



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... NODY'S PHARMACY Facility Identification Number (FIN)... 0100272
 Physical address:
 Street... AFRICANA ROAD Ward... KAWÉ District/Municipal... KINONDONI Region... DARES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... EVANS SOSPETE MAPESA PIN 0402391 Phone... 0624415446
 Address... DAR ES SALAAM Email...

A.3. REASON(S) FOR CHANGE

END OF CONTRACTTime frame of notification: (As per Contract) — Signature... Mapesa Date... 19/08/2025

A.4. OWNER'S DETAILS

Full Name... DONALD MWIJAGE KATAKWEBA Phone Number... 0758 343976
 Remarks... 0682734570
 Signature... [Signature] Date... 28/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL 0682734570

Full Name... GETRUDA CHARLES RUPA PIN... 1535 Phone Number... 06827 Email...
 Physical address:
 Street... Goba Ward... District/Municipal... UBUNGO Region... DARES SALAAM
 Details of Previous pharmacy:
 Name of Pharmacy... ELMIRA PHARMACY FIN... District/Municipal... UBUNGO Region... DARES 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...
 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. GETRUDA CHARLES RUPIA PIN 1635 0600355

2. Namba ya simu. 0746 55 8712 barua pepe

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-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☐ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. GETRUDA CHARLES RUPIA mwenye

taaluma ya dawa ngazi ya P / DISPENSER nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo

NORDYS PHARMACY FIN 0100272 lililopo katika

Wilaya ya KINONDONI Mkoani DAR - ES-SALAAM

Sahihi Charles Tarehe 19/02/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi OSWIN JAWEN Tarehe 19/2/24



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ROBERTA MSHAKA Kata ya GOBA

Nadhibitisha kwamba Ndugu GETRUDA CHARLES RUPIA anaishi

langu mtaa/kijiji GOBA, kuanzia mwaka 2021

Sahihi Afisa Mtendaji

Tarehe 19/02/2024





THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH



PHARMACEUTICAL DISPENSING CERTIFICATE

This Certificate is awarded to

Getruda Charles Rupia

Who has attended and passed One Year Pharmaceutical Dispensing Course

Conducted at City College of Health and Allied Sciences - Temeke from 2016 to 2017

Registrar - Pharmacy Council

Date 23 January 2024



AN AGREEMENT TO OPERATE PHARMACEUTICAL DISPENSER

This Agreement is made on this 1ST day of March 20 25

BETWEEN

DONALD MWIJAGE KATAKWEBA of P.O.BOX 8749 Region DAR ES SALAAM
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents
or his legal representative of his business.

AND

GETRUDA CHARLES a recognized Pharmaceutical Dispenser who will perform all the
technical activities in the pharmacy under the supervision of the pharmacist or
pharmaceutical technician

(hereinafter referred to as the **Pharmaceutical Dispenser**)

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a
regulated under the Pharmacy Act.

WHEREAS in compliance with good pharmacy practice standards, the Proprietor wishes to
engage the professional services of a pharmaceutical dispenser to his business.

WHEREAS the pharmaceutical dispenser 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 dispenser are desirous to enter into an agreement,
to establish and operate a business of a pharmacist

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled
as **NODY'S** 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.

Pharmaceutical Dispenser means a person recognized as such under regulation 27 of the pharmacy (Pharmacy Practice) Regulations, 2012

"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 1ST day of March 20 25 to 1ST day of March 20 26.

3. Commencement of Supervision

The pharmaceutical dispenser shall commence management and supervision of the above-named Pharmacy on the 1ST day of March 20 25

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 1.1.1 The **PROPRIETOR** shall pay Monthly stipend of **400,000** TZS.
- 4.1.1 **FOUR HUNDRED THOUSANDS SHILLINGS** payable monthly to the Pharmaceutical Dispenser upon discharging his duties and functions as per this Agreement. At any event, the stipend **shall not be paid in advance.**
- 4.1.2 The stipend 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 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

- 4.1.7 Shall ensure pharmaceutical services are provided with due care.
- 4.1.8 Shall ensure all proper records are maintained and managed well.
- 4.1.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.10 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.
- 4.1.11 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.13 Shall be responsible for buying all reference materials
- 4.1.14 Perform any other duty as the Council may determine from time to time.

4.2 The Pharmaceutical Dispenser

At a stipend 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 Pharmaceutical Dispenser 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 manage and undertake all technical and professional matters in the pharmacy.
- 4.2.3 Shall provide pharmaceutical service with due care.
- 4.2.4 Shall arrive and begin the duties at 0800 HRS and finish at 2000 HRS.
- 4.2.5 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards
- 4.2.6 Shall report to the Superintendent/Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.7 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.

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 the parties and or any party upon issuing a written notice of one month to the other party of his intention to terminate the contract or one-month stipend in lieu thereof.

The written notice shall be addressed to the other party 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 Dispenser 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 on this 1ST day of March 20 25

SIGNED and DELIVERED

By the said DONALD MWIJAGE KATAKWEBE Who is known to me personally /

Introduced to me by the latter known to me personally

This 1ST day of MARCH 20 25.

In the presence of:

Name: JOHN MARK MARO

Designation: ADVOCATE

Signature: [Signature]

Date: 14/18/2025

PROPRIETOR



SIGNED and DELIVERED

By the said GETRUDA CHARLES Who is known to me personally /

Introduced to me by the latter known to me personally

This 1ST day of MARCH 20 25.

In the presence of:

Name: JOHN MARK MARO

Designation: ADVOCATE

Signature: [Signature]

Date: 14/18/2025

**PHARMACEUTICAL
DISPENSER**

