

representative.

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 RUYUMA Mwangaza Area - TUNDUMA SONGWE, Mbeya Road - SUMBAWANGA RUKWA E-mail, md@maranathapharmacy.co.tz , Website: www.maranathapharmacy.co.tz TEL: +255 25 2503003, Hotimes: +255 764 602228, +255 764 544044

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This agreement is made on this_	58	day of	03	20_2 5
	В	ETWEEN		
DICKSON MWAKASUNG (hereinafter referred to as the PR	OPRIETOR)			glon des his assignees, agents o
his legal representative of this bus	iness.			
		AND		
The DLIVER VICTOR supervises a business of a pharma	KA Yo M cist (hereina	the state of the s		d pharmacist in charge who ERINTENDENT).
WHEREAS the Proprietor wishes regulated business under the Act	to establish	and operat	e a business	of a pharmacist which is a
WHEREAS in compliance with sec services of a pharmacist to be in c			prietor wishe	s to engage the professiona
WHEREAS the superintendent is remuneration for such services or				
WHEREAS the proprietor and sup and operate a business of a pharm				
WHEREAS the Parties agree as MARANAT		n and oper	rate a busin	ess of pharmacist styledPharmacy.
AND NOW WHEREFORE THIS AGE	REEMENT WI	TNESSETH A	s FOLLOWS;	
1. Interpretation.				
"Act" means the Pharmacy Act,	Cap 311.			
"Agreement" means the Agree	ment betwe	en the parti	es to establish	and operate a business o
"Business of pharmacy or phar carried on by a person in relation				A 15
"Pharmacy" means any approv practice of a pharmacist is provide institutional Pharmacy or wholesa	ed, and shall	include a co		
"Proprietor" means an owne	er of Pharm	acy and inc	ludes his ass	ignees, agents or his lega

"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 sales, 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 D1 day of 04 20 25 to 01 day of 04 20 26

3. Commencement of Supervision

4. Obligation of 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. payable monthly to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement and 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 the 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 Superintended 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 provide 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 is signed by a superintendent.

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 obtaining from the Pharmacy Council and other appropriate authorities collect the requisite licenses, permits and authorization and keeping the pharmacy within the standards, conditions and manners as contained in any written law for the time being in force governing the management, regulation and control of the business of a pharmacy.
- 4.2.2 Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week, though 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 he/she supervises in 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.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations 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 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.
- 4.2.16 Shall perform any other duty as the Council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract.

This agreement may be terminated by either party upon Issuing a written notice of three (3) months to the other party of this intention to terminate this contract.

The written notice shall be addressed to the part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notifications 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 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 Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Cost

- The Proprietor shall meet the cost of drawing up this Agreement.
 - 8. The laws of Tanzania hereto shall govern the validity, consultation and interpretation of this agreement and the rights and duties of the parties.
 - 9. The Pharmacy Council will accept additional clause but this Agreement is a generic contract for guidance only.

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 DLIVER V KAYOMBo PIN 0103636
2. Namba ya simu 06.23.78.9085 0676670931. barua pepe Olygidur 18. @ amail.com
3. Tarehe ya mwisho kuhuisha jina <i>(Retention)</i> اا.الـاء عبد المرابعة الم
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) ☑NDIYO, Stakabadhi Na뉴ԻՀ(ઠારુપ્યુક્રાય ☐ HAPANA
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:
Mimi DLIVER V. KAYOMBO mwenye
taaluma ya dawa ngazi yaMFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
MARANATHA PHARMACY FIN lililopo katika
Wilaya yaSankEA Mkoani
Sahihi
Uthibitisho wa Mfamasia wa Halmashauri
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa wanataaluma waliopo katika halmashauri ninayosimamia Jina na Sahihi Kasian M. Myagawa Tarehe 3 04 300 tedical CEA SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI: Ithibitishwe na: Afisa Mtendaji Jina la mtandaji (Kata) Abatuta Amunduka Kata ya Makazi.
11 Salar Carlos
Jina na Sahihi Karah Mana Mana Mana Mana Mana Mana Mana Ma
Munit
SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:
Ithibitishwe na: Afisa Mtendaji
Nathibitisha kwamba Ndugu Otive R V. Co-lomeo anaishi kwamba Manaishi kwamba M
langu mtaa/kijiji
Sahihi Afisamtendaji Tarehe
TATA MATTA



THE UNITED REPUBLIC OF TANZANIA

00002292

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

Full Name Oliver Victor Kayombo

* I hereby certifia 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				Place and Date
PIN.	Date	of Birth	Nationality	Address	Qualification	of Qualification
	7024	1998				हरांम्य of इस १४
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310	H	,	M		多至	茶茶茶
)	2404	2754	Tanzanian	P.O. B.	Bachelos of Phasmacy	Muhumb Headth b Sciences
	Н		Certified	True Copy of the Origin	ial me	1 0
Date	141" Fe	bruary	2024 MABU	BA WILSON MALIM. Advocate, Notary Commissioner for Out	A REC	chilagle GISTRAR

NOTES: (1) This certificaate 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 referene 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

MINISTRY OF HEALTH



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
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. MARAMACY PHARMACY Son GEA. Facility Identification Number (FIN) Physical address: Street
	A.Z. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name AULERIA KADINDE PIN 0103 551 Phone 06 933 75175 Address Studyan GA Email auteria Labinde @ gmail : Com
	A.3. REASON(s) FOR CHANGE Relocation due to government employment.
	Time frame of notification: (As per Contract) 15 Days Signature April Date 27 March 2025
	A.4. OWNER'S DETAILS Full Name STEPHEN SAMNEL LANGENI Phone Number +255 764 602 228 Remarks. Compitent Pharmacist and Hard Working Signature
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL 0623789085 Full Name OLIVER V. KAXMBO PIN Phone Number 067667013. Email. Ollguicher 18@gmcil. Con Physical address: Street. Ward MATERA District/Municipal SONGEA Region RUVUMA. Details of Previous pharmacy: Name of Pharmacy. PEMARMSY FIN District/Municipal. BARMOL Region. SI MIXU.
	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.