PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PHARMACY COUNCIL REC 25 JUN 2025 P.O. Box 1277, DODOMA

NOTIFICE 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 ST. RITHA PHARMACY Facility Identification Number (FIN) .....

Physical address:

Street 970 Ward NZUNGUM District/Municipal DODOMA MJINI Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MARIAGOLETH JACKSON NTILWAKLE PIN 040 8793 Phone 0775277124

Address NZUNGUM Email Mariagoleth.jackson03@gmail.com

A.3. REASON(s) FOR CHANGE

I want to lead with my own bussiness.

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

A.4. OWNER'S DETAILS

Full Name MERIDA MWINGI Phone Number 0713895606

Remarks We agreed both side to cancel contract

Signature ~~XX~~ Date ~~0713895606~~ 15/06/2026

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name HADIJA HASHIRU JUMA PIN 040 946 Phone Number 0754 [illegible] Email hadijahashiru[illegible]@gmail.com

Physical address:

Street CHANGOMBE Ward CHANGOMBE DISTRICT/Municipal DODOMA MJINI Region DODOMA

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 HADIJA HASHIRU JUMA PIN 0409446
2. Namba ya simu 0775437201 barua pepe hadijahashirujuma@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*....................
4. Je, umehuisha 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 HADIJA HASHIRU JUMA mwenye taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ST. RAHA PHARMACY FIN .... lililopo katika Wilaya ya DODOMA MJINI Mkoani DODOMA

Sahihi .... Tarehe 17/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

CITY COUNCIL OF DODOMA
P.O. Box 1249, DODOMA
CITY MEDICAL OFFICER OF HEALTH

Jina na Sahihi George Flond [signature] **Tarehe** 23-06-2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HADIJA HAMISI Kata ya CHANGOMBE

Nathibitisha kwamba Ndugu HADIJA HASHIRU anaishi langu mtaa/kijiji CHANGOMBE JUU kuanzia mwaka 2024

Muhuri Mtendaji

MTAA WA CHANGOMBE JUU
KATA YA CH...
S.L.P. 1249 - DODOMA

Sahihi Afisamtendaji N. M. Magoto

Tarehe 24/06/2025

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

HADIJA HASHIRU JUMA

PIN NO: 0409446

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:**15 May 2025**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 17th day of 06 20 25

BETWEEN

MERIDA MYANGAI (Name) of P.O.BOX 910 Region DODOMA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business

AND

HADIJA HASHIRU JUMA 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 retail 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 17th day of JUNE 20 25 to 17th day of 06 20 26

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 17th day of 06 20 26

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 1st day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards

Signed and delivered by the parties at this 17th day of JUNE 20 25

SIGNED and DELIVERED

By the said MERIDA MSANGAI

Who is known to me personally/

Introduced to me by MARIA MICHAEL

.....the latter known to me personally

This 17th day of JUNE 20 25

PROPRIETOR

In the presence of:

Name: DAVID JUSTINE MALUGU

Designation: ADVOCATE

Signature

Date 17/JUNE 2025

SIGNED and DELIVERED

By the said HADIJA HASHIRU JUMA

Who is known to me personally/

Introduced to me by MARIA MICHAEL

.....the latter known to me personally

This 17th day of JUNE 20 25

PHARMACEUTICAL TECHNICIAN

In the presence of:

Name: DAVID JUSTINE MALUGU

Designation: ADVOCATE

Signature

Date 17th JUNE 2025

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