

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002419

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311) Full Name Grace Jevenniate Kashina

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

Regi	stration	Date				Place and Date
PIN.	Daie	of Birth	Nationality	Address	Qualification	of Qualification
	2024	1998	,	,		रहरेरीय
0103754	sume,	April,	Tanzanian	P.O. BOX 30053 Whaha	Bashras of Phasmani	St. Johns Hinnerstry of Fenzanie 2022
	2154	N48				
	21 st	June)) <i>u</i>		Â	l an

Date 21 July 2024

- 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.

CF-DSM



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							
MEAMASIA FUNDI DAWA SANIFU FUNDI DAWA MSAIDIZI PHARM. DISP							
1. Jina la mwanataaluma GRACE J KAPHINDYE PIN 0103754							
2. Namba ya simu 0787 004 510 barua pepe (Net jamb Cerran sa							
3. Tarehe ya mwisho kuhuisha jina (Retention). 31/12/2024							
 Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la farnasi? 							
(http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-							
signup.php) MNDIYO, Stakabadhi Na HAPANA							
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:							
Mimi GRACE JEREMIAH KASHINDIE mwenye							
taaluma ya dawa ngazi yaDEGREF nakiri kwamba nitafanya							
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo							
HAPPI-M FIN 010319.8 lililopo katika							
Wilaya ya KYELA Mkoani M8E7A							
Sahihi G-Kaulinge: Tarehe 9/3/2025							
Uthibitisho wa Mfamasia wa Halmashauri							
Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa							
wanataaluma waliopo katika halmashauri ninayosimamia							
C MEDION							
Jina na Sahihi CMM & USL CHACHA Tarehe OR 2012 DISTRICK YELL							
ko r							
Wanataaluma waliopo katika halmashauri ninayosimamia Jina na Sahihi							
Unidushwe na. Alisa Muengali							
Jina la mtendaji (Kata). GUBSON S. MBRUGAGKata ya. MA-BABU							
Nathibitisha kwamba Ndugu, GRACE TEREMIBU KASHINDE anaishi Muhuri WA KILLIU.							
langu mtaa/kijiji NG 19612, kuanzia mwaka. 2024 Mtendaji Mark Cin INL III.							
Sahihi Afişamtendaji Tarehe							
Nathibitisha kwamba Ndugu, GRACE JEREMIBUKASHINDE anaishi Muhuri Mtendaji Mendaji Muhuri Mtendaji NG PEICHE, kuanzia mwaka. 2024 Mtendaji Tarelie 193/2024 PEICHE Kuanzia mwaka. 2024 Manaishi Muhuri Mtendaji Natishi Afisamtendaji Tarelie 193/2024 PEICHE Kuanzia mwaka.							

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 9th day of Manh 20 25								
(Name) of P.O.BOX Region MBE7A (hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.								
AND								
GRAF J KAI HIPDYE a registered pharmacist in charge who supervises a business of a pharmacist (hereinalter 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 asPharmacy.								
AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;								
. 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								

"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 10° day of March 2026.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 10¹⁴ day of Marh 20 25

4. Obligation of the Parties:

The Proprietor:

The proprietor shall have the following duties and responsibilities; -

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 1 day of the following month.

Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.

Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

Shall ensure pharmaceutical services are provided with due care.

Shall ensure all proper records are maintained and managed well.

Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.

Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.

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.

Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.

Perform any other duty as the Council may determine from time to time.

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: -

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.

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.

Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

Shall manage and undertake all technical and professional matters in the pharmacy.

Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.

Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.

Shall provide pharmaceutical service with due care.

Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.

Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.

Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.

Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.

Must ensure whoever is on duty shall appear on a white coat and name tag on it.

Shall establish a well-organized management body of the pharmacy of which he supervises.

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.

Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.

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

In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

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.

- The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
- 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 thisday of	20
By the said MUNDI PETRUE MWENTHA	
Who is known to me personally/	<u> </u>
Introduced to me by	All ducle
the latter known to me personally	
This day of MARCH 20.25	PROPRIETOR
In the presence of:	>
Name: JOSEPH January Kult	
INGINE	
Designation: ALVO CAS ADVOCATE, C	
Signature: NOTARY PUBLIC	
Date: 10TH 103 abas commission +	
FOR OATHS	
SIGNED and DELIVERED OF 111, ME	
By the said GRACE OFFENAN KASHINDYE.	
Who is known to me personally/	
Introduced to me by	(-6/2) O
the latter known to me personally	Chedining.
This 10TH day of MARCH 2025	SUPERINTENDENT
,	-
In the presence of:	
TOSEPH MANAGOTE KULE	
INCHIE.	
Designation: ALVOCATE ADVOCATE COMMENT	
Signature: NOTARY PUBLIC Signature: NOTARY PUB	
D-4 10 10 2 1 algat 2 / 1 (9)	
COMMISSION *	
Cox 111, MD	





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

GRACE JEREMIAH KASHINDYE

PIN NO: 0103754

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:21 June 2024

Expires on:31 December 2025

Registrar Pharmacy Council





