

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCI



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	NAME OF THE PHARMACY						
	Physical address: Street MAPIJANI Ward VI WANDANI District/Municipal DODOMA Region DODOMA						
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL 0629303294 Full Name Dona U MT00 PIN 4.0.442 Phone 0629303294 Address P. O. 30X 1249 Email						
	A.3. REASON(s) FOR CHANGE						
A.3. REASON(s) FOR CHANGE							
	Time frame of notification: (As per Contract) 1720 Signature Davido Date 26/8/24						
	A.4. OWNER'S DETAILS Full Name Phone Number D656 803025 Remarks VERY (TOO PRIDMANCE) Signature Date 12 05 225						
В.	TO BE COMPLETED BY THE OWNER ONLY						
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name (a COR DE SOJISMS) PIN 04 07144 Phone Number 06720920 Email 80447055404 Physical address: Street NAP I JANI Ward V(WAND) District/Municipal DODO A Region DODO A Details of Previous pharmacy: Name of Pharmacy PAISL PHARMACY FINO 190662 District/Municipal DODO Region DODO A Region DODO Region Region DODO Region DODO Region Region Region DODO Region Region Region DODO Region Region Region Region Region Region Region Region Reg						
	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						
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.						



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 GEORGE SUSSINSSI PIN 0407144
2. Namba ya simu. 0672225220 barua pepe sulewiguase 61 egmill win
3. Tarehe ya mwisho kuhuisha jina <i>(Retention). בל בו בו 1.</i>
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)
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:
Mimi CTEOLTE SDSTENSI mwenye
taaluma ya dawa ngazi ya INPLOMA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
PATEL PHARMACY FIN 0100662 lililopo katika
Wilaya ya DODOMA
Sahihi Tarehe 13 5 2025
Uthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia Muhuri KNY:
Jina na Sahihi (Munk) tra Tarehe Stocker Dedoma CITY MEDICAL OFFICER
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:
Ithibitishwe na: Afisa Mtendaji
Jina la mtendaji (Kata). Deborg L. malaii. Kata ya. Vilwandani-
Nathibitisha kwamba Ndugu. Storg! 9091811899 anaishi Muhuri TENDAJ
langu mtaa/kijiji Marijani kuanzia mwaka 2024 Mtendali Pendaga MARIJAN
Sahihi Afisamtendaji Tarehe
13-09-2029.



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

GEORGE SOSTENESI

PIN NO: 0407144

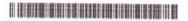
Having complied with the provision of Section 25 of The Pharmacy Act, Cap 311 is entitled to practice as a Pharmaceutical Technicians upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:05 September 2023

Expires on:31 December 2025

Registrar Pharmacy Council







THE UNITED REPUBLIC OF TANZANIA

00006928

THE PHARMACY COUNCIL CERTIFICATE OF ENROLLMENT

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

Pharmacy Council
P. O. Box 1277

Full Name

George Sostewesi

Geor

*I harreny 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.

Ent	rollment	Date				Place and
PIN.	Date	of Birth	Nationality	Address	Qualification	Place and Date of Qualification
*	4, 2023	1994			Sciences	<u> </u>
0407144	September	Apsill,	njan	Box 47	Diploma in Phasmacentical Scien	Johns Univers Tanzania 2021
	445	16批	Tanzanian	P.D. Box	Diploma Phasmas	等 年 五
	را ملح	nh 200				

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NOTES: 1) This certificate affords immediate evidence of registration. In the course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

Government Printer, Dam



TO PROVIDE PHARMACEUTICAL SERVICES This Agreement is made on this 12 day of 05 20 25 BETWEEN

(Name) of P.O.BOX 1249 Region DODOMA

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

AND

AND

TEORIE SOSISMS | an enrolled pharmaceutical technician who provides pharmaceutical services

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

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 a pharmaceutical technician are desirous to enter into an agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree that the pharmaceutical technician will be providing pharmaceutical services to 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 wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

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

The pharmaceutical technician shall have the following duties and obligations: -

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 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 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.

Signed and delivered by the parties at this 9th day of M	(Y 20 2 S						
By the said. Source - A - Board							
Who is known to me personally/							
Introduced to me bythe latter known to me personally	AL.						
This day of May 20 25	PROPRIETOR						
In the presence of: Name: A YUB Y NAVIA SULAY Designation: A DYOCATE Signature: Surgey Date: 417 WAY 202 (Street Controlled to the c	Ayubu David Silding Box 43 Dogodonia Silding S						
SIGNED and DELIVERED By the said CJEOP IFE SETTENCE							
Who is known to me personally/							
Introduced to me bythe latter known to me personally	F						
This. 13 day of 05 20 2 5	PHARMACEUTICAL TECHNICIAN						
In the presence of: Name: AYUBU DAVID SUDAY Designation: A DV CATE Signature: 9th MAY 2025	Box 43 Dadongo Rote Notary Public Ssioner for Oaktis						