



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : **925080318618340**

Received from : KAZIGILI PHARMACY

Amount : 100,000.00

Amount in Words : One Hundred 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 - NAME		100,000.00

**Total Billed Amount : 100,000.00 (TZS)**

Bill Reference : 16214080254619599388

Payment Control Number : **991620300989**

Payment Date : **2025-03-21 14:55:40**

Issued by : Zena Mango

Date Issued : 2025-03-21 15:00:28

Signature : .....

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : **925080318606018**

Received from : KAZIGILI PHARMACY

Amount : 100,000.00

Amount in Words : One Hundred 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 - CHANGE	100,000.00	

**Total Billed Amount :**

**100,000.00 (TZS)**

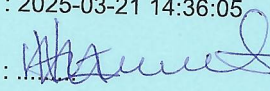
Bill Reference : 16213080255105655150

Payment Control Number : **991620300982**

Payment Date : **2025-03-21 14:23:31**

Issued by : Zena Mango

Date Issued : 2025-03-21 14:36:05

Signature : 

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PHARMACY COUNCIL



Alupe 100,000/=  
Change of name

Adis

21/03/2025

991620300982

991620300989

## 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: KAZIGILI PHARMACY FIN: 0102713

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

#### PHYSICAL ADDRESS:

Plot No. 14 Street: MAJI Ward: MOROCOD

District/Municipal: KINDONDONI Region: DAR-ES-SALAAM

POSTAL ADDRESS: BOX 110 DAR-ES-SALAAM Contact No. 0765945661

E-mail: .....

#### OWNERSHIP:

Directors (Names): 1. PETER KAZIGILI Qualification: BUSINESS MAN.

2. .... Qualification: .....

3. .... Qualification: .....

#### SUPERINTENDANT INFORMATION:

Full Name: YVONNE K. STEPHEN PIN: 0102037

Residential Address: BOX 110 DAR-ES-SALAAM Tel: 0753289517 Email: y.kae.tur@gmail.com

Contract commencement date: 01 June 2024 Cessation date: 30 June 2025

#### SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: ALL SAINTS

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

#### PHYSICAL ADDRESS:

Plot No. 14 Street: MAJI Ward: MOROCOD

District/Municipal: KINDONDONI Region: DAR-ES-SALAAM

POSTAL ADDRESS: 11187 CONTACT No. 0687440558

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. PRIVATUS AUDA MULOKOZI Qualification: BUSINESS MAN
2. .... Qualification: .....
3. .... Qualification: .....

**SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)**

Full Name: YODNE K. STEPHEN PIN: 0102037  
 Residential Address: 110 DAR-SS-JAMIN Tel: 0753289557 Email: YKactare@gmail.com  
 Contract commencement date: 03/03/2025 Cessation date 03/03/2026

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

1. MMILIKI WA KUWAZA AMETHANIA UKWA WA  
BEITA IKATA MAUMU KUWAZE USIMAMIZI
2. ....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: YODNE K. STEPHEN  
 (Contact/email if different from the above)  
 Address: Box 110 DAR-SS-JAMIN Tel: 0753289557 E-mail: YKactare@gmail.com  
 Signature of Applicant: [Signature] Date 10/03/2025

**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 10/03/2025

**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)

Pharm Tech - Petro dominican karigili

PIN: ~~00005998~~  
0406833





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:

131-0232-6427

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 20 March 2025

Expiry Date: 31 December 2025

Taxpayer Name	PETRO DOMICIAN KAZIGILI		
Trading Name	KAZIGILI PHARMACY		
Taxpayer Identification Number	155-479-418	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : DAR ES SALAAM,

DISTRICT : KINONDONI,

STREET : Kinondoni Mjini

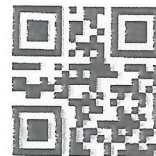
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1 Activity for Non Business Purposes

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

20 March 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 (FAMASI)**

Mkataba huu umetiwa saini tarehe 07 mwezi FEBRUARY 2025

**KATI YA**

**PETRO DOMICIAN KAZIGILI** wa S. L. P 9790, Dar es Salaam (0765945661), ambaye katika mkataba huu anajulikana kama **"Muuzaji"** pale itakapokubalika na muktadha pamoja na warithi wake kwa upande mmoja;

**NA**

**PRIVATUS AUDAX MULOKOZI** wa S.L.P 11187 Dar es Salaam (0687440558) ambaye katika mkataba huu anajulikana kama **"Mnunuzi"** pale itakapokubalika na muktadha pamoja na warithi wao kwa upande mwingine.

**KWA KUWA:**

- A. Muuzaji na Mnunuzi mnamo tarehe 07.02.2025 waliingia mkataba wa mauzo ya Duka la dawa (famasi) lenye kibali cha uendesaji wa biashara ya famasi namba **02713-2024** na usajiri wa breila (certificate of registration) namba **548956** liliyoko **Manispaa ya Kinondoni, Mkoa wa Dar es Salaam** kwa makubaliano ya **Tsh. 20,000,000.00/=** (Shilingi Milioni ishirini tu).
- B. Mnunuzi amekamilisha malipo hayo kwa kufanya miamala kwa kupitia akaunti ya benki ya **NMB- (National Microfinance Bank)** yenye Akaunti Namba **23010034556** jina **PETRO DOMICIAN KAZIGILI** kiasi cha Shilingi milioni kumi na Mbili tu (Tsh 12,000,000/=) na Kiasi cha Shilingi milioni nane tu (Tsh 8,000,000/=) kwenda kwenye namba ya Yas(Tigo) **0657 040940** Jina **PETRO DOMICIAN KAZIGILI**

**MKATABA HUU UNASHUHUDIA NA KUAZIMIA YAFUATAYO:**

1. Muuzaji atakabidhi Duka la dawa (famasi) na mali na nyaraka zake zote kwa mnunuzi baada ya kukamilisha na kuhakiki malipo kufanyika.
2. Gharama za kuhamisha umiliki wa duka la dawa (famasi) (ownership transfer) kutoka kwa muuzaji kwenda kwa mnunuzi ni juu ya mnunuzi mwenyewe.
3. Muuzaji kwa malipo hayo amekubali kwa nia ya dhati kuhalalisha umiliki wa duka la dawa (famasi) tajwa hapo juu kwenda kwa Mnunuzi.

**KWA KUSHUHUDIA** pande zote mbili zimetia saini zao tarehe, mwezi na mwaka kama inavyoonesha hapa chini.



UMESAINIWA na kutolewa kwangu na  
PETRO DOMICIAN KAZIGILI ambaye namfahamu/  
ametambulishwa kwangu na.....  
ambaye namfahamu leo 07 siku ya FEB 2025



MUUZAJI

MBELE YANGU


Jina: Paul Joseph Mbuya

Sahihi: Mbuya

Wadhifa: wakili



UMESAINIWA na kutolewa kwangu na  
PRIVATUS AUDAX MULOKOZI ambaye  
namfahamu/ametambulishwa kwangu  
na.....  
ambaye namfahamu leo 07 siku ya FEB 2025



MNUNUZI

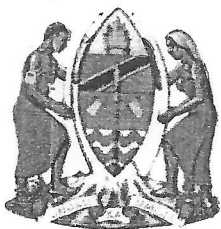
MBELE YANGU

Jina: Paul Joseph Mbuya

Sahihi: Mbuya

Wadhifa: wakili





TANZANIA

Form 5



No. 548956

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **KAZIGILI PHARMACY** this 26<sup>th</sup> day of **JULY** year **2023** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **548956** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 26<sup>th</sup> day of **JULY TWO THOUSAND AND TWENTY THREE**.



*Deputy Registrar Business Names*

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.





TANZANIA



Extract date and time: 24/02/2025 08:25:57

Registration date and time: 09/04/2023 16:41:31

The Business Names (Registration) Act (Cap 213)

## Extract from Register

- |  |   |
|--|---|
| 1. Name of Business:                       | ALL SAINTS PHARMACY   |
| 2. Registration number:                    | 539904  |
| 3. Principale Place of Business:           | Region Dar Es Salaam, District Kigamboni, Ward Somangila, Postal code 17102, Somangila, Mwanzomgumu street, plot no 2 |
| 4. Contacts:                               | Email privatus.pontian@gmail.com, Phone 0687440558, P.O.Box 11187   |
| 5. Business activity:                      | 6311 - Data processing, hosting and related activities, Main activity   |
| 6. Propriator/Partners:                    | PRIVATUS AUDAX MULOKOZI   |
| 7. Authorized to Operate Bank Account etc: | PRIVATUS AUDAX MULOKOZI<br>PRIVATUS AUDAX MULOKOZI  |

*Deputy Registrar Business Names*

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA ([ors.brela.go.tz](https://ors.brela.go.tz)) for an up-to-date information regarding given Business Name.



TANZANIA

Form 22  
**BRELA**  
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 539904

## Certificate of Registration of Change

*(Pursuant Section 14 of the Business Names (Registration) Act (Cap 213))*

I HEREBY CERTIFY THAT the following change occurred on **24<sup>th</sup>** day of **FEBRUARY TWO THOUSAND AND TWENTY FIVE** in the particulars registered in respect of **MYCRAH STATIONERY AND GENERAL SUPPLIES**:

1. Business name changed to read **ALL SAINTS PHARMACY**

And this change was registered on the **24<sup>th</sup>** day of **FEBRUARY TWO THOUSAND AND TWENTY FIVE**

**GIVEN** under my hand at Dar es Salaam this **24<sup>th</sup>** day of **FEBRUARY TWO THOUSAND AND TWENTY FIVE**.



*Deputy Registrar Business Names*

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.





AMBAJITI MAMBAJANO WA TANZANIA  
**KITAMBULISHO CHA TAIFA**  
THE UNITED REPUBLIC OF TANZANIA  
CITIZEN IDENTITY CARD



**19960226-30315-00001-22**

**PULI PETRO DOMICIAN**  
Given Name

**JINA LA MWISHO : KAZIGILI**  
Last Name

**TAREHE YA KUZALIWA : 26 FEB 1996**  
Date of Birth

**JINCHI M**  
Sex

**SAINI:**  
Signature

*P. Domician*

**MWISHO WA MATUMIZI : 20 JAN 2030**  
Expiry Date



Certified as True Copy of the Original

**Paul Joseph Mbuya**

Advocate, Notary Public & Commissioner  
for Oaths



Sign: *P. Mbuya*

Date: *7/10/2025*



JAMHURI YA MUUNGANO WA TANZANIA  
**KITAMBULISHO CHA TAIFA**  
THE UNITED REPUBLIC OF TANZANIA  
CITIZEN IDENTITY CARD



**19850604-12104-00003-28**

JINA LA KWANZA : **PRIVATUS**  
First Name

MAJINA YA KATI : **AUDAX**  
Middle Name

JINA LA MWISHO : **MULOKOZI**  
Last Name

JINSI : **M**  
Sex

MWISHO WA MATUMIZI : **28 JAN 2026**  
Expiry Date



Certified as True Copy of the Original

**Paul Joseph Mbuya**

Advocate, Notary Public & Commissioner



for Oaths

Sign: *[Signature]*

Date: *Feb 12 2025*

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

**19850604-12104-00003-28**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwika kufanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

**Issued By :**

DIRECTOR GENERAL  
NATIONAL IDENTIFICATION AUTHORITY





# PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02713-2024

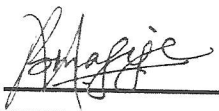
This Permit is hereby granted to M/S Kazigili Pharmacy of P.O. Box 110, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Plot No. 14, Maji Street, Morocco, Kinondoni Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0102713 under a superintendent Pharmacist Yvone Kaitare Stephen with Personal Identification Number (PIN) 0102037

Issued in: October 2020

Expires on: 30 June 2025

27-09-2024

DATE:

  
SIGNATURE OF REGISTRAR

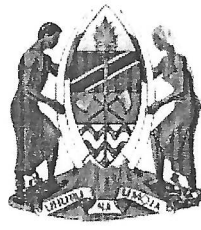
### CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated



  
Certified as True Copy of the Original  
**Paul Joseph Mbuya**  
Advocate, Notary Public & Commissioner  
for Oaths  
Sign:   
Date: 7/10/2025





THE UNITED REPUBLIC OF TANZANIA

BUSINESS LICENCE

B.L. NO : BL01396912024-2500019889

The Business Licensing Act (Act No. 25 of 1972)

Issuing Office: KINONDONI MUNICIPAL COUNCIL

Tax Identification  
No: 155-479-418

License Issued To : PETRO DOMICIAN KAZIGILI

for the Business of : SELLING MEDICINES RETAIL (PHARMACY) - PART 1 POISON  
SHOP

Business Location

Region : Dar es Salaam

Ward Kinondoni

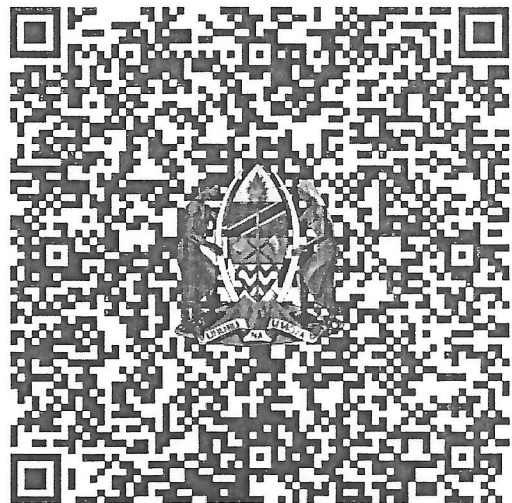
Street Kumbukumbu

Principal/Branch : PRINCIPAL

Amount of Fee Paid : 200,000.00

Date Of Issue: 2024-12-23

Expiring Date : 2025-12-22



This is Digital Copy does not require a signature of authority

NOTE - This license must be kept in a conspicuous position at the place of business. Any change in the particulars originally registered must be notified to the license Issuer





AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

PRIVATUS AUDAX MULOKOZI

(PROPRIETOR)

AND

YVONE . K . STEPHEN

(SUPERINTENDENT)

# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 04 day of MARCH 2025

BETWEEN

PRIVATUS AUDAX MUDIBZI (Name) of P.O. BOX 11187 Region DSM  
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

YVONE. K. STEPHEN a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**) of another part.

**WHEREAS** the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

**AND 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;

**AND 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;

**AND WHEREAS** the proprietor and superintendent (together referred as "**the Parties**") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

**AND WHEREAS** the Parties agree to establish and operate a business of a pharmacist styled as ALL SAINTS Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;**

## 1. Interpretation:

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

"**Act**" means the Pharmacy Act, [Cap 311 R:E 2002] Laws of Tanzania.

"**Agreement**" means this 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;

"**Council**" means the Pharmacy Council established under section 3 of the Act.



**“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.

**“Pharmacist”** means a person registered as such under section 16 of the Act.

**“Proprietor”** means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

**“Registrar”** means Registrar of the Council appointed under Section 11 of the Act

**“Superintendent”** means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under 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 03 day of MARCH 2025 to 02 day of MARCH 2026

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 03 day of MARCH 2025

## 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 allowance/emoluments of TZS .....800,000/-..... payable to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.

- (a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than the **1<sup>st</sup>** day of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.
- (b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **ten** (10) days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor. -

- 4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.



## **4.2 The Superintendent;**

For an allowance 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 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 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

5.1 This Agreement shall be terminated:

- (a) by automatic termination;
- (b) by mutual consent, or
- (c) by Notice

5.2 The Agreement may automatically be terminated:

(i) after the expiry of a term fixed under Clause 2 of this Agreement unless otherwise the parties agree to renew the terms of the agreement.

(ii) If the Council cancels the licence, or suspends or removes the name of a **Superintendent** from the Register due to professional misconducts in accordance with section 45 of the Act.

Notwithstanding the requirement of this Clause, where termination is due to the cancellation of the Superintendent's licence, or suspension or removal from the Register, Roll or List of Pharmacists, all benefits, allowances or claims due to the Superintendent for the work done for any such of days before the cancellation, suspension or removal shall be paid by the Proprietor prior to termination.

5.3 The Agreement may be terminated at any time by mutual agreement or consent between the parties when they find it appropriate that the agreement be terminated. Provided that where the Agreement is terminated by mutual consent, all claims or allowance due to the **Superintendent** shall be paid in full by the Proprietor prior to termination.



- 5.4 The Agreement may be terminated by notice:
- (i) By either party by giving a one (1) month' written notice to the other party of the intention to terminate the Agreement;
  - (ii) By either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 5.4 (i) above.

Provided that a written notice under this clause shall be addressed to the other part and copy shall be submitted to the Registrar for notification.

- 5.5 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

- 5.6 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 Superintendent from initiating or proceeding to the Commission for Mediation and Arbitration (CMA).

## **7. Applicable Law and Jurisdiction**

- 7.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
- 7.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity or the Agreement shall firstly be settled amicably by the parties.
- 7.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, the matter may be taken court of competent jurisdiction for further redress.
- 7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief

8. The 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 04 day of MARCH 2025

SIGNED and DELIVERED at ..... by the said  
..... who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this.....day of.....20.....



PROPRIETOR

In the presence of:

Name: RAMADHAN HAMZA ATHUMANI  
Designation: COMMISSIONER FOR OATHS  
Signature:   
Address: P.O. Box 12017, DSM  
Date: 04/03/2025




SIGNED and DELIVERED at .....by the said  
.....who is known  
to me personally/identified to me by .....  
.....the latter being  
personally known to me this.....day of.....20.....



SUPERINTENDENT

In the presence of:

Name: RAMADHAN HAMZA ATHUMANI  
Designation: COMMISSIONER FOR OATHS  
Signature:   
Address: P.O. Box 12017, DSM  
Date: 04/03/2025

