



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business) Act 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 PLG PHARMACY Facility Identification Number (FIN) 0102443
Physical address
Street MINABANI Ward SWASWA District/Municipal DODOMA CBD Region DODOMA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ANTON I. MNYACHI PIN 0103350 Phone 0656258687
Address Ruangwa, LINDI Email antonie.mnyachi@gmail.com

A.3. REASON(S) FOR CHANGE

GRABED AN EMPLOYMENT OPPORTUNITY
AT RUANGWA LINDI.

Time frame of notification: (As per Contract) 1 MONTH Signature A. Mnyachi Date 21st JAN. 2025

A.4. OWNER'S DETAILS

Full Name MAGRETH KUREHWA Phone Number 0717685499
Remarks Mutual Agreement
Signature Benedict Date 21st Jan 2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name CAROLINE K. ULISO PIN 0103118 Phone Number 0752843469 Email ulisoandino27@gmail.com
Physical address
Street HAZO Ward IPAGALA District/Municipal DODOMA CBD Region DODOMA
Details of Previous pharmacy
Name of Pharmacy KIGAMBON PHARMACY FIN 0103218 District/Municipal DODOMA CBD Region DODOMA

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- (i) Copies of registration certificate and valid license to practice
- (ii) Contract Agreement/MOU
- (iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations
Full Name _____ Designation _____ Signature _____ Date _____

D. NOTE:

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma CAROLINE K UISO PIN 0102118
2. Namba ya simu 0752843469 barua pepe wisocardine.27@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 15/12/2024
4. Je, umehuisa 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 CAROLINE K. UISO mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
PLG PHARMACY FIN 0102443 lililopo katika
Wilaya ya DODOMA mJINI Mkoani DODOMA
Sahihi CAROLINE Tarehe 20/12/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Nicholas Nichodemus Tarehe 20/12/2024
Agaspharm
Muhuri KNY
DMD
CITY COUNCIL
P.O. BOX 1249, DODOMA
MEDICAL OFFICER
OF HEALTH

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) NEEMA MOSES KOMBWA Kata ya IPAGALA
Nadhibitisha kwamba Ndugu CAROLINE K. UISO anaishia
langu mtaa/wiji ILAZO KATI kuanzia mwaka 2021

Sahihi Afisamtendaji

Nicholas

Tarehe

20/12/2024



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

MAGRETH BENEDICTO KUBETHWA
.....
(PROPRIETOR)

AND

CAROLINE K. UIJO
.....
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST This Agreement is made on this 20TH day

of DECEMBER 20 24

BETWEEN

PLG PHARMACY (Name) of P.O. BOX
303 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

CAROLINE K UISO 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 PLG 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 1st day of FEB 20 25 to 31st day of DEC. 20 25

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 1st day of FEB 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 1,000,000/= payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

TZS

- (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 **1st** 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 20TH day of DEC. 20 24

SIGNED and DELIVERED at DODOMA by the said
MARGRETH KUBEHWA who is known
to me personally/identified to me by CAROLINE UISO
the latter being
personally known to me this 20th day of December 2024

Benedicto
PROPRIETOR

In the presence of:

Name: AKHA HAMIDU KIJUU
Designation: ADVOCATE
Signature: [Signature]
Address: Box 31937 DAR ES SALAAM
Date: 20th DECEMBER 2024



SIGNED and DELIVERED at DODOMA by the said
CAROLINE K. UISO who is known
to me personally/identified to me by —
the latter being
personally known to me this 20th day of December 2024

[Signature]
SUPERINTENDENT

In the presence of:

Name: AKHA HAMIDU KIJUU
Designation: ADVOCATE
Signature: [Signature]
Address: Box 31937 DAR ES SALAAM
Date: 20th DECEMBER 2024





PLG PARTNERS DODOMA
PLG PHARMACY CONTRACT AGREEMENT
P.O.BOX 303
DODOMA



STREET: SWASWA WARD: IPAGALA, DISTRICT: DODOMA CBD, REGION:
DODOMA

EMAIL:plgpharmacydodoma@gmail.com MOBILE: +255 717 685 499

MADE AND ENTERED INTO BY AND BETWEEN: PLG PHARMACY
with address at: P.O. BOX 303, SWASWA
herein represented by MAGRETH KUBEHWA duly authorized hereto
(hereinafter referred to as the "EMPLOYER")
AND CAROLINE K. UINO with address at: ILAZO, DODOMA

(hereinafter referred to as the "EMPLOYEE")

WHEREBY THE PARTIES AGREE AS FOLLOWS:

1. APPOINTMENT

The EMPLOYEE, who hereby accepts the appointment and is appointed as a
SUPER-INTENDENT for the EMPLOYER.

2. DURATION

2.1 This agreement will become affective as from 1st FEB 2025 (insert date) and it will
continue for an indefinite period until it has been cancelled in terms hereof.

2.2 The EMPLOYEE's appointment (in the instance of new appointments) is subject to a 2 (two)
month's probationary period during which period the EMPLOYER may terminate the services of
the EMPLOYEE for any fair reason. One week's written notice of termination of service to the
EMPLOYEE, prior to the end of the probationary period will be given.

2.3 Substantive and procedural fairness will entail that the EMPLOYEE will be given the
opportunity to state his / her case in response to the allegations being raised and to a
final decision from the EMPLOYER.

3. THE EMPLOYEE'S DUTIES

3.1 The core of the **EMPLOYEE's** duties towards the **EMPLOYER** is a duty to obey all lawful and reasonable order and to perform such work as she / he is directed to perform which falls within his / her vocational ability.

3.2 Without limiting the aforesaid duties, the **EMPLOYEE** is obliged to strictly comply with the provision of this agreement, may not misappropriate the **EMPLOYER's** property, keep all information entrusted to him / her confidential and have to adhere to the general Code of Conduct that governs all relations with co-employees, clients and patients.

3.3 The **EMPLOYER** undertakes to draft a duty sheet in accordance with the post description and it will be filed on the **EMPLOYEE's** personnel file.

4. WORK PLACE

The **EMPLOYEE** will execute his / her duties at the following offices:
PLG PHARMACY provided that the **EMPLOYER** may require the **EMPLOYEE** to execute his / her duties at such a place as may be indicated by the **EMPLOYER**. Such an instruction will be given in writing to the **EMPLOYEE**.

5. SERVICE HOURS

5.1 Service hours will be from 08:00 until 22:00 on weekdays. It will be expected from the **EMPLOYEE** to work on Saturdays as from 8:00 am up to 12:04. The **EMPLOYER** will however not expect of the employee to work more than 45 hours normal hours of work.

5.2 The **EMPLOYEE** will be entitled to a meal interval of thirty continuous minutes. Interruptions will normally not be permitted however operational circumstances may justify an interruption whereupon equivalent time off will be given.

6. REMUNERATION

The **EMPLOYEE** will be entitled to the following remuneration:

6.1 A monthly salary of Remuneration 1,000,000/=

6.2 (OPTIONAL) An annual bonus equal to one month's salary, payable on the **EMPLOYEE's** birthday month (*or: at the end every year during December). This bonus will only be paid after the completion of a twelve (12) months continuous service with the **EMPLOYER**.

6.3 The **EMPLOYEE** hereby given permission to the **EMPLOYER** to deduct all obligatory deduction as authorized by statute from the above remuneration,

6.4 Overtime will be performed when so reasonably requested by the **EMPLOYER** and the **EMPLOYER** will remunerate the **EMPLOYEE** according to the Basic Conditions of Employment Act of 1997, as amended.

7.0 LEAVE

7.2 ANNUAL LEAVE:

7.2.1 The **EMPLOYEE** is entitled to 21 (twenty-one) consecutive days leave on full pay for each and every annual leave cycle.

7.2.2 The said leave shall be granted by the **EMPLOYER** as from a date determined by him at any time during the 12 months' cycle but not later than six months after the completion of a 12 month's period.

7.2.3 Upon termination of the **EMPLOYEE's** employment the **EMPLOYER** shall pay to the **EMPLOYEE** his / her full remuneration in respect of any leave which accrued, but not granted to him / her before the date of termination of the employment.

7.3 SICK LEAVE:

The **EMPLOYER** shall grant to the **EMPLOYEE** who is absent from work through incapacity during a sick leave cycle of 36 months' employment with the **EMPLOYER** sick leave equal to the number of days the **EMPLOYEE** would normally work during six weeks. During the first six months of continuous employment, the **EMPLOYEE** will be entitled to one days paid sick leave for every twenty-six days' work. The **EMPLOYEE** will provide the **EMPLOYER** with a medical certificate when applying for sick leave. The medical certificate must be issued and signed by a medical practitioner or person who is certified to diagnose and treat patients and who is registered with a professional council.

7.4 MATERNITY LEAVE:

7.4.1 The **EMPLOYEE** is entitled to unpaid maternity leave for a maximum period of 4 consecutive months commencing at any time from 4 weeks before the expected date of birth unless otherwise agreed upon or on a date as certified by a medical practitioner.

7.4.2 The **EMPLOYEE** will inform the **EMPLOYER** at least 4 weeks before she intends taking maternity leave, of such dates.

7.4.3 The **EMPLOYEE** may not work for 6 weeks after the birth of her child unless a medical practitioner certifies that she is fit to do so.

7.4.4 The **EMPLOYEE** is entitled to commence employment after expiry of the maternity leave.

7.4.5 The **EMPLOYEE** will be entitled to maternity benefits in accordance with the provisions of the Unemployment Insurance Act, 63 of 2001 and the **EMPLOYER** will assist the **EMPLOYEE** in processing her claim against the Unemployment Fund.

7.5 FAMILY RESPONSIBILITY LEAVE

The **EMPLOYER** will grant the **EMPLOYEE** during each annual leave cycle at the request of the **EMPLOYEE**, three days paid leave which the **EMPLOYEE** is entitled to take:

7.5.1 When the **EMPLOYEE**'s child is born; or

7.5.2 When the **EMPLOYEE**'s child is sick; or

7.5.3 In the event of death of the **EMPLOYEE**'s spouse, parent, grand parent, child, adopted child or grandchild, brother or sister.

7.5.4 The **EMPLOYEE** may take family responsibility leave in respect of the whole or a part of a day and the **EMPLOYER** may require a reasonable proof of the reasons for which the leave is required.

7.6 ACCRUAL OF LEAVE

7.6.1 Leave may not be accrued by the **EMPLOYEE** and in the event of it not being taken, the **EMPLOYEE** will forfeit it.

8. PUBLIC HOLIDAYS

The **EMPLOYEE** is entitled to such public holidays on full pay as are determined by law.

9. TERMINATION

9.1 This agreement may be terminated by either party by giving a one month's written notice of termination of service the one to the other, provided that such notice must be given on the 1st day of the particular month.

9.2 The period of notice shall not be given during the **EMPLOYEE**'s absence on leave as determined herein.

10. CERTIFICATE OF SERVICE

On termination of employment an EMPLOYEE is entitled to a Certificate of Service, the particulars whereof are detailed in the Basic Conditions of Employment Act.

IN WITNESS OF WHICH the parties have signed this agreement the day and year first above written

Signed by for and on behalf of the Employer

Benedulo

in the presence of (witness)

Name AISHA HAMIDU KIJUU

Address Box 31937

DAR ES SALAAM

Occupation ADVOCATE

XI



Signed by the Employee

[Signature]

in the presence of (witness)

Name AISHA HAMIDU KIJUU

Address Box 31937 DAR ES SALAAM

XII

Occupation ADVOCATE





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

CAROLINE K UIISO

PIN NO: 0103118

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:04 November 2022

Expires on:31 December 2024

Registrar
Pharmacy Council

