



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



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 MARANATHA PHARMACY-MBALIZI Facility Identification Number (FIN) 0300172
Physical address: Chunya road, Nsaka
Street MBALIZI ROAD Ward MBEYA CC District/Municipal MBEYA Region MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name GEORGE YONA PIN 0102186 Phone 0742 602782
Address George yona 46 Email g.yona@gmail.com

A.3. REASON(S) FOR CHANGE

CHANGE OF RESIDENCE
immediately
Time frame of notification: (As per Contract) 7 days Signature [Signature] Date 02/01/2025

A.4. OWNER'S DETAILS

Full Name STEPHEN SAMUEL LANGENI Phone Number 0764 602228
Remarks AGREED TO THE PROPOSED CHANGES
Signature [Signature] Date 02/01/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name DANIEL JOHN PIN 0103213 Phone Number 0742 40077 Email 31danieljohn
Physical address: MWAMBUPE
Street MAANGA Ward MBEYA CC District/Municipal MBEYA Region MBEYA
Details of Previous pharmacy: VEIA PHARMACY FIN 0103375 District/Municipal MBEYA Region MBEYA

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 DANIEL JOHN PIN 0103213
2. Namba ya simu 0743440779 barua pepe 31danieljohn@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) DEC. 2023
4. Je, umehusha 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 DANIEL JOHN mwenye
taaluma ya dawa ngazi ya MFAMASIA II nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MARANATHA PHARMACY LTD-MBAZI FIN 0300172 lililopo katika
Wilaya ya MBEYA DC Mkoani MBEYA
Sahihi [Signature] Tarehe 02/01/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Bertina Mwagike Tarehe 02/01/2025
Muhuri KNY: DMO
MUKASA MKUU WA JIJI
HALMASHAURI YA JIJI
JIJI LA MBEYA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) IRACE A. MOTELA Kata ya MAANGA

Nathibitisha kwamba Ndugu DANIEL JOHN anaishi

langu mtaa/kijiji NWAMFUPE kuanzia mwaka 2019

Sahihi Afisamtendaji

[Signature]

Tarehe

02/01/2024

Muhuri
Mtendaji

MUKASA MKUU WA JIJI
HALMASHAURI YA JIJI
JIJI LA MBEYA



MARANATHA PHARMACY LIMITED

P.O. Box 19828 Dar Es Salaam, P.O. Box 1545 Mbeya
Physical Address:- Msimbazi / Mchikichi Street - KARIAKOO DAR ES SALAAM
Ndongole Street - MWANJELWA MBEYA, Sokoine Road - SONGEA RUVUMA
Mwangaza Area - TUNDUMA SONGWE, Mbeya Road - SUMBAWANGA RUKWA
E-mail: md@maranathapharmacy.co.tz, Website: www.maranathapharmacy.co.tz
TEL: +255 25 2503003, Hotlines: +255 764 602228, +255 764 544044

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This agreement is made on this 02nd day of January 20 25

BETWEEN

MARANATHA PHARMACY LTD (Name) of P.O.BOX 1545 Region MBEYA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of this business.

AND

The DANIEL JOHN 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 pharmacist styled as RETAIL AND WHOLESALE 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 16 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 sales, 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 02nd day of January 2025 to 03rd day of January 2026.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 02nd day of January 2025.

4. Obligation of 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/- payable monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement and 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 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 pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- 4.1.6 Apply the 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 Superintended 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 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 provide or malpractices done by the superintendent.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent Log book, 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 Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

The superintendent shall have the following duties and obligations:-

- 4.2.1 Shall obtaining from the Pharmacy Council and other appropriate authorities collect the requisite licenses, permits and authorization and keeping the pharmacy within the standards, conditions and manners as contained in any written law for the time being in force governing the management, regulation and control of the business of a pharmacy.
- 4.2.2 Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week, though full time pharmacist is more preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel he/she supervises in the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.
- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations in place.
- 4.2.10 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.

4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other from other authorities are conspicuously displayed in the premises.

4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice.

4.2.16 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 this intention to terminate this contract.

The written notice shall be addressed to the part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notifications 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.

6.2 If amicable settlement 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 Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Cost

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

8. The laws of Tanzania hereto shall govern the validity, consultation and interpretation of this agreement and the rights and duties of the parties.

9. The Pharmacy Council will accept additional clause but this Agreement is a generic contract for guidance only.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this present on the date and in the manner herein after appearing,

Signed and delivered by the parties at Mbeya this 02 day of January 2025

SIGNED and DELIVERED

By the said PICKEN OSCAR MWAHASIWA

Who is known to me personally.....

Introduced to me by.....

.....the latter known to me personally

This 2nd day of January 2025

In the presence of:

Name: STAMBU ATTORNEY

Designation: STATE ATTORNEY

Signature: AMMM 02 JAN 2025 *

Date: 02nd Jan. 2025

P. O. Box 970
MBEYA

SIGNED and DELIVERED

By the said DANIEL JOHN

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

Introduced to me by.....

.....the latter known to me personally

This 02nd day of January 2025

In the presence of:

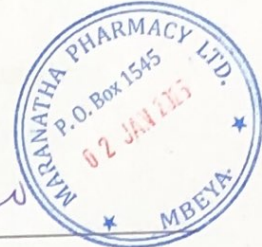
Name: STAMBU ATTORNEY

Designated: STATE ATTORNEY

Signature: AMMM 02 JAN 2025 *

Date: 02nd Jan. 2025

P. O. Box 970
MBEYA



[Signature]

PROPRIETOR

[Signature]

SUPERINTENDENT