



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 ☒

IZAINARI PHABIAN MPONDAMALY with Personal Identification Number
(PIN) 0402091 of Year 2018, residing at GEITA MC district, in GEITA
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named SAGE PHARMACY
, with Facility Identification Number (FIN) 0300670 of year 2024, located at GEITA MC
District, GEITA Region with a Business Tax Identification Number (TIN) 170-310-225
(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: 0764439530 Email Address: esthermpondamaly@gmail.com

Signature: mpondamaly Date: 28/07/2025

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