

AGREEMENT TO OPERATE A BUSINESS OF A  
PHARMAC~~IST~~

BETWEEN

FAREED SASYA

(PROPRIETOR)

AND

KAMILIUS PHABIANO BANGA

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACY. This Agreement is made on this 3<sup>rd</sup> day  
of MARCH 20 25

BETWEEN

FAREED SASYA (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, of one part;

AND

KAMILIUS PHABIANO BANGTA a registered pharmacist in charge  
who supervises a business of a pharmacist (hereinafter referred to as the  
**SUPERINTENDENT**) of another part.

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

**AND 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;

**AND 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;

**AND WHEREAS** the proprietor and superintendent (together referred as **the Parties** ) are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**AND WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled as RETAIL Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

**1. Interpretation:**

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

**Act** means the Pharmacy Act, [Cap 311 R:E 2002] Laws of Tanzania.

**Agreement** means this 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;

**"Council** means the Pharmacy Council established under section 3 of the Act.

**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.

**Pharmacist** means a person registered as such under section 16 of the Act.

**Proprietor** means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

**Registrar** means Registrar of the Council appointed under Section 11 of the Act

**Superintendent** means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under 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 three, six, nine, twelve months, commencing from the 3<sup>rd</sup> day of MARCH 20 25 to 3<sup>rd</sup> day of MARCH 20 26

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 3<sup>rd</sup> day of MARCH 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 allowance/emoluments of 800,000/- TZS payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

(a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than the 1<sup>st</sup> day of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for ten (10) days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

- 4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor 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 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.



## 4.2 The Superintendent;

For an allowance 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 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 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

5.1 This Agreement shall be terminated:

- (a) by automatic termination;
- (b) by mutual consent, or
- (c) by Notice

5.2 The Agreement may automatically be terminated:

- (i) after the expiry of a term fixed under Clause 2 of this Agreement unless otherwise the parties agree to renew the terms of the agreement.
- (ii) If the Council cancels the licence, or suspends or removes the name of a **Superintendent** from the Register due to professional misconducts in accordance with section 45 of the Act.  
Notwithstanding the requirement of this Clause, where termination is due to the cancellation of the Superintendent's licence, or suspension or removal from the Register, Roll or List of Pharmacists, all benefits, allowances or claims due to the Superintendent for the work done for any such of days before the cancellation, suspension or removal shall be paid by the Proprietor prior to termination.

5.3 The Agreement may be terminated at any time by mutual agreement or consent between the parties when they find it appropriate that the agreement be terminated. Provided that where the Agreement is terminated by mutual consent, all claims or allowance due to the **Superintendent** shall be paid in full by the Proprietor prior to termination.

- 5.4 The Agreement may be terminated by notice:
- (i) By either party by giving a one (1) month written notice to the other party of the intention to terminate the Agreement;
  - (ii) By either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 5.4 (i) above.

Provided that a written notice under this clause shall be addressed to the other part and copy shall be submitted to the Registrar for notification.

- 5.5 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.
- 5.6 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 Superintendent from initiating or proceeding to the Commission for Mediation and Arbitration (CMA).

## **7. Applicable Law and Jurisdiction**

- 7.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
- 7.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity or the Agreement shall firstly be settled amicably by the parties.
- 7.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, the matter may be taken court of competent jurisdiction for further redress.
- 7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief



8. The 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 3<sup>rd</sup> day of MARCH 2025

SIGNED and DELIVERED at .....by the said

FAREED SASYA who is known

to me personally/identified to me by

M ATHEW AUGUSTINO the latter being

Personally known to me this 3<sup>rd</sup> day of MARCH 2025

  
PROPRIETOR

In the presence of:

Name: GRACIA KOMBA

Designation: Advocate

Signature: Gracia

Address: 1876 DODOMA

Date: 3/03/2025



SIGNED and DELIVERED at .....by the said

KAMILIUS PHILIPUS BANDA who is known

to me personally/identified to me by

M ATHEW AUGUSTINO the latter being

personally known to me this 3<sup>rd</sup> day of MARCH 2025

  
SUPERINTENDENT

In the presence of:

Name: GRACIA KOMBA

Designation: Advocate

Signature: Gracia

Address: 1876 DODOMA

Date: 03/03/2025







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

**KAMILIUS PHABIANO BANGA**

**PIN NO: 0103887**

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: **20 November 2024**

Expires on: **31 December 2025**

*Registrar  
Pharmacy Council*





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002606

**CERTIFICATE OF FULL REGISTRATION**

(Section 20 of the Pharmacy Act, CAP. 311)

Full Name Kamilius Phabiano Banga

\* I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0103887	20 <sup>th</sup> November, 2024	8 <sup>th</sup> May, 1998	Tanzanian	P.O. Box 40 Kasulu	Bachelor of Pharmacy	St. John's University of Tanzania 2023

Date 19<sup>th</sup> December, 2024
  
REGISTRAR

- NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.



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 KAMILIUS PHABIANO BANGA PIN 0103887
2. Namba ya simu 0757672756 barua pepe kamiliusbanga@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 20<sup>th</sup> November 2024
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 KAMILIUS PHABIANO BANGA mwenye  
taaluma ya dawa ngazi ya SHAHADA (DEGREE) nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
ST. RITHA PHARMACY FIN DODOMA lililopo katika  
Wilaya ya DODOMA MJI Mkoani DODOMA  
Sahihi Banga Tarehe 28<sup>th</sup> February, 2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Nicholas Nicholas Tarehe 03/03/2025  
AzePharm  
Muhuri KNY:  
DMO  
P.O. Box 1249, DODOMA  
CITY MEDICAL OFFICER

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

lthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ZAHABU Mshauri Kata ya VIWANDANI

Nadhibitisha kwamba Ndugu KAMILIUS PHABIANO anaishi  
langu mtaa/kijiji TOFIK, kuanzia mwaka 2021

Sahihi Afisa mtendaji

Tarehe 28/2/2025

Muhuri  
Afisa MTENDAJI  
MTAA WA TOFIK  
KATA YA VIWANDANI

# HALMASHAURI YA JIJI LA DODOMA



KATA YA VIWANDANI,

MTAA WA TOFIKI

S.L.P 1249,

DODOMA.

TAREHE 28-02-2025

BARAZA LA TAMAGI

YAH: UTAMBULISHO WA KAMILIUS PHABINDO BRUGA

Mtajwa hapo juu ni mkazi wa Mtaa wa TOFIKI Barabara ya Mtandani Kata ya Viwandani Jiji la Dodoma.

Ofisi ya Mtaa inamtambulisha kwako kwa hatua zaidi kutokana na Mahitaji yake.

Ninomba ghughulikiwe kutokana na uhitaji wake.

Ahsante kwa ushirikiano.

SAINI

Debora L. Malali

JINA

Mtandani

CHEO

MED

AFISA MTENDAJI  
MTAA WA TOFIKI  
KATA YA VIWANDANI

SIMU

0678-905528





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

**MARIAGOLETH JACKSON NTILUVAKULE**

**PIN NO: 0408793**

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: **31 October 2024**

Expires on: **31 December 2024**

*Registrar  
Pharmacy Council*





## 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 MARIA GOLETH S. NTHUVAKULE PIN 0408793
2. Namba ya simu 0710383457 barua pepe Mariagoleth.Jackson@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31 OCTOBER 2024
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 MARIA GOLETH S. NTHUVAKULE mwenye taaluma ya dawa ngazi ya TEKNOLOGIA DAWA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo ST. RITHA PHARMACY FIN ..... lililopo katika Wilaya ya DODOMA MJI Mkoani DODOMA Sahihi Nthuvakule Tarehe 10th MARCH 2025

**Uthibitisho wa Mfamasia wa Halmashauri**

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

Jina na Sahihi PROSPER MHAHAMA Tarehe 11/03/2025  
Muhuri KNY: DMO  
COUNCIL OF DODOMA  
P.O. Box 1249, DODOMA  
CITY-MEDICAL OFFICER  
OF HEALTH

**SEHEMU YA TATU:** - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BELINDA ZABRON Kata ya Nzulun /  
Nathibitisha kwamba Ndugu MARIA GOLETH anaisi .....  
langu mtaa/kijiji Nzulun / kuanzia mwaka 2025  
Sahihi Afisa Mtendaji Tarehe 11/03/2025  
Muhuri KNY: DMO  
COUNCIL OF DODOMA  
P.O. Box 1249, DODOMA  
CITY-MEDICAL OFFICER  
OF HEALTH

**AGREEMENT FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN  
TO PROVIDE PHARMACEUTICAL SERVICES**

This Agreement is made on this 10<sup>th</sup> day of MARCH 20 25

**BETWEEN**

FAREED SASYA (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**

MARIA GOLETH . J. NTILIVAKULE an enrolled pharmaceutical  
technician who provides pharmaceutical services

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

**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 a pharmaceutical technician are desirous to enter into an  
agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and  
conditions as hereinafter appearing;

**WHEREAS** the Parties agree that the pharmaceutical technician will be providing pharmaceutical  
services to a business of a pharmacist styled  
as RETAIL 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.



"Pharmaceutical technician" means a person enrolled as such under section 24 of the Act.

#### Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 10<sup>th</sup> day of MARCH 20 25 to 10<sup>th</sup> day of MARCH 20 26.

#### 2. Commencement of Services

The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 12<sup>th</sup> day of MARCH 20 25.

#### 3. Obligation of the Parties:

#### 4. 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 and 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 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Shall ensure pharmaceutical services are provided with due care.
- 4.1.7 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 pharmaceutical technician.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e 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 is 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 pharmaceutical technician shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

**The pharmaceutical technician shall have the following duties and obligations: -**

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

#### **5. Termination**

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract.

This agreement may be terminated by either 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. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.2 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 Dar es salaam this 10<sup>th</sup> day of MARCH 20 25

SIGNED and DELIVERED

By .....the Said FAREED SASYA

Who is known to me personally/.....

Introduced.....t

o me by

MATHEU AUGUSTINO the latter known to me personally

This 10<sup>th</sup> day of MARCH 20 25

In the presence of:

Name DAVID JUSTINE MALUGU

Designation ADVOCATE

Signature [Signature]

Date 11/03/2025

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the

said MARIAGOLETH J. NTILUVAKULE

Who is known to me

personally/.....

Introduced to me by MATHEU AUGUSTINO

.....the latter known to me

personally

This 10<sup>th</sup> day of MARCH 20 25

ay

[Signature]  
PHARMACEUTICAL  
TECHNICIAN

In the presence of:

Name DAVID JUSTINE MALUGU

Designation ADVOCATE

Signature [Signature]

Date 11/03/2025

