

# PHARMACY COUNCIL



## COMPOUNDING OF OFFENCES FORM

(Made under Regulation 45 of the GN. NO. 301 of 2012)

### PART I: PROPRIETOR PERSONAL INFORMATION

1. Name and Address of the **Proprietor**  
.....
2. Name and Physical Address of the purported Premises of the **Proprietor**  
.....
3. Premises situated at/lying between Plot /Vessel/ Truck No  
..... Street/Village/Ward..... District/Municipality/City
4. Premises registered for the business of .....
5. Premises Registration No..... of (year).....
6. Existing Permit No..... Dated..... Expiring on.....

### PART II: PROPRIETOR DECLARATIONS

The inspectors, after inspection of my premises, has **DISCOVERED** to breach some provisions of the Pharmacy Act Cap. 311, and I/We .....as Proprietor (s) of the said premises admit that the following offences were committed in our premises, as follows-

- i. ....
- ii. ....
- iii. ....

.....  
 Name of Proprietor/Representative                      Signature and Stamp                      Date

### PART III: PROPRIETOR CONSENT TO SETTLE THE MATTER OUT OF COURT

1. I/We..... understand that the offence/offences we committed may be brought before a court of law for determination.
2. That our premises have been prosecuted via criminal case No..... of 20..... (if apply) and we are ready to settle the matter out of court of law.
3. That we are not forced to settle the matter out of court but we have done so willingly understanding the benefit of settling the matter amicably.
4. That we understand that the offences compounded has fines starting from Tanzanian Shillings Fifty Thousand to One Million, depending on the nature of the offence.
5. That I .....**DO HEREBY** agree, in settling the matter, to undertake the following-
  - (a) .....
  - (b) .....
  - (c) .....
  - (d) ....., and surrender all the drugs illegally holding/possessing to the Government for its proper use.

***I/We DO HEREBY understand that provision of any false declaration constitutes an offence of which may be prosecuted before a court of law.***

- 6. That I..... **DO HEREBY AGREE** to pay a fine of TZS .....for settling the matter out of court for the offences pinpointed in Part II.
- 7. That upon compliance I/We and the Council agree that the matter shall stand closed and no case shall be opened and entertained by the parties with regard to the same offences
- 8. That upon recurrence of the offences the Council may revoke my business permit forthwith.

.....  
 Name of Proprietor/Representative                      Signature and Stamp                      Date

**PART IV: FOR OFFICIAL USE, ONLY**

Fees/fine/costs paid TZS..... Receipt No..... dated.....  
 Premises Permit No..... Year.....  
 Case No..... of ..... between ..... and.....

Officer Recommendations.....  
 .....  
 .....

.....  
 Name of the Officer                      Signature and Stamp                      Date

**PART V: REGISTRAR’S CERTIFICATION**

I.....the Registrar or Inspector authorized on behalf of the Registrar of the Pharmacy Council **DO HEREBY CERTIFY** that the above matter is settled by the accused/offender by paying TZS.....with receipt No.....of.....

.....  
 Signature                      Date

*\*All fines should be paid to the Pharmacy Council through Bank Accounts No. NBC 053103000318 or CRDB 01J1028116700*

*I/We DO HEREBY understand that provision of any false declaration constitutes an offence of which may be prosecuted before a court of law.*