



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 BARAKA NZINYANGWA KAVURAYA PIN 0103191
2. Namba ya simu 0766262267 barua pepe barakakavuraya@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. 97 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi BARAKA NZINYANGWA KAVURAYA mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
KINGS-17 PHARMACY, MSIMWEMA FIN 03000848 lililopo katika
Wilaya ya SONGEA MAMUPAA Mkoani RUVUMA
Sahihi [Signature] Tarehe 05/02/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi NYAGAWA KASIAN. M. Tarehe 06/02/2025
Muhuri KNY: DMO
Municipal Medical Officer of Health
SONGEA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) STAN G. KIBIKI Kata ya MSIMWEMA

Nathibitisha kwamba Ndugu BARAKA NZINYANGWA KAVURAYA anaishi

langu mtaa/kijiji MSIMWEMA kuanzia mwaka 2024

Sahihi Afisamtendaji

[Signature]

Tarehe 11/02/2025

Muhuri Mtendaji
AFISA MTENDAJI KATA
YA MSIMWEMA
SONGEA (M)

AGREEMENT FOR EMPLOYMO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 05 day of FEBRUARY 2025

BETWEEN

KINGS-17 PHARMACY - MTI MWEMA. (Name) of P.O.BOX 5 Region Ruvuma

(herein after referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

BARAKA N. KAVURAYA 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 a pharmacist styled as
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 whole sale 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 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 05 day of 02 2025 to 30 day of JUNE 2025

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 05 day of 02 2025

4. Obligation of the Parties:

a. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- i. The PROPRIETOR shall pay Monthly salary/emoluments of TZS. 800,000/2 payable monthly to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.
- ii. 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.
- iii. Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- iv. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- v. Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- vi. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- vii. Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- viii. Shall ensure pharmaceutical services are provided with due care.
- ix. Shall ensure all proper records are maintained and managed well.

SIGNED and DELIVERED

By the said

Who is known to me personally/

Introduced to me by

KINGS-17 PHARMACY
(NJI MWENIA)

.....the latter known to me personally
This 11 day of 02 20 25

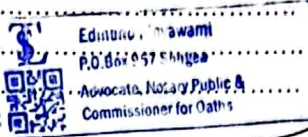
In the presence of:

Name: EDMUND MUYAWAMI

Designation: ADVOCATE

Signature:

Date: 11/02/2025



PROPRIETOR

SIGNED and DELIVERED

By the said SARAKA NZINYANGWA KAVURAYA

Who is known to me personally/

Introduced to me by

.....the latter known to me personally
This 11 day of 02 20 25

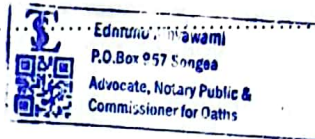
In the presence of:

Name: EDMUND MUYAWAMI

Designation: ADVOCATE

Signature:

Date: 11/02/2025



SUPERINTENDENT