharmaceutical technician are desirous to enter into an agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as hereinafter appearing;
	WHEREAS the Parties agree that the pharmaceutical technician will be providing pharmaceutical services to a business of a pharmacist styled asPharmacy.
	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

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

practice of a pharmacist is provided, and shall include a community Pharmacy, consultant

Pharmacy, institutional Pharmacy or wholesale Pharmacy.

le	"Pharn	naceutical technician" means a person enrolled as such under section 24 of the Act.		
	Duration of Agreement			
	This Aqthe	greement shall be effective for a period of twelve (12) months, commencing from day of OCI UBF020 25 to 3 day of SEPT 20 25		
2.	Comme	encement of Services armaceutical technician shall commence the provision of pharmaceutical services of the amed Pharmacy on theday of		
3.	Obligation of the Parties:			
4.	The Pro	prietor:		
	The proprietor shall have the following duties and responsibilities; -			
	4.1. 1	The PROPRIETOR shall pay Monthly salary/emoluments of TZS		
	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 st 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 the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.		
	4.1.6	Shall ensure pharmaceutical services are provided with due care.		
		Shall ensure all proper records are maintained and managed well.		

- 4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the pharmaceutical technician.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e PC logo, dispensing register, ledgers etc.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items is signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

4.2 The Superintendent;

At a salary or emolument 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 provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract.

This agreement may be terminated by either party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract

The written notice shall be addressed to the other part 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. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
 - 6.2 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 Dar es salaam this IEGET A day of 25 9th 20 25 SIGNED and DELIVERED By the Said MWAJUMA MALULY Who is known to me personally/..... Introduced.....to me bythe latter known to me personally In the presence of: PROPRIETOR Name CYPRIAN NOELYBURDA F. MBUYA Designation... ADVOCA Signature..... SIGNED and DELIVERED By the said. JIEVEN MMBANDO Introduced to me by MWAJUMA MALULUthe latter known to me personally **TECHNICIAN** In the presence of:
Name: CYPRIAN NOTLYARUA F. MBUYA Designation: Signature:....