



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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 DRK PHARMACY

Physical address: Facility Identification Number (FIN) 0103177

Street UHURU Ward SINZA A District/Municipal UBUNGO Region DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JESSICA NAMALA MARTIN PIN 0400427 Phone 0787070006

Address DAR ES SALAAM Email M.A

A.3. REASON(s) FOR CHANGE

THE FORMER PHARMACEUTICAL PERSONNEL IS NOT RETAINED

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

A.4. OWNER'S DETAILS

Full Name MUGALI LAZARO KITANDU Phone Number 0782121208

Remarks Signature M. Kitandu Date 5/8/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name JANE S. BERWA PIN 0500944 Phone Number 065922415 Email Janeberwa2022@gmail.com

Physical address: Street RANGU TATU Ward CHARAMBE District/Municipal TEMEKE Region DAR-ES-SALAAM

Details of Previous pharmacy: Name of Pharmacy 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.

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... JANE J. BEBWA PIN 0500994
2. Namba ya simu... 0659 224915 barua pepe Jane.bewa.2022@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 31-12-2025
4. Je, umehisha 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... JANE J. BEBWA mwenye
taaluma ya dawa ngazi ya... FUNDI DAWA MSAIDIZI nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
... DRK PHARMACY FIN 0103177... lililopo katika
Wilaya ya... UBUNGU Mkoani... DAR-ES-SALAAM
Sahihi... Jane J. Tarehe 01/08/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi HEZRON MSONGOLE / [Signature] Tarehe 05/08/2025

Muhuri KNY:
D.M.C.

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... ASHURA MAHURA Kata ya... CHARA MBE

Nadhibitisha kwamba Ndugu... JANE J. BEBWA anaishi

langu mtaa/kijiji... PATA TATU kuanzia mwaka... 2022

Sahihi Afisamtendaji

Tarehe

01/08/2025

Muhuri
Mtendaji

AFISA MTENDAJI WA KATA
CHARA MBE



THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.30 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

JANE J BEBWA

PIN NO: 0500994

Having complied with the provision of Section 30 of The Pharmacy Act, Cap 311
is entitled to practice as a **Pharmaceutical Assistants** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued: **23 January 2024**

Expires on: **31 December 2025**

**Registrar
Pharmacy Council**



AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL DISPENSER

This Agreement is made on this 02 day of AUGUST 20 25

BETWEEN

DR MUGALU LAZARO KIANDU (Name) of P.O.BOX 54802 Region DAR-ES-SALAM
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

JANE S BERWA A pharmaceutical dispenser who will perform all the technical activities in the pharmacy under personal supervision of pharmacist or pharmaceutical technician or pharmaceutical assistant (hereinafter referred to as the pharmaceutical dispenser).

Whereas the proprietor operates a business of a pharmacist which is a regulated business under the act.

Whereas in compliance with the pharmacy "pharmacy practice" regulation, 2012 the proprietor wishes to engage the professional services of a pharmaceutical dispenser to his business.

Whereas the pharmaceutical dispenser 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 dispenser are desirous to enter into an agreement, to support operation of a business of a pharmacist.

Whereas dispenser 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 DRK pharmacy.

And now wherefore this agreement witnessed as follows;

1. Duration of agreement

1.1 this agreement shall be effective for a period of twelve (12) months, commencing from the 02 day of AUGUST 20 25 to 01 day of AUGUST 20 26

1.2 working day shall be from MONDAY to SUNDAY (7 days per week)

1.3 And The working hours shall be from 07:30 to 00:00 (16 hours per day)

2. Commencement of supervision

the pharmaceutical dispenser shall commence technical assistance of the above named pharmacy on the 02 day of AUGUST 20 25

3. Obligation of the parties:

3.1 The proprietor:

The proprietor shall have the following duties and responsibilities; -

- i. The proprietor shall pay monthly salary/emoluments of tzs. 550,000/- payable monthly to the pharmaceutical dispenser upon discharging his duties and functions as per this agreement. At any event, the salary shall not be paid in advance.
- 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. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- iv. Follow up and implement on matters advised by a pharmaceutical dispenser and approved by superintendent on professional and matters related to provision of good pharmaceutical services.
- v. Shall ensure all proper records are maintained and managed well.
- vi. Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e superintendent log book, pc logo, dispensing register, ledgers etc.
- vii. Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

3.2 The pharmaceutical dispenser

under personal supervision of pharmacist or pharmaceutical technician or pharmaceutical assistant, a pharmaceutical dispenser shall perform the following tasks

- I. assist the sale of pharmacy only, prescription only and general sale medicines
- II. Assist in compounding manipulation or preparation of non -sterile medicine or categorized substance according to a formula and standards operating procedures approved by superintendent pharmacist
- III. Assist in ordering of medicine and scheduled substance upon review such medicine by authorized practitioner in the manner prescribed under the act or any other law or to purchase or obtain such medicine or categorize substance
- IV. Assist in labeling and supply of prescribed medicine

4. Termination

unless otherwise terminated by either party, this agreement shall be terminated upon expiry of the contract.

this agreement may be terminated by mutual agreement between both parties and or any 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.

5. Dispute settlement

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. Costs

The proprietor shall meet the cost of drawing up this agreement.

7. The laws of Tanzania here to 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 02 day of AUGUST 20 25

Name of Proprietor

DR MUGALU LAZARO KIANDU

signature

M Kiandu

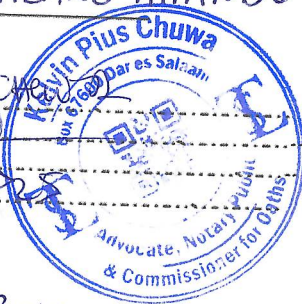
In the presence of:

Name: KEVIN CHUWA

Designation: Notary Public

Signature: [Signature]

Date: 2/8/2025



Name of dispenser

JANE J BEBWA

signature

J Bebwa

In the presence of:

Name: KEVIN CHUWA

Designation: Notary Public

Signature: [Signature]

Date: 2/8/2025

