



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: Reisar Care Facility Identification Number (FIN): 0103131
Physical address: Mbagala Ward: Kibonde maji District/Municipal: Tembeke Region: Dar-es-Salaam
Street: Zakheim

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: Glenn Mwegisi PIN: 0752029145 Phone: 0752029145
Address: Email:

A.3. REASON(s) FOR CHANGE

Hakuna na muda wa kukaa Pharmacy na kufanya kazi

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

A.4. OWNER'S DETAILS

Full Name: Shawel Bilaga Phone Number: 0718 731 972
Remarks: S.B
Signature: S.B Date: 11/3/25

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: Doto Shari fu PIN: 0405159 Phone Number: 062019419 Email:
Physical address: Idriss Majum Ward: Mzimuni District/Municipal: Kinondoni Region: Dar-es-Salaam
Street:
Details of Previous pharmacy:
Name of Pharmacy: Magnetic Community Pharmacy FIN: District/Municipal: Ilala Region: Dar-es-Salaam

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: Signature: Date:
Full Name: Designation:

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.

NE: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

**THE EMPLOYMENT AGREEMENT CONTRACT OF A
PHARMACEUTICAL TECHNICIAN.**

THIS AGREEMENT is made on this 01 day of July 2024 Between

SHAWINK OMARI BILANGA

(Hereafter referred to as the "PROPRIETOR"), On the one -part

AND

DOTS SHARIF AHMAD

(Hereafter referred to as the PHARMACEUTICAL TECHNICIAN") of the other part:

A pharmaceutical dispenser who will perform the pharmaceutical activities in the pharmacy under the pharmacist supervision.

WHEREAS the Proprietor operates a business of a pharmacy which is a regulated business under the pharmacy 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 dispenser is willing to offer pharmaceutical services to the proprietor in lieu of remuneration for such services or such other terms and conditions which includes:

WHEREAS the proprietor and the pharmaceutical dispenser are desirous to enter into an agreement, to support operations of a pharmacy business.

WHEREAS the parties agree to operate a business of a pharmacy styled as

REISAR CARE PHARMACY

Duration of contract.

The contractual agreement shall be effective for a period of twelve (12) months, commencing from the 01 Day of July 2024 to 30 day of June 2024

Commencement of Pharmaceutical activities

The pharmaceutical dispenser shall commence the Pharmaceutical services of the above pharmacy on the 01 Day of July 2024

DUTIES AND RESPONSIBILITIES OF THE PROPRIETOR.

The proprietor shall have the following duties and responsibilities:

The PROPRIETOR shall pay monthly salary/emoluments of TZS 450000/= payable monthly to the PHARMACEUTICAL TECHNICIAN upon discharging his duties and functions as per this agreement.

Comply with the Laws, Regulation, Guidelines and standards prescribed by the pharmacy Council and relevant authorities

Perform any other duty as Council may determine from time to time

THE PHARMACEUTICAL TECHNICIAN'S DUTIES AND RESPONSIBILITIES.

1. Perform 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 pharmaceutical products.
2. Shall implement and ensure that standards required for pharmacy and pharmaceutical
3. properties are maintained in high level of all times
4. Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
5. Shall provide pharmaceutical service with due care.
6. Perform all his/her duties as per the requirements of the rules and regulations of the Pharmacy council act 2012.
7. Shall report to the pharmacy council on any malpractice or violations done by the Proprietor.
8. Must ensure that whoever is on duty shall appear on white coat and name tag on it
9. Shall perform any other duty as the council may determine

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 other party of his intention to terminate the contract

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

DISPUTE SETTLEMENT

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

COST

The Proprietor shall meet the cost of drawing up this Agreement

The law 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 01 day of July 2024

SIGNED and DELIVERED

By the said SHAMMAR OMARI BILANGA
Who is known to me personally / introduced to me by

PROPRIETOR.

This 01 Day of JULY 2024

Before me Nancy Mwanjati
Name: Advocate
Title: Advocate
Signature: [Signature]
Date: 1 July 2024



SIGNED and DELIVERED

By the said DOTO SHARIFU AHMAD
Who is known to me personally / introduced to me by

PHARMACEUTICAL TECH.

This 01 Day of JULY 2024

Before me Nancy Mwanjati
Name: Advocate
Title: Advocate
Signature: [Signature]
Date: 1 July 2024





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

DOTO S AHMAD

PIN NO: 0405759

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a **Pharmaceutical Technicians** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: **11 November 2022**

Expires on: **31 December 2025**

Registrar
Pharmacy Council

