GERALD D. MROSSO

P.O.BOX 7633,

MOSHI.

23/08/2019.

REGISTRAR,

PHARMACY COUNCIL,

P.O.BOX 31818,

DAR ES SALAAM.

RE: COMMITMENT FOR SUPERVISION ATMOS PHARMACY.

The heading above is concerned,

I hereby confirm to be superintendent pharmacist of the mentioned pharmacy located at Moshi-Kilimanjaro.

I hereby affirm that all professional matters will be under my supervision for the whole period my contract is binding legally.

Regards,

Gerald D, Mrosso

Pharmacist.

Copy:

ATMOS PHARMACY,

P.O.BOX 1478,

MOSHI,

KILIMANJARO.

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

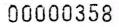


BARAZA LA FAMASI



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 □ERA□D MPOSSO PIN 0101739
2. Namba ya simu. 0620733034 barua pepe geraldmrosso Pamail. Com
3. Tarehe ya mwisho kuhuisha jina (Retention)
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-
signup.php) MNDIYO, Stakabadhi Na.FA236440590152程 HAPANA
하는 사람이 모르게 되었다. 그 그 그리고 그는 내 보고 하다 그 그는 그 얼마나 하셨다면 하셨다.
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:
Mimi LERAD MROSSO mwenye
taaluma ya dawa ngazi ya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
ATMOS PITTAMACY FIN lililopo katika
Wilaya ya MOSHI MJINI Mkoani KILIMANJARO
Sahihi Tarehe & +-11-1023
Uthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa wanataaluma waliopo katika halmashauri ninayosimamia Jina na Sahihi
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:
Jina la mtendaji (Kata) Lucy Joseph Kata ya KILIMA MARO JI WATA
Jina la mtendaji (Kata) Lucy Joseph Kata ya KILIMA MARD NARO
Nathibitisha kwamba Ndugu GERALA MROUU anaishi Muharikhi Muharikhi Muharikhi Muharikhi Manashi
langu mtaa/kijiji MAKONGOe> ,kuanzia mwaka 2019
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI: Ithibitishwe na: Afisa Mtendaji Jina la mtendaji (Kata) Lucy Joseph Kata ya KILIMA MARO Nathibitisha kwamba Ndugu GERALD MROUU anaishi langu mtaa/kijiji MAKONGOE ,kuanzia mwaka 2019 Sahihi Afisamtendaji Tarehe 27-11-2023





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name Gerald Mr0550

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

Regi	istration	Date				Place and
PIN.	Date	of Birth	Nationality	Address	Qualification	Date of Qualification
	2019	1992				拉,
0101728	January,	February,	unian	oshi Wimanjaro	फिर ०६ 1964	Johns Universit Tanzania 2017
	446	401	Fanzanian	P. O. Asshir	Bachelor of Pharmacy	55. Jo of 77

Date CEth February 2019.

SHILLY RETURN REGISTRAR

Advocate, Notery Police & REGISTRAR

Commissioner for Oaths

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 Pharmacists published annualy 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.

GP - Dsm



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

GERALD MROSSO

PIN NO: 0101728

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:09 January 2019

Expires on:31 December 2023

Registrar Pharmacy Council





AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

	This Agreement is made on this day of
	BETWEEN
	AREDINEGO LUCALLA (Name) of P.O.BOX 304 Region KILIMAN JA (hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.
	AND
	who supervises a business of a pharmacist (hereinafter referred to as the SUPERINTENDENT).
	WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act
	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,
]	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;
	WHEREAS the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;
	WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as Pharmacy.
	AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;
1.	Interpretation: "Act" means the Pharmacy Act, Cap 311.
	"Agreement" means the Agreement between the parties to establish and operate a business of Pharmacist.
	"Business of pharmacy or pharmacist" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;
	"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.
	"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.
	"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.

"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 D day of DETEMBER 20 23 to 01 day of DETEMBER 20 211

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the day of DELEMBER 20 23

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. SOO, DOO payable monthly to the SUPERINTENDENT 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 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 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 availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.12 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.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

4.2 The Superintendent;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the 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 Pharmacy 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 Pharmacy 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

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 one month 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 Superintendent 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.

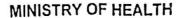
- 8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
- 9. The Pharmacy Council will accept additional clauses but this Agreement is a generic contract for guidance only.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

date and in the manner herein after appearing.
Signed and delivered by the parties at this
SIGNED and DELIVERED By the said. ABEDINEGO LUGALLA
Who is known to me personally/
Introduced to me by
This day of November 20.23 The latter known to me personally PROPRIETOR
In the presence of:
Name: Julius Bale IPOS Se march
Name: Designation: Designation: Comali
Signature:
Date: 7 PM leonember 275/3 12 15
SIGNED and DELIVERED
By the said YERALD MROSSD Advocated
Who is known to me personally/
Introduced to me by
the latter known to me personally
This day of Downsel 20.23 SUPERINTENDER SUPE
S S S S S S S S S S S S S S S S S S S
In the presence of:
Name: Julus TouriPA SEWAH
Designation:
Signature:
Date: 2023aii
Contract of the Contract of th
3/8/

THE UNITED REPUBLIC OF TANZANIA







PHARMACY COUNCIL

NOTIFICE 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
	. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy. ATMOS PHOLMACYFacility Identification Number (FIN).01.01.02.
	Physical address: Street. KIULTI
	A 2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name 120 RIA N. NYA NUNGU PIN 0101723 Phone 06597374 09 Address P. O. BOX 3010 KCMC- MOCH Email Manuagua loria egimai L. Com
	A3. REASON(s) FOR CHANGE as per contract, and there is no enough coope version on matters concerning pharmacy.
	Time frame of notification: (As per Contract) QNE. MONTH. Signature.
>	A.4. OWNER'S DETAILS Full Name Deducego Bellard Legarla Phone Number 0754961949 Remarks A. T. Garee 9 Signature Date 04-10-2028
B	. TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT OTHER PHARMACEUTICAL PERSONNEL Full Name (T.E.) ALD M (COSOPINO16172 Sphone Number 062073 3034 Physical address: Street Aktivition Ward Kill A B. District/Municipal Most Region Kill MAIVJARO Details of Previous pharmacy: DICS PHARMACEUTICAL PERSONNEL District/Municipal Most Region ARUSHA Name of Pharmacy KOMEDICS PHARMACEUTICAL PERSONNEL District/Municipal ARUSHA Region ARUSHA
	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
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.