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 VIGO PHARMACY Facility Identification Number (FIN) 0300412

Physical address:
Street MWAIILOLE Ward BUHALAHALA District/Municipal GEITA Region GEITA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ELIZABETH NDOZELO PIN 0102394 Phone 0764 839178
Address GEITA Email endozelo@gmail.com

A.3. REASON(s) FOR CHANGE BY MUTUAL AGREEMENT

Time frame of notification: (As per Contract) ..... Signature ..... Date 01 FEB, 2024

A.4. OWNER'S DETAILS

Full Name VIGO LIGHT LIMITED Phone Number 0657 306867
Remarks .....
Signature ..... Date 01 FEB 2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JOYCE PHILIP PIN 0102470 Phone Number 0686809116 Email Lxilamwai40@gmail.com
Physical address:
Street MTAKUJA Ward MTAKUJA District/Municipal GEITA Region GEITA
Details of Previous pharmacy:
Name of Pharmacy J.1 PHARMACY FIN ..... District/Municipal MYAMAGNHA 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 another superintendent/ Other Pharmaceutical Personnel within the mentioned time

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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name ..... Joyce Philip .....

.....

* 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		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0102470	April, 2021	April, 1990	Tanzanian	P.O. Box 407 Mwanza	Bachelor of Pharmacy	St. Johns University of Tanzania 2019
22nd		21st				

Date 18th May 2021

REGISTRAR

NOTES: (1) This certificaate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should be made to the current Published list for evidence as to continue registration.

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 JOYCE PHILIP KILAMWAI PIN 0102470
2. Namba ya simu 0686801916 barua pepe kilamwai40@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 26/12/2023
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. 9916202307 26 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi JOYCE PHILIP KILAMWAI mwenye taaluma ya dawa ngazi ya BACHELOR DEGREE nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo VICO PHARMACY FIN 030041 2 lililopo katika Wilaya ya GEITA Mkoani GEITA

Sahihi [signature] Tarehe 01 FEB, 2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

Jina na Sahihi David Mshandete **Tarehe** 01-02-2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) [illegible] Kata ya MTAKUJA

Nathibitisha kwamba Ndugu JOYCE PHILIP KILAMWAI anaishi langu mtaa/kijiji [illegible], kuanzia mwaka 2023

Muhuri Mtendaji

Sahihi Afisa Mtendaji [signature] **Tarehe** 01/02/2024

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

JOYCE PHILIP

PIN NO: 0102470

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 22 April 2021

Expires on 31 December 2024

Registrar
Pharmacy Council

NMB
Close to you

Date & Time
Feb 06, 2024 15:16:52

From
Goodlucky Dickson Erasto

Payment for
Pharmacy Council
991620239206

Transaction Type
Pay by NMB - GEPG
Feb 06, 2024 15:16:52
Amount (TZS)
50,000.00
Goodlucky Dickson Erasto
Reference Number
MKA03RZLSABRCO27HV6FX
Pharmacy Council
991620239206

Transaction Type
Pay by NMB - GEPG
Amount (TZS)
50,000.00

Accounts | Transactions | Loans | Payments
Teleza Kidigitali

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

VIGO LIGHT LIMITED

(PROPRIETOR)

AND

JOYCE PHILIP KILAMWA

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 28 day of 01 20 24

BETWEEN

VIGO LIGHT LIMITED **(Name) of P.O. BOX** 134 **Region** GEITA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

JOYCE PHILIP KILAMWA a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT)** of another part.

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

AND 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;

AND 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;

AND WHEREAS the proprietor and superintendent (together referred as **"the 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;

AND WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as VIGO Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. **Interpretation:**

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

"Act" means the Pharmacy Act, [Cap 311 R: E 2002] Laws of Tanzania.

"Agreement" means this 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;

"Council" means the Pharmacy Council established under section 3 of the Act.

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.

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

"Proprietor" means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

"Registrar" means Registrar of the Council appointed under Section 11 of the Act

"Superintendent" means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under 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 28 day of January 20 24 to 28 day of January 20 25

3. **Commencement of Supervision**

The superintendent shall commence management and supervision of the above-named Pharmacy on the 01 day of February 20 24

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 allowance/emoluments of TZS 800,000/= payable to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement.

(a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than the 1st day of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **ten (10)** days without any justifiable cause, the Superintendent shall treaty such late payment as a breach of contract and

8. The 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 this 28 day of 01 20 24

SIGNED and DELIVERED at Geita by the said VIGO LIGHT LIMITED who is known to me personally/identified ~~to me by~~ ..... the latter being personally known to me this 28 day of 01 20 24

PROPRIETOR

In the presence of:
Name: Mick Chotta
Designation: Advocate
Signature:
Address: 462, Mafinga
Date: 28/01/2024

Mick Chotta Box 462 Mafinga Advocate, Notary Public & Commissioner for Oaths

Signed and delivered by the parties at this 28 day of 01 20 24

SIGNED and DELIVERED at Geita by the said JOYCE PHILIP KILAWAI who is known to me personally/identified to me by ..... the latter being personally known to me this 28 day of 01 20 24

SUPERITENDENT

In the presence of:
Name: Mick Chotta
Designation: Advocate
Signature:
Address: 462, Mafinga
Date: 28/01/2024

Mick Chotta Box 462 Mafinga Advocate, Notary Public & Commissioner for Oaths