



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... NEW KARAGWE PHARMACY Facility Identification Number (FIN)... 0101074
Physical address:
Street... KATANGA Ward... SOKONI District/Municipal... KARAGWE Region... KAGERA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... BARIKI MAGNUS PIN... 0401990 Phone... 0743233939
Address... Email... magnusbarki@gmail.com

A.3. REASON(S) FOR CHANGE

End of contract

Time frame of notification: (As per Contract) 30 days Signature... B. Magnus Date... 24/09/2025

A.4. OWNER'S DETAILS

Full Name... JUSTINE GABRIEL Phone Number... 0715164581
Remarks... Agree to change
Signature... [Signature] Date... 24/09/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... ROBERT SUBIRA PIN... 0402379 Phone Number... 076919214 Email... robertkoraphy@gmail.com
Physical address:
Street... KATAMA Ward... KANYABERA District/Municipal... KARAGWE Region... KAGERA
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)

- Copies of registration certificate and valid license to practice
- Contract Agreement/MOU
- Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations... Designation... Signature... Date...
Full Name...

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 ROBERT SUBIRA PIN 0402379
2. Namba ya simu 0768 199214 barua pepe robertrosphong@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31 December 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 ROBERT SUBIRA mwenye
taaluma ya dawa ngazi ya STASHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
NEW KARAGWE PHARMACY FIN 0101074 lililopo katika
Wilaya ya KARAGWE Mkoani KAGERA
Sahihi Robert Tarehe 22/09/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi NAILATIL MUSA Tarehe 23/09/25

Muhuri KNY:
DMO

MKUU WA DIVISION YA AFYA, USTAWI WA JAMII

NA HUDUMA ZA LISHE

KARAGWE

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) AGNES BUTAHWA Kata ya KAYANGA

Nathibitisha kwamba Ndugu ROBERT SUBIRA anaishi

langu mtaa/kijiji K. Ruzi N. G. A kuanzia mwaka 2022

Sahihi Afisamtendaji

Tarehe

Buta

23/09/2025

Muhuri
Kw AFISA MTENDAJI
KATA KAYANGA
S.L.P 20
KARAGWE

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

JUSTINE GABRIEL TAMARA

(PROPRIETOR)

AND

ROBERT SUBIRA

(PHARMACEUTICAL TECHNICIAN)

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 22 day of 09 20 15

BETWEEN

JUSTINE GABRIEL (Name) of P.O.BOX 334 Region KALERA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

ROBERT SUBIRA 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 NEW KARAGWE 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 22 day of 09 20 25 to 22 day of 09 20 26

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above-named Pharmacy on the 22 day of 09 20 25

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. 300,000/- 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 1st 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.

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 22 day of 09 20 25.

SIGNED and DELIVERED

By the said JUSTINE GABRIEL

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 23 day of 09 2025

In the presence of

Name: Jamy Chawan

Designation: Advocate

Signature: [Signature]

Date: 23/09/2025



[Signature]
PROPRIETOR

SIGNED and DELIVERED

By the said ROBERT SUBIRA

Who is known to me personally/

Introduced to me by JUSTINE GABRIEL

.....the latter known to me personally

This 23 day of 09 2025

In the presence of

Name: Jamy Chawan

Designation: Advocate

Signature: [Signature]

Date: 23/09/2025



[Signature]
PHARMACEUTICAL
TECHNICIAN