



UNITED REPUBLIC OF TANZANIA
JAMHURI YA MUUNGANO WA TANZANIA
EXCHEQUER RECEIPT
STAKABADHI YA MALIPO YA SERIKALI

RECEIPT NUMBER	925092321467259
RECEIVED FROM	TRINITY ONE PHARMACY
AMOUNT	TZS 100,000.00
AMOUNT IN WORDS	ONE HUNDRED THOUSAND
IN RESPECT OF	INSPECTION OF PREMISES
BANK REFERENCE	GWX101465380234
CONTROL NUMBER	991620301587
PAYMENT DATE	Apr 2, 2025
ISSUED BY	PHARMACY COUNCIL
DATE ISSUED	Apr 2, 2025
SIGNATURE	-----



UNITED REPUBLIC OF TANZANIA
JAMHURI YA MUUNGANO WA TANZANIA
EXCHEQUER RECEIPT
STAKABADHI YA MALIPO YA SERIKALI

RECEIPT NUMBER	925120327914734
RECEIVED FROM	TRINITY ONE PHARMACY
AMOUNT	TZS 150,000.00
AMOUNT IN WORDS	ONE HUNDRED AND FIFTY THOUSAND
IN RESPECT OF	REGISTRATION RETAIL PHARMACY
BANK REFERENCE	19686A5CD0EA49A3
CONTROL NUMBER	991620303610
PAYMENT DATE	Apr 30, 2025
ISSUED BY	PHARMACY COUNCIL
DATE ISSUED	Apr 30, 2025
SIGNATURE	-----

PHARMACY COUNCIL



APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.



APPLICATION FOR CHANGE OF:

- 1. PREMISES LOCATION ☒
- 2. BUSINESS NAME ☐
- 3. BUSINESS OWNERSHIP ☐

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: TRINITY ONE PHARMACY FIN: 0101384

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street: MAJENGO Ward: DODOMA MJINI

District/Municipal: DODOMA MJINI Region: DODOMA

POSTAL ADDRESS: P.O. BOX 743 Contact No: 0787100374

E-mail: pyuza15@gmail.com

OWNERSHIP:

Directors (Names): 1. DANIEL A. PYUZA Qualification: PHARMACIST

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: DANIEL A. PYUZA PIN: 0100693

Residential Address: P.O. BOX 743 Tel: 0787100374 Email: pyuza15@gmail.com

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TRINITY ONE PHARMACY

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street: MWISHO WA LAMI Ward: MICHESI

District/Municipal: DODOMA MJINI Region: DODOMA

POSTAL ADDRESS: P.O. BOX 743 CONTACT No: 0787100374

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. DANIEL G PYUZA Qualification: PHARMACIST
2. _____ Qualification: _____
3. _____ Qualification: _____

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: DANIEL G PYUZA PIN: 0100693

Residential Address: P.O. BOX 743 Tel: 0787100374 Email: pyuza15@gmail.com

Contract commencement date: _____ Cessation date: _____

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. _____
2. _____

SECTION D: APPLICANT INFORMATION

Name of Applicant: _____

(Contact/email if different from the above)

Address: _____ Tel: _____ E-mail: _____

Signature of Applicant: _____ Date: _____

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: _____ Date: _____

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF.5(b)



OBSERVATION FORM FOR NEW PREMISES (FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

- Name of Applicant: DANIEL GIDEFREY PYIZA
- Physical Address of the Applicant: _____
- Contacts (Phone): 0716971871 Email Address: pyiza15@gmail.com
- Proposed Business name TRINITY ONE PHARMACY Type of Business: RETAIL

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

Date of inspection: 24/04/2025

	Criteria: Name and Distance from nearby:	Name of premises/facility/area	Distance (Meters)
a)	Name and distance in meters from a nearby Pharmacy	<u>TREASURE PHARMACY</u>	<u>340</u>
b)	Name and distance in meters from nearby public health facility	<u>MIREMBE NATIONAL HOSPITAL</u>	<u>3000</u>
c)	Name and distance in meters from unsuitable or risky premises.	<u>TOTAL ENERGY PETROL STATION</u>	<u>3500</u>

SIZE OF THE BUILDING (IF AVAILABLE)

Criteria	Measurement in metres	Area of the building (LxW)
Length (L)	<u>6.2</u>	<u>32.86m²</u>
Width (W)	<u>5.3</u>	

SECTION C: OTHER OBSERVATIONS

JENGO LIMEDNGEZWA UKUBWA WA JENGO KUFIKIA NITA ZA MRABA
32.86 Ili kukidhi jigezo vya uanzishwaji na biashara ya
huduma ya famasi ya rejareja

SECTION D: INSPECTOR'S RECOMMENDATIONS

TUNAPENDWEZA ENDO WIDHINISHWE KWA AJILI YA UANZISHWaji NA FAMASI
YA REJAREJA KWA MUJIBU WA KANUNI NA 4(1)(a) NA 5(a) YA
KANUNI ZA UJAZILI WA MAJENGO, 2020.

SECTION E: INSPECTOR'S DECLARATION

Name	Designation	Signature
<u>IRAHIM F. Mwakindu</u>	<u>Pharmacist</u>	<u>[Signature]</u>
<u>FRANCIS M. MWILINGATI</u>	<u>HKAGUZI</u>	

I, hereby declare that, the information provided here is true and correct to the best of my knowledge. I also know that if eventually it is proved that the information I have given is false, fictitious, fraudulent or based on inadequately verified information, may result in disciplinary or legal action.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) Hilda - A. Chipalo Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

Date

24/04/2025



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4,5 & 6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020)

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: DANIEL GREGORY PYZA Type of Ownership: _____
2. Physical Address of the Applicant: ODPEN A Geo Code: _____
3. Postal Address: _____
4. Contacts (Phone): 0716971871 Email Address: _____
5. Proposed/Existing Business name: TRINITY ONE PHARMACY
6. Type of Business: RETAIL

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category	<u>TREASURE PHARMACY</u>	<u>340</u>
2.	Name and distance from nearby Medical laboratory	<u>MIDEMBE NATIONAL MEDICAL TEST</u>	<u>3800</u>
3.	Name and distance from nearby public health facility	<u>TOLAI SENEREN PETROL STATION</u>	<u>3500</u>
4.	Name and distance from unsuitable or risky premises.	<u>HAKUNA</u>	<u>7100</u>

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M²) 32.86 (At least 30M² with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)

a) Display area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	<u>YES</u>	
Ceiling Fan & Air Condition	<u>YES</u>	
Waiting chair(s) for customers	<u>YES</u>	
Presence of source of water and a hand- washing basin/sink	<u>YES</u>	
Installed Fire Extinguisher	<u>YES</u>	

b) Consultation room (Superintendent Office): (Available/Not available) AVAILABLE **Size (M²)** _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	<u>YES</u>	<u>THE AIR CONDITIONING AT THE DISPLAY</u>
Table and chairs in consultation/Record keeping room	<u>YES</u>	<u>AREA SUPPLIES THROUGHOUT</u>
Cupboard for files storage	<u>YES</u>	<u>THE BUILDING</u>

c) Dispensing room: (Available/Not available) AVAILABLE **Size (M²)** _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	<u>YES</u>	
Lockable shelves for Prescription drugs and controlled substances	<u>YES</u>	
Dispensing window with sliding glasses	<u>YES</u>	
Open shelves	<u>YES</u>	
Working room thermometer	<u>YES</u>	

d) Store room: (Available/Not available) AVAILABLE Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Open shelves/pallets	YES	
Strong and secured windows	YES	
Refrigerator	NO	
Working room thermometer	YES	

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M²) _____ (At least 60M² with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) Display&Dispatch area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses		
Ceiling Fan & Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Presence of source of water and a hand- washing basin/sink		
Working room thermometer		
Installed Fire Extinguisher		

b) Sales/Record keeping: (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Provision for sitting desk and working table for superintendent		
Lockable shelves for keeping document		

c) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Provision for a special cupboard for storage of controlled drugs		
Confined area for recalled and expired drugs		
Refrigerator		
Working room thermometer		

SECTION E: PRESCRIBED STANDARDS FOR RETAIL & WHOLESALE PHARMACY

Size of the Building in Square meters (M²) _____ (At least 90M² with five rooms i.e. Separate Display&Dispatch area, dispensing room for retail section, Consultation/Sales Record keeping room and Store room)

a) Display for Retail Section: Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses		
Fan & Air Condition		
Presence of source of water and a hand washing basin/sink		
Waiting chair(s) for customers		
Installed Fire Extinguisher		

b) Display & Dispatch area for Wholesale Section: Available/Not available) _____ Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses		
Ceiling Fan & Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Presence of source of water and a hand- washing basin/sink		
Working room thermometer		
Installed Fire Extinguisher		

c) Dispensing room: (Available/Not available) _____ Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition		
Lockable shelves for Prescription drugs and controlled substances		
Presence of source of water and a hand washing basin/sink		
Dispensing window with sliding glasses		
Open shelves		
Working room thermometer		

d) Consultation (Superintendent Office); /Record Keeping room: (Available/Not available) _____ Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition		
Table and chairs in consultation/Record keeping room		
Cupboard for files storage		

e) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Provision for a special cupboard for storage of controlled drugs		
Confined area for recalled and expired drugs		
Refrigerator		
Working room thermometer		

SECTION F: SECURITY OF PREMISES

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier		
Presence of strong grilled windows		
Provision of main entrance double doors; Grilled door outside and glass door inside		
Presence of only one main entrance door		

SECTION G: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system & Bin Cards		
Prescription only Medicines Register & Dispensing register		
Controlled drugs Ledger and /or Register		
General dispensing register		
Expired drugs Book (Unservicable Goods Ledger)		
Complaints Handling Book		
Visitors Book		
Inspection Reports Register		
Written procedures for maintenance of cold chain products		



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN 269, 2020)

General observations

- i. JENGO LIMESAWANYWA KATIKA VIUNGA VINNE; DISPLAY AREA, DISPENSING ROOM, STORE ROOM NA OFISI YA MFANASIA MAMAMIZI
- ii.
- iii. MMILIKI AMEKAMILISHA MABOKISHO/MATENGENIZO YA JENGO KWA KUWEKA PALLETS, DOA BOX, MATI NA CHAIRS, CHOMBO CHA KUNAWA MIKONO NA KUKOHA VIGIZO UYA FANASI YA REJAREJA
- iv. KWA MUTIBU WA KANUM NA 5 NA NA 6 YA KANUM ZA USATI LI WA MATENGO 2020
- v.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

- i. WAKAGUZI WANAMSTAURI MMILIKI KUENDELEA NA TARATIBA ZA USATI LI WA JENGO NA KIBALI CHA BASHARA YA FANASI YA REJAREJA
- ii.
- iii.
- iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) Ibrahim E. Mwandu	Mkaguzi		30/04/2025
(ii) Francis Fwinda Tu	Mkaguzi		30/04/2025

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is **true** and **correct**. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner) Hilda - A - Chipalo Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/In charge

Date

30/04/2025

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

- i. JENGO LIMEHAWANA KATIKA VIUNGA VINNE; DISPLAY AREA, DISPENSING ROOM, DOVE ROOM NA FISI YA MAFASISI MAMANIZI
- ii. UNILIKI ANEKAMISHA MABOESHU/MATENGINIZO YA JENGO KWA
- iii. KUWEKA DALIETODDA BOX, MATINGA CHAIR, CHOMBO CHA KUNWA MIZONO NA KUNWA VIGIZO U/A FAFASI YA REJAREJA
- iv. KWA MUIBU NA KANUM NA 5 NA NA 6 YA KANUM ZA USITILI WA MATENGINIZO
- v.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

- i. NAKUTU! WANAUMHARIZI UNILIKI KUENDELEA NA TARATIBA ZA USITILI WA JENGO NA KIDALI CHA BASHARA YA FAFASI YA
- ii. REJAREJA
- iii.
- iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) FRANCIS M. M. M. M.	Inspector		20/04/2025
(ii) FRANCIS M. M. M.	Inspector		20/04/2025

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is **true** and **correct**. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner) H. T. M. M. Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

Date

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐Owner's Responsibilities: Superintendent ☒ Other Pharmaceutical Personnel ☐

I DANIEL G. PANDA with Personal Identification Number
(PIN) 0100963 of Year 2012, residing at DOBWA district, in DOBWA
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named TRIPTY ONE
, with Facility Identification Number (FIN) 0101384 of year 2020, located at MICHOBI
District, DOBWA Region with a Business Tax Identification Number (TIN) 119 995 493
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 076410374 Email Address: PYUNAS@yahoo.co.uk

Signature: [Signature] Date: 26/04/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 28 day of Jun 20 24

BETWEEN

DANIEL G. PUNA (Name) of P.O. BOX 792 Region Agaña
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

ERIC CHIKRA 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 _____ 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 01 day of 07 2024 to 30 day of June 2025

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of JULY 2024

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. 300,000
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

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 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.7 Follow up and implement on matters advised by a Pharmaceutical Technician and approved by Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.8 Shall ensure pharmaceutical services are provided with due care.

4.1.9 Shall ensure all proper records are maintained and managed well.

4.1.10 Shall ensure the use of reference and other relevant materials whenever 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.

4.1.11 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.

4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

4.1.13 Shall ensure all purchases or procurement and deliveries of pharmacy items are signed by a superintendent.

4.1.14 Perform any other duty as the Council may determine from time to time.

4.2 The Pharmaceutical Technician;

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 establish and efficiently perform the duties according to their scope of practice to the said pharmacy, dealing in Pharmaceuticals.

The Pharmaceutical Technician under personal supervision of a pharmacist
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 ensure services are provided are provided under his/ her physical supervision.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.
- 4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.5 Shall provide pharmaceutical service with due care.
- 4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- 4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.
- 4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.13 Shall perform any other duty as the council may determine.

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 both parties and or any 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.

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 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 this 25 day of 06 2024

SIGNED and DELIVERED

By the said DANIEL G. PUNA

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 25 day of 06 2024

[Signature]
PROPRIETOR

In the presence of:

Name: LATHA ABULRAHMAN

Designation: Commissioner for UATM

Signature: [Signature]

Date: 25/06/2024



SIGNED and DELIVERED

By the said ERIC CAHUNA

Who is known to me personally/

Introduced to me by DANIEL PUNA

.....the latter known to me personally

This 28 day of 06 2024

[Signature]
PHARMACEUTICAL
TECHNICIAN

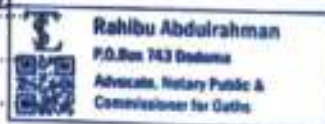
In the presence of:

Name: LATHA ABULRAHMAN

Designation: Commissioner for UATM

Signature: [Signature]

Date: 28/06/2024





THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I, BADWIE G PYUMA with Personal Identification Number
(PIN) 0100693 of Year 2012, residing at ACOMA district, in DODOMA Region, Hereby declares that:

I am a Sole proprietor/~~shareholder~~ of pharmaceutical business named TRINITY ONE PHARMACY, with Facility Identification Number (FIN) 0101384 of year 2021, located at MATENGO District, DODOMA Region with a Business Tax Identification Number (TIN) 119995493 (TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0787100374 Email Address: pyuma15@gmail.com

Signature: [Signature] Date: 28/06/2024

NOTE: This form shall be a substitute of the Contract agreement to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy. In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory

CTIN: 2311857



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

DANIEL GEOFFREY PYUZA

**HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER**

119-995-493

WITH EFFECT FROM: 15 December 2014

TRA LOCATION: DODOMA

TAX OFFICE: DODOMA

PHYSICAL LOCATION:

STREET / AREA: MAJENGO MAUSI

ABDUL Y. MAPEMBE

OFFICIAL SEAL

AG. COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0101384

This is to certify that the premises owned by M/S Trinity One Pharmacy of P. O. Box 743, Dodoma located at Majengo, Dodoma Mjini Municipality/District in Dodoma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101384

Issued in: December 2020

Expires on: 30 June 2026

18-01-2021

DATE:

SIGNATURE OF REGISTRAR
AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31818 DAR ES SALAAM

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises

