



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 923326216004779

Received from : TINA PHARMACY

Amount : 50,000.00

Amount in Words : Fifty Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201611413 - Misceleneous Receipts - 0	50,000.00	

Total Billed Amount : 50,000.00 (TZS)

Bill Reference : 16212325231311147178

Payment Control Number : 991620224596

Payment Date : 2023-11-22 10:03:31

Issued by : Zena Mango

Date Issued : 2023-11-22 12:07:05

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

~~991620224509~~ 99162022459 ~~club~~ Bent ✓

PHARMACY COUNCIL



99\620224506 *

(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Name of the pharmacy..... IINA PHARMACY - KIDAMBA BRANCH.
Physical address:
Street..... DI SHIJA STREET..... Ward..... KIDAMBA.
District/Municipal..... USUNGO.
Region..... DAR-EL-SALAM.

Name..... DICKSON JULIA ELISITA
Registration Number..... 0102242
Phone..... 0785755909
Address..... DAR-ES-SALAAM - TANZANIA.

REASON(s) FOR CHANGE: Mutual agreement between the two sides on instantly termination after getting the new superintendent.

TIME FRAME: (Notify Registrar the time frame as per Contract) Instantly (since a new supervisor didn't has been found.

Signature: [Signature]

Date: 21/11/2023.

OWNER REMARKS Mutual agreement of Contract Termination.
Name.....CHRISTINE C. MWAKA SUNDULA.
Phone Number.....0764699640.
Signature.....C. Mwakesungu.
Date.....21/11/2023.

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....

Name.....Designation.....Signature.....

Date.....

B. TO BE COMPLETED BY THE OWNER ONLY**NEW SUPERINTENDENT**Name of Superintendent **MOSES KAHENA MAYUNGA**

Physical address:

Street..... **KIBWEGERE**Ward..... **KIBAMBA**District/Municipal..... **KIAMBA**Region..... **DMZ-EJ-SALAM**Contacts of previous Superintendent..... **0785755909**Email of previous Superintendent..... **elishadickson93@gmail.com****QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)**

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

REASONS FOR CHANGING THE MANAGEMENT

..... **- Mutual agreement between the two sides on instantly termination after getting a new Superintendent.**

C. FOR OFFICE USE ONLY**INSPECTION/REGISTRATION OR ZONAL**

Recommendations.....

Name..... Designation..... Signature.....

Date.....

NOTE:

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



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. MOSES KAHENA MAYUNGA PIN 0102897
2. Namba ya simu. +255 620 847 404 barua pepe moisemayunga@gmail.com
3. Tarehe ya mwisho kuhisha jina (Retention)
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. MOSES KAHENA MAYUNGA mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
TINA PHARMACY FIN 0102423 lililopo katika
Wilaya ya UBUNGO Mkoani DAR ES SALAAM
Sahihi [Signature] Tarehe 20th Nov 2023

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi [Signature] Tarehe 20/11/2023

Muhuri KNY:
DMO

Kit. MCANGA MKUU WA MANISPAA
HALMAHAUZI YA MANISPAA YA UBUNGO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) PENDO MURUGUMI Kata ya KIBAMBBO

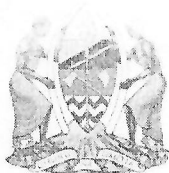
Nadhibitisha kwamba Ndugu MOSES KAHENA anaishi
langu mtaa/kijiji KIBWETERE kuanzia mwaka 2003

Sahihi Afisa mtendaji

Tarehe 20/11/2023

Muhuri
Mtendaji





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 CHRISTINE .G. MWAKA SINDIGA with Personal Identification Number (PIN) 0101711 of Year 2019, residing at MOROGORO M/W district, in MOROGORO Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named TINA PHARMACY, with Facility Identification Number (FIN) 0102423 of year 2022, located at UBUNGO District, DARE SALAMU Region with a Business Tax Identification Number (TIN) 137795701 (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: 0764699640 Email Address: vetfarm2019@gmail.com

Signature: T.M Date: 20/01/2023

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 TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 20 day of November 2023

BETWEEN

CHRISTINE G. MUKASONGULA (Name) of P.O. BOX 30003 Region DARES SALAM.
(herein after referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

MOSES KAHENA MAYUNGA a registered pharmacist in charge 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 whole sale 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 20 day of November 2023 to 20 day of Nov 2024

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 20 day of November 2023

4. Obligation of the Parties:

a. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- i. The PROPRIETOR shall pay Monthly salary/emoluments of TZS. 700,000/= payable monthly to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.
- ii. 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.
- iii. Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- iv. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- v. Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- vi. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- vii. Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- viii. Shall ensure pharmaceutical services are provided with due care.
- ix. Shall ensure all proper records are maintained and managed well.

- x. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations
- xi. Shall cooperate with the Pharmacy Council on proper practice affairs whenever the need arise.
- xii. 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.
- xiii. Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- xiv. Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- xv. Perform any other duty as the Council may determine from time to time.

b. 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: -

- i. 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.
- ii. Shall as much as possible ensure physical supervision of the said premises. Full time pharmacist is more preferable.
- iii. Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- iv. Shall manage and undertake all technical and professional matters in the pharmacy.
- v. Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- vi. Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- vii. Shall provide pharmaceutical service with due care

- vii. Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards
- ix. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- x. Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- xi. Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- xii. 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.
- xiii. Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- xiv. 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 (1) 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

- a. In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.
- b. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- c. Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended 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.

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 November 2023

SIGNED and DELIVERED

By the said.....
Who is known to me personally/.....
Introduced to me by.....

.....the latter known to me personally
This 20th day of November 2023

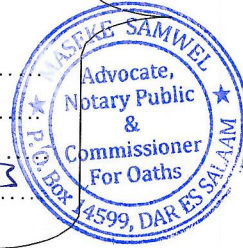
In the presence of:

Name: MASEKE SAMUEL

Designation: Advocate

Signature: [Signature]

Date: 20th November 2023



T.M
PROPRIETOR

SIGNED and DELIVERED

By the said MOREI KAHENA MAMUNGA
Who is known to me personally/.....
Introduced to me by MOREI MAMUNGA

.....the latter known to me personally
This 20th day of November 2023

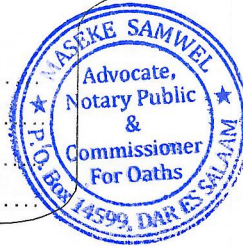
In the presence of:

Name: MASEKE SAMUEL

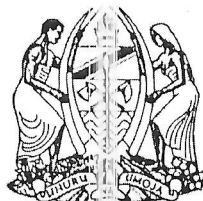
Designation: Advocate

Signature: [Signature]

Date: 20th November 2023



[Signature]
SUPERINTENDENT



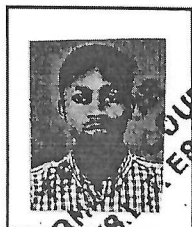
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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



Full Name

Moses Kahena Mayunga

I hereby 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.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0102897	11th February, 2022	24th November, 1992	Tanzanian	P.O. Box 82 Singida	Bachelor of Pharmacy	Kampala International University in Tanzania 2020

Date 17th February 2022

REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.



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

MOSES KAHENA MAYUNGA

PIN NO: 0102897

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: **11 February 2022**

Expires on: **31 December 2023**

Registrar
Pharmacy Council

