



## THE UNITED REPUBLIC OF TANZANIA

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 KINTINKU PHARMACY Facility Identification Number (FIN) 0102811

Physical address:

Street LUSILILE Ward KINTINKU District/Municipal MANYONI Region SINGIDA

## A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MADELINE VICTOR KINYONGA PIN 0103337 Phone 0766114872Address 104 SINGIDA Email madelinekinyonga@gmail.com

## A.3. REASON(s) FOR CHANGE

Breach of contractTime frame of notification: (As per Contract) 1 month Signature [Signature] Date 23/12/2024

## A.4. OWNER'S DETAILS

Full Name WILLIAM PATRICK CHABONI Phone Number 0742151281, 0658325860Remarks MMEXUBALI KUWITA MICHATASignature [Signature] Date 23/12/2024

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name IRENE K. WILFRED PIN 010791 Phone Number 0732673 Email irene.kw@gmail.com

Physical address:

Street LUSILILE Ward KINTINKU District/Municipal MANYONI Region SINGIDA

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 IRENE K. WILFRED PIN 0103991
2. Namba ya simu 0787816718 barua pepe irenewilfred0787@gmail.com
3. Tarehe ya mwisho kuhuisha jina (*Retention*) .....
4. Je, umehuisa 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 IRENE K. WILFRED mwenye  
taaluma ya dawa ngazi ya SITATADA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
KINTIKU PHARMACY FIN 0102811 lililopo katika  
Wilaya ya MANYONI Mkoani SINGIDA  
Sahihi I.K. Wilfred Tarehe 30/4/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi FAUSTINE TUNGARARA Tarehe 30/4/25  
  


SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

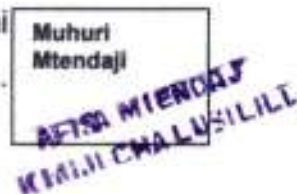
Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) JOSEPHAN J. KIMBU Kata ya KINTIKU  
Nadhibitisha kwamba Ndugu IRENE K. WILFRED anaishi  
langu mtaa/kijiji LUSILILE kuanzia mwaka 2023

Sahihi Afisamtendaji

Tarehe

30-04-2025







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

**IRENE K WILFRED**

**PIN NO: 0103991**

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:27 March 2025

Expires on:31 December 2025

**Registrar  
Pharmacy Council**



# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 1 day of May 2025

## BETWEEN

WILLIAM PATRICK CHIBON (Name) of P.O.BOX 60 Region SINDIGA  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees,  
agents or his legal representative of his business.

## AND

IRENE K. WUFRÉD 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 KININKU 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 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 01 day of May 2025 to 30 day of April 2026

**3. Commencement of Supervision**

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of May 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. 800,000/= 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.
- 4.1.2 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 1<sup>st</sup> day of the following month.
- 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 standards 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 pharmacy practice.
- 4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 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.

- 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 Superintendent.
- 4.1.12 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.
- 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 are 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 Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

**The superintendent shall have the following duties and obligations: -**

- 4.2.1 Shall obtain from the Pharmacy Council and other appropriate authorities collect the requisite licenses, permits and authorization and keep the pharmacy within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.
- 4.2.2 Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.



- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16 Shall perform any other duty as the Council may determine.

## **5. 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.

## **6. Dispute Settlement**

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

- 6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- 6.3 Nothing in 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 01 day of May 20 25

#### SIGNED and DELIVERED

By the said WILLIAM PATRICK CHIBONT

Who is known to me personally/ OWNER

Introduced to me by .....

.....the latter known to me personally

This 01 day of 05 20 25

[Signature]  
**PROPRIETOR**

#### In the presence of:

Name: JENNIFER PHILIP BAI

Designation: COMMISSIONER OF OATHS

Signature: [Signature]

Date: 01/05/2025

#### SIGNED and DELIVERED

By the said IRENE K WILFRED

Who is known to me personally/ Superintendent

Introduced to me by .....

.....the latter known to me personally

This 01 day of 05 20 25

[Signature]  
**SUPERINTENDENT**

#### In the presence of:

Name: JENNIFER PHILIP BAI

Designation: COMMISSIONER OF OATHS

Signature: [Signature]

Date: 01/05/2025



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 MARY NASON MANYONO PIN 0405608
2. Namba ya simu 0628739873 barua pepe Marynason97@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) DECEMBER 2025
4. Je, umehusha 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 MARY NASON MANYONO mwenye  
taaluma ya dawa ngazi ya ASTASHAHADA nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo  
KINTIKU PHARMACY FIN ..... lililopo katika  
Wilaya ya MANYONI Mkoani SINGIDA  
Sahihi [Signature] Tarehe 02/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi FAUSTINE TUNGARARE Tarehe 02/05/2025  
[Signature] [Stamp: KAY NG'ECES/KIWA WILAYA MANYONI]

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MOURRIH MAJAMU Kata ya KINTIKU

Nadhibitisha kwamba Ndugu MARY NASON MANYONO anaishi

langu mwenye kiji LUSILE kuanzia mwaka 2000

Sahihi Afisamtendaji

[Signature]

Tarehe

6.5.2025

Muhuri  
Mtendaji

[Stamp: AFISA MTENDAJI KATI KATI YAKO KINTIKU]



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:

**MARY NASON MANYONO**

**PIN NO: 0400608**

Has complied with the provisions of Sections 26 of The Pharmacy Act No. 1 of 2011

and is fit to be registered as a **Pharmaceutical Technician** (g.c.f.)

and is fit to be registered as a **Pharmaceutical Technician** (g.c.f.)

in accordance with its Regulations.

**11 November 2022**

**Expires 31 December 2025**

**Signature**  
**Pharmacy Council**



## AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 01 day of 05 2025

BETWEEN

WILLIAM CHIBON (Name) of P.O.BOX 60 Region SINDA  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

MARY NAON MANYONO enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under 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.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to 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 KINIINKU Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS:

### 1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"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 twelve (12) months, commencing from the 01 day of 05 2025 to 01 day of 05 2026

### 3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 05 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. 400,000/=  
payable monthly to the PHARMACEUTICAL TECHNICIAN upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.

4.1.2 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 1<sup>st</sup> day of the following month.

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 standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 Hire other 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 pharmacy practice.
- 4.1.7 Follow up and implement on matters advised by a Pharmaceutical Technician and approved by Superintendent on professional and matters related to provision of good pharmaceutical services.
- 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.
- 4.1.10 Shall ensure the use of reference and other relevant materials whenever 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.
- 4.1.11 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.
- 4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.14 Perform any other duty as the Council may determine from time to time.

#### 4.2 The Pharmaceutical Technician;

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 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 pharmacist  
Shall have the following duties and obligations: -

- 4.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.2 Shall ensure services are provided are provided under his/ her physical supervision.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.
- 4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.5 Shall provide pharmaceutical service with due care.
- 4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- 4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.11 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.
- 4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.13 Shall perform any other duty as the council may determine.

##### **5. 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.

#### **6. Dispute Settlement**

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

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

6.3 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).

#### **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 01 day of 05 2025

**SIGNED and DELIVERED**

By the said WILLIAM PATRICK CHIBONI

Who is known to me personally/ OWNER

Introduced to me by \_\_\_\_\_

\_\_\_\_\_ the latter known to me personally

This 01 day of 05 2025

WD

PROPRIETOR

**In the presence of:**

Name: JENNIFER PHILIP BAJI

Designation: COMMISSIONER FOR DATA

Signature: Baji

Date: 01/05/2025



**SIGNED and DELIVERED**

By the said MARY NAJON MANYOND

Who is known to me personally/ \_\_\_\_\_

Introduced to me by \_\_\_\_\_

\_\_\_\_\_ the latter known to me personally

This 01 day of 05 2025

MD

PHARMACEUTICAL

TECHNICIAN

**In the presence of:**

Name: JENNIFER PHILIP BAJI

Designation: COMMISSIONER FOR DATA

Signature: Baji

Date: 01/05/2025

