

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924029229395000

Received from : KIURE 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
: 142201611286 - Miscellaneous Receipts - CHANGE OF MANAGEMENT	50,000.00	

Total Billed Amount : 50,000.00 (TZS)

Bill Reference : 16210029240403023916

Payment Control Number : 991620238772

Payment Date : 2024-01-29 10:32:30

Issued by : Zena Mango

Date Issued : 2024-01-29 10:37:30

Signature

PHARMACY COUNCIL

Alpie

50,000/=

~~del:~~

29/01/2024 PCF.17

PHARMACY COUNCIL



NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY (Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER

DETAILS OF THE PHARMACY

Name of the pharmacy... KIURE PHARMACY
Physical address:
Street... KILANGALANGA Ward... JANGA, KILANGALANGA
District/Municipal... KIBAHITA
Region... PKIANI

DETAILS OF SUPERINTENDENT

Name... HEMED JUMA
Registration Number... 0103132
Phone... 0657-053641
Address... P.O. BOX - 10136 MWANA

REASON(S) FOR CHANGE

THE PREVIOUS PHARMACIST MOVE/SHIFT TO ANOTHER REGION.

TIME FRAME: (Notify Registrar the time frame as per Contract)

01/01/24 UP TO 01/02/2024
Signature... H. Juma
Date... 01/01/24

OWNER REMARKS

Name... KIURE PHARMACY
Phone Number... 0624-504030
Signature... [Signature]
Date... 01/01/24

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....
Name..... Designation..... Signature.....
Date.....

B. TO BE COMPLETED BY THE OWNER ONLY

NEW SUPERINTENDENT

Name of Superintendent GAMARA W. BRYXON

Physical address:

Street JANGA

Ward KILANGALANGA

District/Municipal KIRAHHA

Region PWANI

Contacts of previous Superintendent 0659-053641

Email of previous Superintendent jhanuel02@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

NEAR TO PREMISE

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.

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. 42 (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 GAMAYA W. BRYSON PIN 0102429

2. Namba ya simu 0754567588 barua pepe brysonkingson@gmail.com

3. Tarehe ya mwisho kuhuisha jina (Retention) 29/12/2022

4. Je, umehuisa 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 GAMAYA WAMBUTU BRYSON mwenye

taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwaloo

KIURE PHARMACY FIN lililopo katika

Wilaya ya KICHAHA Mkoani DWANI

Sahihi [Signature] Tarehe 26/01/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi [Signature] Tarehe 26/1/24

Muhuri KNY:
DMO

20 JAN 2024

S.L.P 30198

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) GRACE R. BUTTU Kata ya KILANGALANGA

Nadhibitisha kwamba Ndugu BRAISON GAMAYA anaishi

langu mtaa/kijiji KILANGALANGA, kuanzia mwaka 2024

Sahihi Afisa mtendaji

[Signature]

Tarehe

24/01/2024

Muhuri
Mtendaji

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

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 29 day of 01 2024

BETWEEN

KIURE PHARMACY LTD (Name) of P.O. BOX - Region KIBAHIA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

GAMAYA W. BRYSON 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 WHOLE AND RETAIL 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 1 day of 2 20 24 to 30 day of 1 20 25

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of 2 20 24.

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 29th day of JANUARY 2024

SIGNED and DELIVERED

By the said KURE PHARMACY

Who is known to me personally/

Introduced to me by

..... the latter known to me personally

This 29th day of JANUARY 2024

In the presence of:

Name: ELAY EDWARD NYAMGA

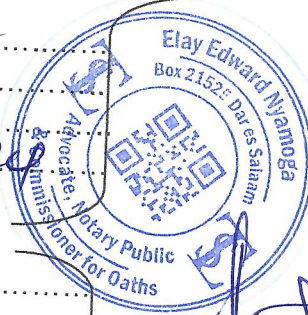
Designation: Advocate

Signature: [Signature]

Date: 29th January 2024

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the said GIMONY BEYSON

Who is known to me personally/

Introduced to me by

..... the latter known to me personally

This 29th day of JANUARY 2024

In the presence of:

Name: ELAY EDWARD NYAMGA

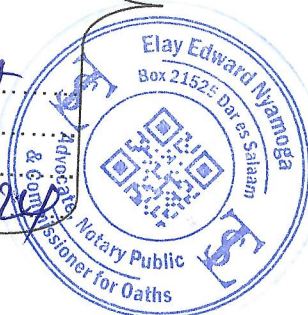
Designation: Advocate

Signature: [Signature]

Date: 29th January 2024

[Signature]

SUPERINTENDENT





00001019

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

 Full Name Gamaya W. Bryson

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

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
IN.	Date					
0702424	22nd April, 2021	1st April, 1994	Tanzanian	P.O. Box Simiyu	Bachelor of Pharmacy	Kampala International University in Tanzania 2019

 re 18th May 2021

REGISTRAR

TES: (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.

Certified true copy of the original



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

GAMAYA W BRYSON

PIN NO: 0102429

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: **01 January 1970**

Expiration: **31 December 2024**

Registrar
Pharmacy Council

