

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... YELU PHARMACY ..... Facility Identification Number (FIN).....  
Physical address:  
Street... KANYAMA Ward... KISEKA District/Municipal... MAGU Region... MWANZA

### A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... HAPPY ROBERT MBASA PIN 0102444 Phone 0766575962  
Address... MWANZA Email... mbasahappy90@gmail.com

### A.3. REASON(S) FOR CHANGE

I HAVEN'T BEING PAID SINCE LAST MONTH (NOVEMBER)  
(UNABLE TO PAY PHARMACIST.)

Time frame of notification: (As per Contract) 1 Month Signature... [Signature] Date... 02/12/2024

### A.4. OWNER'S DETAILS

Full Name... YESSE DANIEL Phone Number... 0753 304 292  
Remarks...  
Signature... [Signature] Date... 28/01/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

### B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... Agatha Gabriel Sanga PIN..... Phone Number... 0714872641 Email... agathagabriel.sanga@gmail.com  
Physical address:  
Street... Kishira Ward... Buhongwa District/Municipal... Nyamagana Region... Mwanza  
Details of Previous pharmacy:  
Name of Pharmacy... NAIN FIN... 0200282 District/Municipal... Nyamagana Region... Mwanza

### 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.....  
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.

HAPPY R. MBASA.

P.O. BOX 1719,

MWANZA.

16/12/2024

MSAJIH

BARAZA LA FANASI

G. LP 1277

DODOMA.

YAH: KUOMBA KUONDOLEWA KWENYE MFUMO KAMA  
MSIMAMIZI WA YELI PHARMACY.

Rejua kichwa cha habari hapo juu, mimi HAPPY MBASA  
(Mjamia) mwenye namba ya uagiji 0102444, naomba kuondolewa  
kwenye mfumo kama mjamia msimamizi wa YELI Pharmacy  
iliyopo KANYAMA - MWANZA yenye PIN NO . Hii inatokana  
na mmiliki wa jamii hio kutokusaini notice ya kuvunja mtataba  
ambayo nili maandika tarehe 2/12/2024 kwa kutolipa pesa yangu tangu  
Mwezi wa kumi na moja. Hivyo ninaomba niweze kuondolewa  
kwenye mfumo kama msimamizi wa YELI

Natanguliza Shukrani zangu.  
wako,

Happy

Happy MBASA (Mjamia)

**PHARMACY COUNCIL**  
(Made under regulation 4(1))



**COMPLAINT FORM**

To be filled by the complainant and submitted to the Office of the Registrar)

1. Personal Details:

Name: ..... ELIAPPT MBASA .....

Address: ..... 1719 MWANZA .....

Phone number (s): ..... 0766575962 .....

2. Are you the complainant? Yes [ ] No [ ]

3. Are you complaining on someone else behalf? Yes [ ] No [x]

If 'Yes' what is your relationship to the someone behalf?

Wife [ ] Husband [ ] Son [ ] Daughter [ ] Sister [ ] Brother [ ] etc.

4. Details of the pharmaceutical personnel

Full name of each pharmaceutical personnel you are complaining about

The address of each pharmaceutical personnel work at (if you know) or the address where you were attended.

.....

.....

.....

.....



5. Give details of your complaint Please describe your complaint, and state exactly what happened and, if possible include dates, time and place of incident

I have decided to bring a complaint about the owner of YEL Pharmacy. He has refused to sign the termination form I sent to him. Presented to pharmacy council LAKE ZONE.

6. Do you have any documents (for example, letters or records) which might back up your complaint? If you do, please attach copies and list them below. If needed, we will return all original documents after taking copies.

7. Are there any other people who witnessed the acts you are complaining about? If yes, please give their names below, and how they were involved.

8. Are those people be prepared to make written statements? Yes ☐ No ☐

9. We are always try to deal with most complaints through correspondence but, if it becomes necessary, are you prepared to be a witness at an inquiry of your complaint? Yes ☐ No ☐

10. Have you complained to any other organization about this matter (example where the pharmaceutical personnel work?). If 'Yes', please say which organization you have lodged your complaint to.

11. Give us brief details of what happened to your complaint, and send us copies of any letters between you and that organization.

12. Declaration

I hereby certify that the information I have given in this form is complete and accurate, and I solemnly make this declaration, conscientiously believing the same to be true.

Name: HAPPY MBASA

Signature: H. Mbasa

Date: 16/12/2024



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

**AGATHA GABRIEL SANGA**

**PIN NO: 0103171**

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:02 February 2023**

**Expires on:31 December 2025**

**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 Agatha Gabriel Sanga PIN 0103171
2. Namba ya simu 0714 872641 barua pepe agathagabriel.sanga@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 4/12/2024
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 193927634/468601 ☐ HAPANA

## SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi Agatha Gabriel Sanga mwenye  
taaluma ya dawa ngazi ya mfamasia nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo  
Yeli Pharmacy FIN 0101277 lililopo katika  
Wilaya ya Magu Mkoani Mwanza  
Sahihi \* Tarehe 25/1/2025

## Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi JESA MUYELA Tarehe 28/01/2025 Muhuri KNY:  
DMO  
ANGA MKUU WA JIJ  
MWANZA

## SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) JEROME MALUKA Kata ya PAMBA

Nadhibitisha kwamba Ndugu Agatha Gabriel anaishi

langu mtaa/kijiji Bugurika kuanzia mwaka 2010

Sahihi Afisamtendaji

Malukha

Tarehe

27/1/2025







00001773

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

# **CERTIFICATE OF FULL REGISTRATION**

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

Full Name Agatha Gabriel Sanga

Registrar  
Pharmacy Council  
P.O. Box 1277  
Dodoma

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					
0103171	2nd February, 2023	17th April, 1996	Tanzanian	P.O. Box 1370 Mwanza	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2021

Date 15th February 2023

*[Signature]*  
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

**AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST**

**BETWEEN**

YESSE DANIEL

.....  
**(PROPRIETOR)**

**AND**

AGATHA GABRIEL SANGA

.....  
**(SUPERINTENDENT)**



**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A  
PHARMACIST**

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

**BETWEEN**

YESSE DANIEL (Name) of P.O. BOX 200 MAGU Region  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

**AND**

Agatha Gabriel Sanga 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 YESI 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 twelve (12) months, commencing from the 25<sup>th</sup> day of January 20 25 to 24<sup>th</sup> day of Jan 20 26

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 25<sup>th</sup> day of January 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 TZS 800,000/= 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



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(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 have overall responsibility and accountability for the maintenance and adherence to the sound system of controls in order to manage risk and promote patients safety within the pharmacy;
- 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.

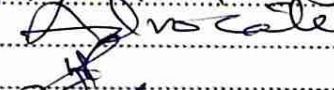
Signed and delivered by the parties at this 27<sup>th</sup> day of Jan 2025

**SIGNED and DELIVERED** at Mwanza by the said  
YESSE DANIEL who is known  
to me personally/identified to me by .....  
..... the latter being  
personally known to me this 27<sup>th</sup> day of Jan 2025

  
**PROPRIETOR**



**In the presence of:**

Name: Emmanuel J. N. Sayi  
Designation: Advocate  
Signature:   
Address: P.O. Box 3168 - Mwanza  
Date: 27.01.2025

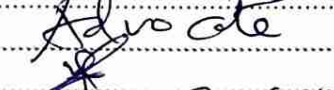
Signed and delivered by the parties at this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**SIGNED and DELIVERED** at Mwanza by the said  
AGATHA GABRIEL SANGA who is known  
to me personally/identified to me by .....  
YESSE DANIEL the latter being  
personally known to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

  
**SUPERITENDENT**



**In the presence of:**

Name: Emmanuel J. N. Sayi  
Designation: Advocate  
Signature:   
Address: P.O. Box 3168 - Mwanza  
Date: 27.01.2025