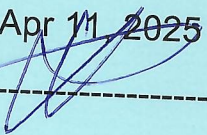


UNITED REPUBLIC OF TANZANIA
JAMHURI YA MUUNGANO WA TANZANIA
EXCHEQUER RECEIPT
STAKABADHI YA MALIPO YA SERIKALI

| | |
|-----------------|---|
| RECEIPT NUMBER | 925101323688009 |
| RECEIVED FROM | GOMBEYE PHARMACY |
| AMOUNT | TZS 250,000.00 |
| AMOUNT IN WORDS | TWO HUNDRED AND FIFTY THOUSAND |
| IN RESPECT OF | DUPLICATES CERTIFICATE, APPLICATION FOR CHANGE OF NAME/ OWNERSHIP |
| BANK REFERENCE | GWX101476499470 |
| CONTROL NUMBER | 991620302430 |
| PAYMENT DATE | Apr 11, 2025 |
| ISSUED BY | PHARMACY COUNCIL |
| DATE ISSUED | Apr 11, 2025 |
| SIGNATURE |  |

PHARMACY COUNCIL

9916203023430

Alupe 200,000/=

Alteration PCF.14
of name & ownershipAlupe 50,000/=
duplicate

11/4/2025

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☒
3. BUSINESS OWNERSHIP ☒

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: MSGDM BEYE PHARMACY FIN. 0300438TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☒ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street: MBAGALA RANGI TAYU Ward: MBAGALA
 District/Municipal: TEMKE Region: DAR-ES-SALAAM
 POSTAL ADDRESS: Contact No. 0624877630
 E-mail:

OWNERSHIP:

Directors (Names): 1. MOABU F. BISUKAYE Qualification: BUSINESS MAN
 2. Qualification:
 3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: NASRA IDD PIN: 010 3145
 Residential Address: DAR-ES-SALAAM Tel: Email:
 Contract commencement date: 09/04/2024 Cessation date: 08/04/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MED LIFE PHARMACY - MBAGALATYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☒ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street: MBAGALA RANGI TAYU Ward: MBAGALA
 District/Municipal: TEMKE Region: DAR-ES-SALAAM
 POSTAL ADDRESS: CONTACT No. 0762-98928570

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

PCF.14

Directors (Names):

1. ANTON TANDA Qualification: BUSINESS MAN
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JISENA KUSHOKA NYOLBBI PIN: 0103304
Residential Address: DAR ES SALAM Tel: 0766711655 Email: kushoka.jisena1200@gmail.com
Contract commencement date: 07/04/2025 Cessation date 07/04/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. 1/amefanyika Mauziano ya Jengo la Kufanyia
brashara panga bidhaa zilizo kumema ndani
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ANTONY T TANDA
(Contact/email if different from the above)
Address: Tel: 0762-928570 E-mail: ...
Signature of Applicant: [Signature] Date: 07/04/2025

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: [Signature] Date: 07/04/2025

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

- ① TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
- ⑥ Original Premises Registration Certificate (For Alteration No. 1 or 2)



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 125-847-269

PHARMACY COUNCIL

MWENGE

31818

DAR ES SALAAM

Tax Certificate Number:

141-0235-5176

Issuing Office: Temeke

Telephone: 022-2861122

Date of issue: 09 April 2025

Expiry Date: 31 December 2025

| | | | |
|--------------------------------|-------------------------|-------------------------|--|
| Taxpayer Name | MOABU FREDRICK BISUKAYE | | |
| Trading Name | | | |
| Taxpayer Identification Number | 155-038-594 | Vat Registration Number | |
| Company Registration Number | | | |

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : TEMEKE,
STREET : Mianzini

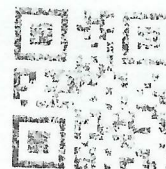
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

| | |
|---|---|
| 1 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores |
| 2 | Pharmaceutical |

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

09 April 2025



Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

MKATABA WA MAUZIANO YA DUKA LA DAWA

KATI YA

MOABU FREDRICK BISUKAYE
(MUUZAJI)

NA

ANTONY TADEO TANDA
(MNUNUZI)

UMETAYARISHWA NA:
M & L ADVOCATES,
NDOSI STREET,
P.O. BOX 61133,
MBAGALA,
DAR ES SALAAM.

MKATABA WA MAUZIANO YA DUKA LA DAWA

Mkataba huu umeingiwa leo Tarehe 7 Mwezi Aprili 2025

BAINA YA

MOABU FREDRICK BISUKAYE Mwenye simu Namba **0624877630** wa Dar es salaam ambaye kwenye mkataba huu ataitwa Muuzaji" kwa upande mmoja.

Na

ANTONY TADEO TANDA Mwenye simu Namba **0762-928-570** Dar es salaam ambaye kwenye mkataba huu ataitwa "Mnunuzi" kwa upande wa pili.

KWA KUWA muuzaji ni mmiliki halali wa **DUKA LA DAWA** ambalo lina namba za usajili **00438-2024** lenye jina **M&S Gombeye Pharmacy** liliopo Mbagala Rangi Tatu wilaya ya Temeke Dar es salaam ambalo linafanya kazi, na kwa hiyari yake amemuuzia Mnunuzi kwa makubaliano ya fedha Shilingi Milioni tatu tu (Tshs 3,000,000).

BASI PANDE ZOTE MBILI ZIMEKUBALIANA KWENYE MKATABA HUU KAMA IFUATAVYO:-

1. Malipo haya yalifanyika kwa njia ya Benki ya CRDB yenye jina MOABU FREDRICK BISUKAYE yenye Account No. **0152580375900** kiasi cha shilingi Milioni Tatu tu (3,000,000/=) yaliyofanyika siku ya tarehe 04/4/2025.
2. Muuzaji atakabidhi nyaraka zote za Duka la dawa husika na atasaini nyaraka zote za kubadilisha umiliki.
3. Kwamba muuzaji anamhakikishia Mnunuzi kuwa Duka husika ni mali yake mwenyewe, na si mali ya mtu mwingine na hana deni na wala hakijawekwa rehani mahala popote.
4. Kama kuna deni lolote ,Muuzaji atawajibika kulilipa na Mnunuzi hatowajibika na chochote.
5. Muuzaji atawajibika kukabidhi kadi halisi ya Duka la Dawa husika.
6. Endapo Mgogoro wowote utakapojitokeza kati ya Muuzajii na Mnunuzi kuhusiana na Mkataba huu utatatuliwa kwa njia ya usuluhishi kwa pande zote mbili, iwaapo itashindikana hatua Zaidi zitachukuliwa kwa mujibu wa sheria za Tanzania zinazohusiana na mikataba.

UMESAINIWA NA KUTOLEWA na
MOABU FREDRICK BISUKAYE ambaye
 anajua kusoma na kuandika lugha
 iliyotumika katika kuandaa mkataba huu na
 ambaye ametambulishwa kwangu na
ambaye namfahamu leo
 Tarehe 7 Mwezi Aprili 2025.

[Signature]

MUUZAJI

MBELE YA

JINA: MOHAMED ABDALLAH LIKWINJI
 ANUANI: 61133 DSM
 SAHIHI: [Signature]
 WADHIFA: WAKILI



UMESAINIWA NA KUTOLEWA na
ANTONY TADEO TANDA ambaye
 anajua kusoma na kuandika lugha
 iliyotumika katika kuandaa mkataba huu na
 ambaye ametambulishwa kwangu na
ambaye namfahamu leo
 Tarehe 7 Mwezi Aprili 2025

[Signature]

MNUNUZI

MBELE YA

JINA: MOHAMED ABDALLAH LIKWINJI
 ANUANI: 61133 DSM
 SAHIHI: [Signature]
 WADHIFA: WAKILI





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 MARY PROSPER LYAMUYA PIN 0406143
2. Namba ya simu 063349889 barua pepe lyamuy9767@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 2024
4. Je. umehusha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
()

) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MARY PROSPER LYAMUYA mwenye
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
MED LIFE PHARMACY FIN 0300438 lililopo katika

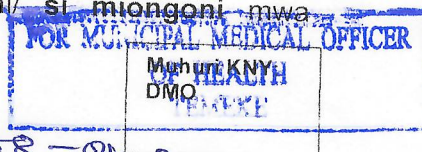
Wilaya ya TEMBEKE Mkoani DAR-ES-SALAAM

Sahihi M. Lyamuya Tarehe 2/04/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Ramadhani M. Ramadhani Tarehe 08-04-2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ASHURA H. MAHURA Kata ya CHARAMBE

Nadhibitisha kwamba Ndugu MARY P. LYAMUYA anaishi
langu mtaa/kiji RANGI TATU kuanzia mwaka 2023

Sahihi Afisamtendaji

A. Alunga

Tarehe

08/04/2025



AFISA MTENDAJI WA KATA
CHARAMBE



THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

MARY PROSPER LYAMUYA

PIN NO: 0406143

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a Pharmaceutical Technicians upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued: 02 February 2023

Expires on: 31 December 2025

Registrar
Pharmacy Council



AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 07 day of April 20 25

BETWEEN

ANTON TANDA (Name) of P.O.BOX _____ Region DAR-IT-SALOOM
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees,
agents or his legal representative of his business.

AND

MARY PROIPER LYAMUYA enrolled Pharmaceutical Technician
who will perform all the technical activities in the Pharmacy under pharmacist supervision
(hereinafter referred to as the **Pharmaceutical Technician**).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business,

WHEREAS the Pharmaceutical Technician 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 Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as Retail & Wholesale Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to 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.

"Pharmaceutical Technician" means a person enrolled as such under section 23 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 07 day of April 20 25 to 06 day of April 20 26

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 07 day of April 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 salary/emoluments of TZS. 400,000/= payable monthly to the **PHARMACEUTICAL TECHNICIAN** 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 other 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 Pharmaceutical Technician and approved by 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 the use of reference and other relevant materials whenever 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 Pharmaceutical Technician.
- 4.1.11 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.
- 4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.14 Perform any other duty as the Council may determine from time to time.

4.2 The Pharmaceutical Technician;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Pharmaceutical Technician shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently perform the duties according to their **scope of practice** to the said pharmacy, dealing in Pharmaceuticals.

The Pharmaceutical Technician under personal supervision of a pharmacist
Shall have the following duties and obligations: -

- 4.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.2 Shall ensure services are provided are provided under his/ her physical supervision.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.
- 4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.5 Shall provide pharmaceutical service with due care.

- 4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- 4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.
- 4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.13 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 three (3) months 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 Pharmaceutical Technician 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.

Signed and delivered by the parties at this 07 day of April 20 25

SIGNED and DELIVERED

By the said ANTON TANDA

Who is known to me personally/

Introduced to me by

..... the latter known to me personally

This 07 day of April 20 25

In the presence of:

Name: MOHAMED ABDALLAH LIKWINJI

Designation: COMMISSIONER FOR OATHS

Signature: [Signature]

Date: 7th APRIL 2025

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the said MARY P. LYAMUYA

Who is known to me personally/

Introduced to me by

..... the latter known to me personally

This 7 day of April 20 25

In the presence of:

Name: MOHAMED ABDALLAH LIKWINJI

Designation: COMMISSIONER FOR OATHS

Signature: [Signature]

Date: 7th APRIL 2025

M. Lyamuya

**PHARMACEUTICAL
TECHNICIAN**





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... JISENA KUTOKA MWA PIN 010 3304
2. Namba ya simu... 0766 711655 barua pepe... Kutoka@pcmis.tz@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)... 2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... JISENA KUTOKA MWA mwenye
taaluma ya dawa ngazi ya... DEGREE nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwaloo
MEDICAL PHARMACY FIN 0300438 lililopo katika
Wilaya ya... TEMKE Mkoani... DAR-ES-SALAAM
Sahihi... [Signature] Tarehe... 08/4/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi... Ramadhani M. RAJANI

Tarehe...



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)... ASHURA H. MATHUNA Kata ya... CHARAMBE

Nadhibitisha kwamba Ndugu... JISENA K. NYOROB anaishi...

langu mtaa/kiji... PANGI TATU, kuanzia mwaka... 2024

Sahihi Afisamtendaji

.....

Tarehe

.....



AFISA MTENDAJI WA KATA
CHARAMBE



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

JISENA KUSHOKA

PIN NO: 0103304

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

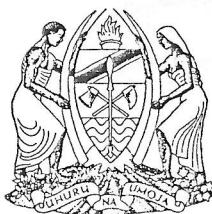
aforesaid Act and its Regulations thereto.

Issued: **02 February 2023**

Expires on: **31 December 2025**

Registrar
Pharmacy Council





00001956

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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



Full Name Jisena Kusthoka

* 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 | | | | | |
| 0103304 | 2nd February, 2023 | 12th June, 1995 | Tanzanian | P.O. Box 170 Tabora | Bachelor of Pharmacy | Muhimbili University of Health and Allied Sciences 2021 |

Date 15th February 2023

[Signature]
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.

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 07/04 day of April 2025

BETWEEN

ANION T. TANDA (Name) of P.O.BOX _____ Region DOR-ES-SALAM
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

JISENA KUSITOKA 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 Retail & Wholesale 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 07 day of April 20 25 to 06 day of April 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 07 day of April 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 salary/emoluments of TZS. 800,000/- 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 three (3) months 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 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.
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.

Signed and delivered by the parties at this 07 day of April 20 25

SIGNED and DELIVERED

By the said AMON TANDA

Who is known to me personally/

Introduced to me by

..... the latter known to me personally

This 7 day of April 20 25

In the presence of:

Name: * MOHAMED ABDALLAH LIKWINGILI

Designation: * COMMISSIONER FOR OATHS

Signature: [Signature]

Date: * 7th APRIL 2025

[Signature]

PROPRIETOR



[Signature]

SUPERINTENDENT

SIGNED and DELIVERED

By the said JULENA KUSKURU

Who is known to me personally/

Introduced to me by

..... the latter known to me personally

This day of 20

In the presence of:

Name: MOHAMED ABDALLAH LIKWINGILI

Designation: COMMISSIONER FOR OATHS

Signature: [Signature]

Date: 7th APRIL 2025

