

Jamhuri ya Mungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924017227128994

Received from

: VILLEPHARM LTD

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

: 142202540104 - Application for

change of name/ ownership - 1

50,000.00

Total Billed Amount :

50,000.00 (TZS)

Bill Reference

: 16213017241700867809

Payment Control Number : 991620235521

Payment Date

: 2024-01-17 14:01:13

Issued by

: Zena Mango

Date Issued

: 2024-01-17 14:12:43

Signature

[Signature]

50,000/-
Aupie
17/01/2024

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: Mitabhawan UD
Physical address:
Street: Pharmawan
District/Municipal: Pharmawan
Region: Pharmawan

DETAILS OF SUPERINTENDENT
Name: Adima Adhni
Registration Number: 010260
Phone: 068884444
Address: Pharmawan, BSM

REASON(S) FOR CHANGE
Shifting to new location

TIME FRAME: (Notify Registrar the time frame as per Contract)
Signature: [Signature]
Date: 11/01/2024

OWNER REMARKS
Name: Bama - Rukh
Phone Number: 655243526
Signature: [Signature]
Date: 17-01-2023

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 ASHA ALLY

Physical address:

Street NMC

Ward MBURAHATI

District/Municipal UBUNGA

Region DARE ES SALAAM

Contacts of previous Superintendent 9983844414

Email of previous Superintendent ashahally@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

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.



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

ASHA M. L. Y.

PIN NO: 003505

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

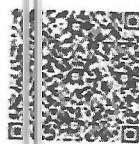
terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: 31 May 2023

Expires on: 31 December 2024

Registrar
Pharmacy Council



[Signature]

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 Pharmacists 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.

Date 09th June 2023

REGISTRAR

0103505		PIN	Registration
31st	May, 2023	Date	Date
14th	March, 1996	Birth	Date
Tanzanian		Nationality	
P.O. Box 1277		Address	
Bachelor of Pharmacy		Qualification	
Kampata International University in Tanzania 2022		Place and Date of Qualification	

* 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.

Full Name

Asha Amy

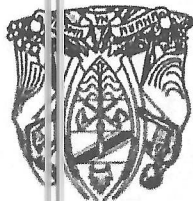
(Section 20 of the Pharmacy Act, CAP. 311)

CERTIFICATE OF FULL REGISTRATION

THE PHARMACY COUNCIL

00002159

THE UNITED REPUBLIC OF TANZANIA



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKU MU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☐ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma **ASHA ALTY** PIN **0103505**

2. Namba ya simu **0983968210** barua pepe **ash9a1ly878@gmail.com**

3. Tarehe ya mwisho kuhuisisha jina (Retention).....

4. Je, umehuisisha taarifa zako kwenye mtumio 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 **ASHA ALTY** mwenye

taaluma ya dawa ngazi ya **MFAMASIA** nakiri kwamba nitafanya

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

FIN **0800195** lililopo katika

Wilaya ya **ILALA** Mkoani **DAE-ES-SALAAM**

Sahih **A. Alty** Tarehe **17/04/2024**

Uthibitisho wa Mfamasia wa Halmashauri

Nathibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa

wanataaluma waliopo katika halmashauri nitaayosimamia

Jina na Sahih **Boydson** Tarehe **17/04/2024**

Muhuri KNY: **PMO**

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) **ABITA ISRAHIM** Kata ya **Mburaani**

Nathibitisha kwamba Ndugu **ASHA ALTY**

langu mtaa/kijiji **NHC** kuanzia mwaaka **2023**

Sahih **Afisa Mtendaji** Tarehe **16/01/2024**

Muhuri Miondaji

AFISA MTENDAJI KATA YA MBURAANI

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 17th day of JANUARY 2004

BETWEEN

(Name) of P.O. BOX _____ Region _____

(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

_____ ASHA ALTY 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 VILFPHARM LTD 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 17th day of January 2024 to 17th day of January 2025

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 17th day of January 2024

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 800000/- TZS. 800000/- 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 17th day of JANUARY 2024

SIGNED and DELIVERED

By the said,

Who is known to me personally/

Introduced to me by

This 17th day of JANUARY 2024

In the presence of:

Name: VICENT M.S.S.

Designation: COMMISSIONER FOR OATH

Signature:

Date: 17.01.2024

SIGNED and DELIVERED

By the said,

Who is known to me personally/

Introduced to me by

This 17th day of JANUARY 2024

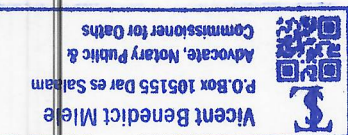
In the presence of:

Name: VICENT M.S.S.

Designation: COMMISSIONER FOR OATH

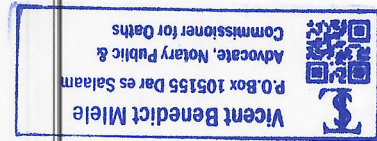
Signature:

Date: 17.01.2024



PROPRIETOR

[Signature]



SUPERINTENDENT

A. Ali