



PCE, 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A
PHARMACY

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... SOLWA PHARMACY ... Facility Identification Number (FIN)... 0102335
Physical address:
Street... BUZWAGI ... Ward... SOLWA ... District/Municipal... SITINYANSA ... Region... SITINYANSA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ASIA HABIBU ABBA PIN: 010235 Phone: 0768788259/0625607911
Address: P.O. BOX 16 KAHAMA CHINYANKA Email: asiab62as42@gmail.com

A.3. REASON(S) FOR CHANGE

RESIDENCE CHANGE

Time frame of notification: (As per Contract) 30 DAYS Signature [Signature] Date 15/01/2024

A.4. OWNER'S DETAILS

Full Name: MAXWELL PARAJA Phone Number: 0763713838
Remarks: Good
Signature: Maxwell Date: _____

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: ALEX S. CRICK PIN: 010354 Phone Number: 0766203354 Email: alexcrick@gmail.com
Physical address:
Street: SOLWA Ward: SOLWA District/Municipal: SHINYANGA Region: SHINYANGA
Details of Previous pharmacy:
Name of Pharmacy: ART PHARMACY PIN: _____ District/Municipal: Pwani Region: Pwani

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



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

ALEX S ERICK

PIN NO: 0103541

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: 02 February 2024

Expires on: 31 December 2025

Registrar
Pharmacy Council



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 ALEX S. ERICK PIN 0103541
2. Namba ya simu 0620160244 barua pepe alex296@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 12/2024
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 EC162416324518 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ALEX S. ERICK mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo SOLWA PHARMACY FIN 0102335 lililopo katika Wilaya ya SHINYANGA Mkoani SHINYANGA Sahihi [Signature] Tarehe 28/03/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Shaban B. Maganga Tarehe 28/03/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Itibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) JACSON J. MABONGA Kata ya SOLWA

Nadhibitisha kwamba Ndugu ALEX S. ERICK anaishi

langu mtaa/kijiji SOLWA kuanzia mwaka 2024

Sahihi Afisa Mtendaji

Tarehe 08/04/2025

Muhuri KNY:
**AFISA MTENDAJI
KATA YA SOLWA
SHINYANGA**



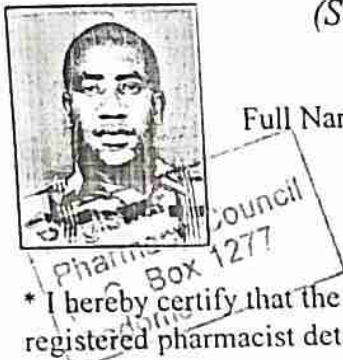
THE UNITED REPUBLIC OF TANZANIA

00002199

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name Alex S. Erick

* 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 | | | | | |
| 0103541 | 2nd February, 2024 | 14th October, 1996 | Tanzanian | P.O. Box 384 Geita | Bachelor of Pharmacy | St. Johns University of Tanzania 2022 |

Date 14th February 2024

 REGISTRAR

- NOTES: (1) This certificate 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 thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

AGREEMENT FOR EMPLOYEMENT TO OPERATE A BUSINESS OF PHARMACIST

This Agreement is made on this 01 MARCH day of MARCH 2025

BETWEEN

MAXWELL FARAJA (Name) of P.O.BOX 17 Region SHINYANGA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of business.

AND

ALEX S. ERICK a registered pharmacist in charge who supervises a business of 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 condition as hereinafter appearing

WHEREAS the parties agree to establish and operate a business of a pharmacist styled as SOLWA 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

"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 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 01 day of MARCH 2025 to 01 day of MARCH 2026

3. Commencement of supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of MARCH 2025

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 salary/emoluments of TZS 700,000/- Payable Monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement at any event , the salary shall not be paid in advance, initial TZS 1,400,000/- paid equal to 2 months
- 4.1.2. The salary /emoluments shall be net any applicable taxes and /or deductible employment benefits and shall be paid monthly and no later than the 1st day of the Pharmacy council and other relevant authorities.
- 4.1.3. Comply with the laws, Regulations, Guidelines and standards prescribed by the Pharmacy council and other relevant authorities.
- 4.1.4. Implement and ensure that standard required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5. Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy council.
- 4.1.6. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmaceutical services.
- 4.1.7. Follow up and implement on matter advised by a superintendent on professional and maintaining the modern pharmacy practice.
- 4.1.8. Shall ensure pharmaceutical services are provided with due care.
- 4.1.9. Shall ensure all proper records are maintained and managed well

- 6.2. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy
- 6.3. Nothing clause 6(6.1) and (6.2) shall prevent the proprietor or superintended from initiating or proceeding to the Commission for the Mediation and Arbitration (CMA)

7. Costs

The proprietor shall meet the cost of drawing up this Agreement

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
9. The Pharmacy 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 1st day of March 2025

SIGNED and DELIVERED

By the said Maxwell

Who is known to me personally/ ~

Introduced to me by

.....the latter known to me personally

This 1st day of March 2025

In the presence of:

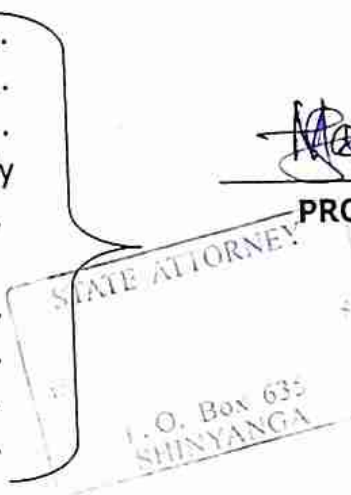
Name Immaculate Mepunda

Designation; State Attorney

Signature [Signature]

Date 11/3/2025

[Signature]
PROPRIETOR



SIGNED and DELIVERED

By the said ALEX S. ERICK

Who is known to me personally/ PHARMACIST

Introduced to me by

.....the latter known to me personally

This 01 day of MARCH 2025

In the presence of:

Name Immaculate Mepunda

Designation; Advocate

Signature [Signature]

Date 11/3/2025

[Signature]
SUPERINTENDENT

