



THE UNITED REPUBLIC OF TANZANIA

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 MAM PHARMACY Facility Identification Number (FIN) 0103354
 Physical address:
 Street GT 3A Ward TEGETA District/Municipal UBUNGU Region DAR ES SALAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name PIN Phone
 Address Email

A.3. REASON(S) FOR CHANGE

ASSIGNMENT OF SUPERINTENDENT

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

A.4. OWNER'S DETAILS

Full Name MWAJUMA MAMU Phone Number 0658770084
 Remarks
 Signature Mamuli Date 09/1/2018

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ROMANA LAURENCE PIN 010639 Phone Number 0717215440 Email
 Physical address:
 Street GT 3A Ward TEGETA District/Municipal UBUNGU Region DAR ES SALAM
 Details of Previous pharmacy:
 Name of Pharmacy MAM PHARMACY FIN District/Municipal UBUNGU Region DAR ES SALAM

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. ROMANA LAWRENCE PIN 0100539
2. Namba ya simu. 0717 215 440 barua pepe rommiolaw@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2024
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. ROMANA LAWRENCE mwenye
taaluma ya dawa ngazi ya degree nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
MDM PHARMACY FIN lililopo katika
Wilaya ya UBUNGU Mkoani SAR ES SALAAM
Sahihi [Signature] Tarehe 23/9/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi

Hermon Msonje Tarehe 23/9/2025
Muhuri KNY: DMO
Mwanga Mkuu wa Manispa ya Ubungu
Halmashauri ya Manispa ya Ubungu

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Itibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ROSEMARY MSUMI Kata ya GUBA

Nathibitisha kwamba Ndugu ROMANA LAWRENCE anaishi

langu mtaa/kijiji Tegeta A kuanzia mwaka 2021

Sahihi Afisamtendaji

Tarehe

23/09/2025

Muhuri
Mtendaji





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

ROMANA LAWRENCE

PIN NO: 0100539

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:07 January 2011

Expires on:31 December 2025

Registrar
Pharmacy Council



CONTRACT AGREEMENT TO CONDUCT BUSINESS OF PHARMACIST

BETWEEN

(PROPRIATOR)

AND

(SUPERINTENDANT PHARMACIST)

AGREEMENT FOR EMPLOYMENT TO OPERATE BUSINESS OF A PHARMACIST

This Agreement is made on this 25th day of SEPTEMBER 2025

BETWEEN

MWATIMBA MALULU (Name) of P.O. BOX - Region DR SS SALAM
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

ROMANA LAURENTE a registered pharmacist who supervises a business of a pharmacist (hereinafter referred to as **SUPERINTENDANT**) of another part

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

WHEREAS in compliance of section 43 of the act the proprietor wishes to engage the professional service of a pharmacist to be incharge of his business;

WHERE AS the superintendant is willing to provide professional service to the proprietor in lieu of remuneration for such service or such other terms and condition as stipulated hereunder

WHEREAS the proprietor and a superintendant (together known as **parties**) 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 MAM 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.

"pharmacist" means a person registered as such under section 16 of the Act.

Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 1st day of OCTOBER 2025 to 31st day of SEP 2026

2. Commencement of Services

The pharmacist shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 1st day of OCTOBER 2025

3. Obligation of the Parties:

4. 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 pharmacist 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 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.

4.1.7 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 superintendant shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

The pharmacist shall have the following duties and obligations: -

- 4.2.1 Shall obtain from the council and other appropriate authorities collect requisite licence, permit and authorization and keep the pharmacy within the standard and condition as contained in the written law that regulates and control the business of a pharmacist.
- 4.2.2 Shall ensure physical supervision of the said premise at a minimum of 15 hours of 7days of a week. Full time pharmacist is more preferable
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in higher level all the time.
- 4.2.4 Shall 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 activities of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy
- 4.2.7 Shall provide pharmaceutical service with due care.
- 4.2.8 Shall ensure availability of all necessary reference and other relevant material necessary to providing pharmaceutical care
- 4.2.9 Shall report to the council on the malpractice or violation done by proprietor.
- 4.2.10 Shall ensure availability of all necessary tools for operation of the pharmacy are in place like superintendent logbook, PC logo, dispensing register, ledger etc.
- 4.2.11 Must ensure whoever is on duty appears in the white coat with a name tag on it.
- 4.2.12 Shall establish a well-organized management body of a pharmacy he/she supervises
- 4.2.13 Shall ensure all the certificate are displayed in the pharmacy
- 4.2.14 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.15 Shall keep medicines, medical supplies and other pharmacy items are properly 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 one (1) 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 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 herein after appearing.

Signed and delivered by the parties at ~~IFRATA~~ this 25 day of September 2025

SIGNED and DELIVERED

Bythe. Said MWANUMA MALULU

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

Introduced.....to me by

.....the latter known to me personally

This...25... day of...September... 20...25

In the presence of:

Name...Moses D. Magidale.....

Designation.....HAKIMU MKAZI.....

Signature.....MAHAKAMA YA MWANZO.....

Date...26/9/25.....Kawe.....



PROPRIETOR

SIGNED and DELIVERED

By the said...ROMANA LAURENCE.....

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

Introduced to me by.....

.....the latter known to me

personally

This...25... day of...SEPT... 2025

In the presence of:

Name...Moses D. Magidale.....

Designation.....HAKIMU MKAZI.....

Signature.....MAHAKAMA YA MWANZO.....

Date...26/9/25.....Kawe.....



PHARMACIST