PCF. 17

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... CHACHA MAGAI PHARMACY WAREHOUSE ...Facility Identification Number (FIN). 0600056

Physical address:

Street KEBIKILI ...Ward REBU CENTRE District/Municipal TARIME ...Region MARA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name AHAZI AMOSI LEGAMA ...PIN 0404775 Phone 0742136046

Address 0742136046 ...Email ahazilegama@gmail.com

A.3. REASON(s) FOR CHANGE

HEALTH FACTORS :

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

CHACHA MAGASI PHARMACY LTD. P.O. Box 101 NZEGA TABORA

A.4. OWNER'S DETAILS

Full Name CHACHA MAGASI ICENDOGO ...Phone Number 0764118141

Remarks...

Signature ... Date 04/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ERICARITHA SWAI ...PIN 0407802 Phone Number 0678022825 ...Email ericaritha swai001@gmail.com

Physical address:

Street KEBIKILI ...Ward REBU CENTRE District/Municipal TARIME ...Region MARA

Details of Previous pharmacy:

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.

ARA 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. ERICARITHA SWAI ..... PIN 0407802
2. Namba ya simu. 0754004437 ..... barua pepe Swaiericar7hgeol@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*.....
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..... ERICARITHA SWAI ..... mwenye taaluma ya dawa ngazi ya .. FUNDI DAWA SANIFU .. nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo CHACHA MAGASI PHARMACY ..... FIN ~~I-26410954~~ 600056 lililopo katika Wilaya ya TARIME ..... Mkoani ..... MARA .....

Sahihi ..... Tarehe .....

Uthibitisho wa Mfamasia wa Halmashauri

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

MGANGA MKUU HALMASHAURI YA MJI
Muhuri KNY
DMO
25 JUN 2025
S. L. P 45
TARIME

Jina na Sahihi MARCO N. JOHN ..... **Tarehe** 26/6/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata). FLORA M. GIMONGE ... Kata ya.. SABASABA .....

Nathibitisha kwamba Ndugu. ERICARITHA SWAI ....anaishi

langu mtaa/~~kijiji~~.. SABASABA ...,kuanzia mwaka.... 2024

Muhuri wa Mtendaji

Sahihi Afisamtendaji ..... **Tarehe** 26/06/2025

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 01 day of 07 20 25

BETWEEN

CHACHA MAGASI KEVOGO (Name) of P.O.BOX 379 Region MARA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

ERICA RITHA SWAI 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 CHACHA MAGASI PHARMACY LTD 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.

means a pharmacist in charge of the business of a pharmacist

macist" 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 07 20 25 to 31st day of 06 20 26

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 07 20 25

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 500,000/= 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 1st day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards

Signed and delivered by the parties at this 1st day of JULY 2025

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.....

PROPRIETOR

In the presence of:

Name: SHADRACK KONJE BELBEMBE

Designation: ADVOCATE

Signature: .....

Date: 1.7.2025

Shadrack Konje Belbembe Box 219 Tarime Advocate, Notary Public & Commissioner for Oaths

SIGNED and DELIVERED

By the said ERICA RITHA SWAI

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

Introduced to me by .....✓.....

.....✓.....the latter known to me personally

This 1st day of JULY 2025

PHARMACEUTICAL TECHNICIAN

In the presence of:

Name: SHADRACK KONJE BELBEMBE

Designation: ADVOCATE

Signature: .....

Date: 1.7.2025

Shadrack Konje Belbembe Box 219 Tarime Advocate, Notary Public & Commissioner for Oaths

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

ERICARITHA FRANK SWAI

PIN NO: 0407802

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:**25 October 2023**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

Certified as True Copy of the Original
Shadrack Konje Belbombo
Advocate, Notary Public & Commissioner for Oaths
Sign: [signature] Date: 1.4.2025

F.58

THE UNITED REPUBLIC OF TANZANIA

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THE PHARMACY COUNCIL

CERTIFICATE OF ENROLLMENT

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

Full Name ..... Ericavitus Frank Swai .....

Pharmacy Council
P.O. Box 1277 .....

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.

Enrolment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0407802	25th October, 2023	3rd January, 2000	Tanzanian	P.O. Box 355 Nzega Tabora	Diploma in Pharmaceutical Sciences	Kahama College of Health Sciences 2021

Date..... 06th August, 2024 .....

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 annualy by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.