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..EUNICE RAYMOND..... PIN 0408681.....
2. Namba ya simu...0763093386..... barua pepe eunicelyimo522@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*..13/09/2024
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...EUNICE RAYMOND LYIMO..... mwenye taaluma ya dawa ngazi ya ...MTEKNOLOJIA DAWA..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo .....SYNERGY..... FIN 0102398..... lililopo katika Wilaya ya ...KINONDONI..... Mkoani ...DAR ES SALAAM.....

Sahihi .....Eunice..... Tarehe ...19/8/2024.....

Uthibitisho wa Mfamasia wa Halmashauri

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

Kny: MGANGA MKUU WA HALMASHAURI YA MANISPAA YA KINONDONI

Muhuri KNY: DMO

Jina na Sahihi ..OSWIN SANGA.....[signature] **Tarehe**..19/8/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..MAA – SABRI MAHAWA Kata ya...ICHUKUNYAMA.....

Nathibitisha kwamba Ndugu...EUNICE RAYMOND LYIMO anaishi langu mtaa/kijiji...BWAWANI...,kuanzia mwaka...2014.....

Muhuri Mtendaji

HALMASHAURI YA MANISPAA YA KINONDONI AFISA MTENDAJI WA MTAA MTAA WA BWAWANI

Sahihi Afisamtendaji .....[signature]..... **Tarehe** ...20/08/2025.....

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.....LUCIANA SYNERGY PHARMACY.....Facility Identification Number (FIN).....0102358

Physical address:

Street...ADA ESTATE.....Ward...MIKOCHENI.....District/Municipal...KINONDONI.....Region...DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name...LUCIANA SIXBETUS MASKINI....PIN 04076665..Phone...0673683689.....

Address.....KUNDUCHI.....Email...Lsixbetus@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....

FAMILY PROBLEMS WHICH MIGHT CAUSE MY ABSENCE ON MY WORK STATION

Time frame of notification: (As per Contract) ONE MONTH..Signature.....Date 01/08/2025.....

A.4. OWNER'S DETAILS

Full Name.....DR. AGNES JONATHAN.....Phone Number.....0759431294.....

Remarks.....Resignation accepted.....

Signature.....Date...07/8/2025.....

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name EUNICE RAYMOND LYIMO.....PIN.04086811 Phone Number.0763093386.....Email.....eunicelyimo522@gmail.com

Physical address:

Street..BWAWANI.....Ward..KIJITONYAMA.....District/Municipal.....KINONDONI.....Region.....DAR ES SALAAM

Details of Previous pharmacy:

Name of Pharmacy.....N/A.....FIN..... District/Municipal..... Region.....

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.

AGREEMENT OF EMPLOYMENT

PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 5th Aug, 2025

BETWEEN

SYNERGY PHARMACY LTD of P.O.BOX 38067, DAR ES SALAAM (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

Ms. EUNICE RAYMOND LYIMO of **DAR ES SALAAM,** a Pharmaceutical Technician with **PIN No. 0408681** who will be full-time employed and perform all the technical activities at Synergy Pharmacy Ltd under the Superintendent - Pharmacist Supervision (hereinafter referred to as the **Pharmaceutical Technician)**

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act 2011 Cap 134

WHEREAS in compliance with the Pharmacy Act, Regulations and Guidelines engage the professional services of a Pharmaceutical Technician to his business,

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 Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing.

WHEREAS the Parties agree to operate a business of a pharmacist styled as Retail Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS: -

1. **Interpretation:**

"Act" means the Pharmacy Act, 2011.

"Agreement" means the Agreement between the parties to 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.

"Pharmaceutical Technician" means a person enrolled as such under section 23 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 3 years, commencing from the **1st day of November 2024 to 30th day of October 2027 with option of renewal upon mutual agreement.**

3. **Probation period**

This employment will be subject to a three months' probation period, confirmation or extension of probation period shall be at the discretion of Proprietor/Directors based on the upon a success performance evaluation.

4. **Working Hours**

The Pharmaceutical Technician shall be working from sunset Saturday to sunset Friday with 8 working hours per day. As professional you will be required to work extended hours periodically.

5. **Dress code**

The Pharmaceutical Technician shall always wear a white coat or any official uniform with name tag.

6. **Obligation of the Parties:**

6.1 **The Proprietor:**

The proprietor shall have the following duties and responsibilities; -

6.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments **of TZS 396,650 (Three hundred ninety-six thousand six hundred and fifty shillings)** payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging her duties and functions as per this Agreement. At any event, the salary **shall not be paid in advance.**

6.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis.

6.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.

6.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

6.1.5 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

6.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

6.1.7 Follow up and implement on matters advised and approved by the Superintendent (Pharmacist) on professional and matters related to provision of good pharmaceutical services.

6.1.8 Shall ensure pharmaceutical services are provided with due care.

6.1.9 Shall ensure all proper records are maintained and managed well.

6.1.10 Shall ensure the use of reference and other relevant materials whenever necessary for provision of pharmaceutical services and operations.

6.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent (Pharmacist).

6.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

6.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.

6.1.14 Perform any other duty as the Council may determine from time to time.

6.2 **The Pharmaceutical Technician:**

At a salary or emolument stipulated in clause 6.1.1 of this Agreement, the Pharmaceutical Technician shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently perform the duties according to their **scope of practice** to the said pharmacy, dealing in Pharmaceuticals.

The Pharmaceutical Technician under personal supervision of a Superintendent (Pharmacist) Shall have the following duties and obligations: -

6.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

6.2.2 Shall ensure services are provided are provided under her physical supervision.

6.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of Superintendent (Pharmacist).

6.2.4 Shall facilitate capacity building to all pharmaceutical personnel that perform duties in the pharmacy.

6.2.5 Shall provide pharmaceutical service with due care.

6.2.6 Shall ensure all proper records are maintained and managed in the operations systems in accordance to good pharmacy practice standards.

6.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.

6.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.

6.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in Place and are kept in hygienic place

6.2.10 Must ensure that whoever is on duty shall appear on a white coat or official uniform and name tag on it.

6.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.

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

6.2.13 Shall maintain cleanest of the pharmacy and dispose garbage according to the regulations in daily basis.

6.2.14 Shall perform any other duty as the council may determine.

6.2.15 Shall perform any other duty assigned by the Proprietors/Director of Synergy Pharmacy Ltd

7. Termination

7.1 Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract.

7.2 Failure to perform duties according to your job description will lead to warnings and when it reaches three warning it may lead to termination.

7.3 Without information or leave or other lawful case, employee absence for 5 days might lead to termination.

7.4 If Pharmaceutical Technician commits fraud, gross dishonesty, recklessness, disclosure of information related to financial conflict of interest it may lead to direct termination.

7.5 This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of one (1) month to the other party of his intention to terminate this contract.

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

7.7 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

7.8 The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

8. Dispute Settlement

8.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

8.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

8.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Pharmaceutical Technician from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

9. Confidentiality

The During the course of employment, an employee may have access to confidential or Proprietary information. Examples of this type of information may include financial Data, computer programs, proposals, patient information, documents, procedures, and Information in a formative stage. This information may be the property of Synergy Pharmacy LTD. Employees are prohibited from sharing and/ disclosing such information without permission of Synergy Pharmacy LTD.

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

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 5th day of Aug 20 25

SIGNED and DELIVERED at Dar es salaam by the said

Dr. Agnes Jonathan who is
known
to me personally/identified to me by _____
the latter being

_____
PROPRIETOR

personally known to me this 5th day of Aug 2025.

SIGNED and DELIVERED at Dar es salaam by the said

Ms. Eunice R. Lyimo who is
known
to me personally/identified to me by _____
the latter being

_____
Pharmaceutical Technician

personally known to me this 5th day of Aug 2025.

In the presence of:

Name: BERNAD STEPHEN
Address: 32080
Phone: 0758 464 996
Signature: _____
Qualification: ADVOCATE

Bernad Stephen
Box 32080 Dar es Salaam
Advocate, Notary Public
Commissioner for Oaths