

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 07030639

This is to certify that the premises owned by M/S Maranatha Pharmacy Limited:-
Dar es Salaam Warehouse of P.O.Box 1545, Mbeya located at Chang'ombe, Mbozi
Road, Temeke Municipality/District in Dar es Salaam region have been registered for
Godown/Warehouse for Storage of Pharmaceutical Products with Facility
Identification Number (FIN) 07030639

Issued on: February 2016

15th December 2016.
DATE:


SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is to be conducted must conform to requirements of the Pharmacy Act Cap. 311 or any other written law related to the premises registration at all times, failure of which will cause this certificate be suspended, revoked or cancelled
2. The Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act
3. Any Change in the ownership, business name 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. This certificate shall be displayed conspicuously in the registered premises

PHARMACY COUNCIL



APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
Dar es Salaam.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

1. The proposed name of the premises is Marantha Pharmacy Limited Dar es Salaam Urban
 2. Have you registered your Business name with BRELA? YES / NO provide registration No.
 3. Type of ownership: Sole proprietorship...../ Partnerships
/ Corporations...../ Joint Ventures.....
 4. Name of contact person Steven Langeni
 5. Postal address.....Tel, No. 0764602728 Fax.....email.....
 6. Full name(s) of Partner(s) and Directors(s)
-
- | | | |
|-----------------------------|------------------------------------|--------------|
| Name: <u>Steven Langeni</u> | Qualification: <u>Business man</u> | I.D No. |
| Name: | Qualification: | I.D No. |
| Name: | Qualification: | I.D No. |
7. Physical address of the proposed area: Street Mbozi Road Ward Chang'anbe
District Temeke Region Dar es Salaam Plot No.
 8. Premises to be registered for the business of

9. The business will be under the supervision of a registered superintendent
(Full Name).....

Whose qualification is..... and his /her Reg.No./

PINof Year.....

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name)

Whose qualification isAnd his / her

Enroll/List.No./PIN.....of Year.....

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business Commencement Date.....

12. Required attachment to be submitted with this form are:

- a. Memorandum
- b. A copy of lease agreement/ title deed
- c. Certificate of Registration from BRELA (if available)
- d. Copy of contract agreement from superintendent pharmacist
- e. Copy of contract agreement from either enrolled/enlisted or dispenser
- f. Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date.....

Signed.....
Applicant

SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof.....District/Municipal/Regional/PC Inspector of Postal address.....hereby certify that, I have inspected the above mentioned premises in Section A as per attached inspection checklist and found that it **complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....

Name of Inspectors(s)

Signatures & stamp

Date

1.

.....

.....

2.....

.....

.....

FOR OFFICIAL USE ONLY

Fees TZS.....

Receipt No.....of.....

Registration granted/not granted because.....

.....

Registration No..... Approved by Name:

Signature:

Designation:

I.D Number:

Date:

.....
 Date

.....
 Signature of Registrar and stamp.

PHARMACY COUNCIL



APPLICATION FOR PERMIT (Section 36 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
DAR ES SALAAM.

PART A: APPLICANT INFORMATION

- Name of the contact person..... DICKSON KAKASUNGUWA
- Postal Address of the owner.....
Tel./Mobile. 0764602228 Email.....
- Full name(s) of Partner(s) and Director(s) and their profession.
Name: STEVEN LANGELO Qualification: MGR PHARMACY ID NO. :
Name: Qualification: ID NO. :
Name: Qualification: ID NO. :

I/We hereby apply for renewal/a new permit of selling the following:

Warehouse

PART B: PREMISES INFORMATION

- Name of the premises..... MIRALUX PHARMACY LIMITED DAR ES SALAAM WAREHOUSE
- Premises situated at/lying between Plot No. Street/Village/Ward CHANG'OMBE MBOZI ROAD District/Municipality/City TEMERKE
- Premises category: retail pharmacy/wholesale pharmacy /retail and wholesale pharmacy/Godown
- Facility Identification Number (FIN) 07030639 Of (year) 2/2016
- Existing Permit No. Dated Expiring on

PART C: SUPERINTENDANT INFORMATION

1. Full Name:.....Person Identification Number (PIN).....
2. Residential Address:
Telephone/Mobile No..... E-mail address:.....
3. Employment status: Employed/Self-employed
4. Designation & Address of present working place.....
5. Date of last renewal of Pharmacist registration for the year.....and receipt No.
6. Signature of Superintendent Pharmacist..... Date.....

PART D: OTHER PHARMACEUTICAL PERSONNEL

1. Full Name: WILLIAM GEORGE PARAPARA Person Identification Number (PIN) 0409443
Residential Address: P.O. box 9403 Tel/Mobile No 0679011166
2. Full Name:..... Person Identification Number (PIN).....
Residential Address:..... Tel/Mobile No.....
3. Full Name: Person Identification Number (PIN).....
Residential Address:..... Tel/Mobile No.....

PART E: REQUIRED ATTACHMENT

1. A copy of expired business permit
2. A copy of valid license to practice of superintendent pharmacist
3. A copy of valid license of either enrolled/enlisted or dispenser personnel
4. A copy of signed contract of agreement of superintendent pharmacist
5. A copy of signed contract of agreement of enrolled/enlisted or dispenser

PART F: APPLICANT DECLARATIONS

1. If my/our premises is registered and licensed I/we shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.
2. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have disqualified from holding a license/certificate and my/our license is/ is not suspended

N.B. False declaration constitutes an offence

.....
SIGNATURE OF APPLICANT

.....
DATE

NOTE: INCOMPLETE FILLED APPLICATION SHALL NOT BE PROCESSED

PART F: FOR OFFICIAL USE ONLY

Fees Tshs..... Receipt No.....of.....

Permit granted/not granted; Reason(s) for rejection.....
.....
.....

Permit No..... Approved by Name:

Designation:

I.D Number:

Signature:

Date:



MARANATHA PHARMACY LIMITED

P.O. Box 19828 Dar Es Salaam, P.O. Box 1545 Mbeya
Physical Address:- Msimbazi / Mchikichi Street - KARIAKOO DAR ES SALAAM
Ndongole Street - MWANJELWA MBEYA, Sokoine Road - SONGEA RUVUMA
Mwangaza Area - TUNDUMA SONGWE, Mbeya Road - SUMBAWANGA RUKWA
E-mail: md@maranathapharmacy.co.tz, Website: www.maranathapharmacy.co.tz
TEL: +255 25 2503003, Hotlines: +255 764 602228, +255 764 544044

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 1st day of JUNE 2024

BETWEEN

ANGELA SHADACE (Name) of P.O. BOX 19828 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

WILLIAM GEORGE PARAPHA 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 MARANATHA 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 1st day of JUNE 2024 to 30th day of MAY 2025

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 1st day of JUNE 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. 400,000/=
payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.

4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1st day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards 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 deliverables 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.

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 12th day of July 20 24

SIGNED and DELIVERED

By the said ANGELA SHADRACE LANGEN

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 12 day of July 20 24

In the presence of:

Name: JAPHET MUMURU

Designation: ADVOCATE

Signature: [Signature]

Date: 12/07/2024



SIGNED and DELIVERED

By the said WILLIAM GEORGE BRABARA

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 12th day of JULY 20 24

In the presence of:

Name: JAPHET MUMURU

Designation: ADVOCATE

Signature: [Signature]

Date: 12/07/2024



**PHARMACEUTICAL
TECHNICIAN**



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. WILLIAM GEORGE PARAPARA PIN 0404443
2. Namba ya simu. 0679011166 barua pepe novanymar@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention). 26/06/2024
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. WILLIAM GEORGE PARAPARA mwenye

taaluma ya dawa ngazi ya STASHA HADA nakiri kwamba nitafanya

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

MARANATHA PHARMACY FIN 0404443 lililopo katika

Wilaya ya TEMEKE Mkoani DAR-ES-SALAAM

Sahihi Ndaga Tarehe 25/06/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma ta'wa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Shaidi Simba Tarehe 25/6/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) CATHERINE BARTHOLOME Kata ya MBAGALA KUU

Nathibitisha kwamba Ndugu WILLIAM GEORGE PARAPARA anaishi

langu mtaa/kijiji MB/KUU KASK, kuanzia mwaka 2012

Sahihi Afisamtendaji

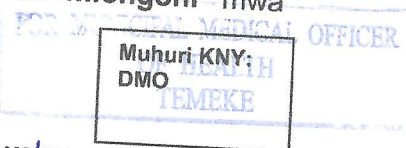
Bartholomeo

Tarehe

26/6/2024 KATA YA MBAGALA KUU

Muhuri
Mtendaji

MTENDAJI
KATA YA MBAGALA KUU





F.58

00003460

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)



Full Name

William George Parapara

I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0404443	11th March, 2022	8th September, 1998	Tanzanian	P.O. BOX 9403 Dar es Salaam	Diploma in Pharmaceutical Sciences	Muhimbili University of Health and Allied Sciences 2020

Date 25th March 2022

REGISTRAR

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