

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 | <input type="checkbox"/> |
| 2. BUSINESS NAME | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input checked="" type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:NAME OF PREMISES: ZNC SQUARE PHARMACY FIN. 0200198TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 25, Block 5 Street: 10th Ward:District/Municipal: DODOMA Region: DODOMAPOSTAL ADDRESS: 2645 DODOMA Contact. No. 0769234791E-mail: -**OWNERSHIP:**Directors (Names): 1. DR. ZEYE MASUNGA Qualification: M.D2. CHARLES KITA Qualification: BSc3. CATHERINE MATAHWA Qualification: BSc4. EMMANUEL NGASA Qualification: BScH**SUPERINTENDANT INFORMATION:**Full Name: SADA M. JAMES PIN: 0102148Residential Address: DODOMA Tel: - Email: -Contract commencement date: 01.01.2024 Cessation date: 31.12.2024**SECTION B: PROPOSED CHANGES:**NAME OF THE NEW PREMISES: GIGA PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 25, Block 5 Street: 10th Ward: -District/Municipal: DODOMA Region: DODOMAPOSTAL ADDRESS: 1135 DODOMA CONTACT. No. 0757923750

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. CALVIN ANDREA Qualification: B Pharm
2. - Qualification: -
3. - Qualification: -

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JESCA D. DONALD PIN: 0103 880

Residential Address: DODOMA Tel: 0629804587 Email: -

Contract commencement date: 01.01.2025 Cessation date 31.02.2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Transfer of Business
2. -

SECTION D: APPLICANT INFORMATION

Name of Applicant: CALVIN ANDREA

(Contact/email if different from the above)

Address: 1135 DODOMA Tel: 0754923750 E-mail: calvingandrea@gmail.com

Signature of Applicant: [Signature] Date: 02.01.2025

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: 02.01.2025

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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925009302672217

Received from : GIGA PHARMACY

Amount : 250,000.00

Amount in Words : Two Hundred 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 - CHANGE OF OWNERSHIP&BUSINESS NAME	200,000.00	
: 142201611404 - Duplicates Certificate - DUPLICATE FOR PREMISE REGISTRATION	50,000.00	

Total Billed Amount : 250,000.00 (TZS)

Bill Reference : 16212009250734922926

Payment Control Number : 991620292856

Payment Date : 2025-01-09 13:19:13

Issued by : Zena Mango

Date Issued : 2025-01-14 13:27:48

Signature

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00198-2024

This Permit is hereby granted to M/S ZNC Square Pharmacy of P.O. Box, 17090, Dodoma to operate a Wholesale Only Business at the premises situated/lying between Plot No. 05, Barabara ya 10, Madukani, Dodoma City Municipality/District in Dodoma Region with Facility Identification Number (FIN) 0200198 under a superintendent Pharmacist Sada M James with Personal Identification Number (PIN) 0102148

Issued in: March 2022

Expires on: 30 June 2025

10-10-2024

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



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TANZANIA

Form 5



No. 531943

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **ZNC SQUARE PHARMACY** this 26th day of **DECEMBER** year **2022** 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 **531943** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 26th day of **DECEMBER TWO THOUSAND AND TWENTY TWO.**



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.


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

19911215-11103-00001-24

JINA LA KWANZA : **CALVIN**
First Name

MAJUMA YA KATI : **GLADSON**
Middle Name

JINA LA MWICHO : **ANDREA**
Last Name

JINSI : **M**
Sex

MWISHO WA MATUMIZI : **24 APR 2025**
Expiry Date




THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19911215-11103-00001-24

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhuswi kukitumia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikiidolea, 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





JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD



19870525-54105-00001-21

JINA : CHARLES KIJIA

Given Name

JINA LA MWISHO : NG'HANGA

Last Name

TAREHE YA KUZALIWA : 25 MAY 1987

Date of Birth

JINSI : M

Sex

SAINI :

Signature

MWISHO WA MATUMIZI : 18 OCT 2031

Expiry Date



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. 44 (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 IRENE N. ODIRA PIN 0501010
2. Namba ya simu 0627051346 barua pepe Irene pauline 1999@gmail
3. Tarehe ya mwisho kuhuisha jina (Retention) 28/2/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. 0501010 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi IRENE NYAMHANGA ODIRA mwenye

taaluma ya dawa ngazi ya CHEJI nakiri kwamba nitafanya

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

ZML SQUARE WHOLESALE PHARMACY FIN 0200198 lililopo katika

Wilaya ya DODOMA JIJ Mkoani DODOMA

Sahihi [Signature] Tarehe 11/09/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Nicholaus Nichodemus Tarehe 11/09/24

Muhuri KNY:
DMO

COUNCIL OF DOCTORS
DODOMA

MEDICAL OFFICER

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) KELVIN G. MBURA Kata ya HPA 444

Nadhibitisha kwamba Ndugu IRENE M. ODIRA anaishi

langu mtaa/kijiji MUMBA kuanzia mwaka 2020

Sahihi Afisa mtendaji

Tarehe

11/9/2024

Muhuri
Mtendaji

AFISA MTENDAJI
MTAA WAKILIMU
1249
DODOMA



Kemmy
ADVOCATES

P.O.Box 2645, Dodoma, rekemmy@gmail.com
+255655378832 | Mtendeniist.Dodoma.Tanzania



**MKATABA WA MAUZIANO YA DUKA LA DAWA ZNC SQUARE
PHARMACY**

**LILIOPO KATIKA KIWANJA NAMBA '24', KITALU '05', ENEO
LA MADUKANI, NDANI YA JIJI LA DODOMA**

BAINA YA

ZNC MEDX LIMITED

(MUUZAJI)

NA

CALVIN GLADSON ANDREA

(MNUNUZI)

UMEANDALIWA NA:

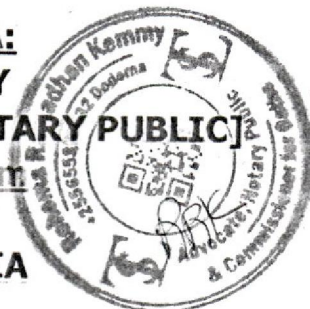
REHEMA R. KEMMY

MTHIBITISHAJI WA UMMA [NOTARY PUBLIC]

rekemmy@gmail.com

+255655378832

DODOMA, TANZANIA





Kemmy

ADVOCATES

P.O.Box 2645, Dodoma, rekemmy@gmail.com

+255655378832 | Mtendeni st. Dodoma, Tanzania



**MKATABA WA MAUZIANO YA DUKA LA DAWA ZNC SQUARE
PHARMACY.**

**Makubaliano Katika MKATABA HUU yamefanyika Leo Tarehe 09, Mwezi
Disemba, mwaka 2024, na kushuhudiwa na Wakili Kama Ilivyosainiwa Hapa
Chini;
BAINA YA**

**ZNC MEDX LIMITED, wa S.L.P 17090, Dodoma, Tanzania, Kampuni
iliosajiriwa chini ya Sheria ya Makampuni yenye Namba ya Usajiri
154130861, TIN 154-130-861, ambao katika Mkataba huu watajulikana
kama 'WAUZAJI' (neni ambalo litamjumuisha wao wenyewe, na warithi wao,
Mawakala wao, na yeyote atakaye dai haki juu ya Mkataba huu) kwa upande
mmoja;**

NA

**CALVIN GLADSON ANDREA, wa S.L.P 1249, Dodoma, Tanzania,
mwenye namba ya simu +255757923750, NIDA 19911215-11103-
00001-24, TIN124-867-738, ambaye katika Mkataba huu atajulikana kama
'MNUNUZI' (neni ambalo litamjumuisha yeye mwenyewe, na warithi wake,
Mawakala wake, na yeyote atakaye dai haki juu ya Mkataba huu) kwa upande
mwingine;**

**KWA KUWA 'WAUZAJI' ni Wamiliki halali wa Duka la Dawa ZNC SQUARE
PHARMACY, liliopo katika Kiwanja Namba '24', Kitalu '5', eneo la
MADUKANI, ndani ya jiji la DODOMA. NA KWA KUWA 'MNUNUZI' anayo
nia ya kununua Duka tajwa la Dawa;**

**HIVYO BASI, MKATABA huu unashuhudia na kuthibitisha makubaliano
kati ya Pande Zote Mbili kama ifuatavyo:**

1. **'WAUZAJI' wanamuuzia 'MNUNUZI' Duka la Dawa tajwa Pamoja na
malighafi zote zinazihusiana na biashara tajwa kwa bei ya shilingi
20,000,000/= (MILIONI ISHIRINI TU), Fedha za Kitanzania.**
2. **Kwamba, bei ya manunuzi iliyotajwa katika aya ya kwanza (1) hapo juu
inalipwa yote na kwa kusaini Mkataba huu 'WAUZAJI' wanakiri na
kuthibitisha kupokea kiasi chote tajwa katika kifungu cha kwanza hapo juu
kupitia Akaunti ya 'WAUZAJI' yenye Namba 015C670440800,
CRDB Benki, inayosoma majina yake kama yanavyosomeka katika
Mkataba huu.**



Kemmy

ADVOCATES

P.O.Box 2645, Dodoma, rekemmy@gmail.com

+255655378832 | Mtendenist.Dodoma.Tanzania



3. **'WAUZAJI'** watashirikiana na **'MNUNUZI'** kuhakikisha kuwa jina la mmiliki linabadilishwa kutoka yale ya **'WAUZAJI'** na kuwa ya **'MNUNUZI'**.
4. **'WAUZAJI'** wanathibitisha kuwa Duka la dawa tajwa halijawekwa rehani au dhamana kwa kampuni, shirika au mtu yeyote, na ikiwa itakuwa hivyo basi watawajibika kulipa madeni hayo wao wenyewe.
5. Ikiwa itathibitika kuwa **WAUZAJI** wameuza Duka/Malighafi ambazo sio mali yao, basi fedha ambayo wamelipwa na **'MNUNUZI'** itachukuliwa kuwa ni deni ambalo atawajibika kulipa mara moja ndani ya siku 7 tu, pamoja na **faini asilimia thelathini (30)** ya bei yote ya mauziano, gharama za kuandikisha Mkataba huu, fidia ya usumbufu na gharama zote atakazokua ameingia **'MNUNUZI'** wakati wa manunuzi ya Duka tajwa. Pia ataweza kushtakiwa Mahakamani kwa kuuza Duka ambalo si mali yao.
6. **Mara** baada ya kukamilisha vigezo na masharti katika Mkataba huu **'WAUZAJI'** watamkabidhi **'MNUNUZI'** **nyaraka halisi za umiliki wa Duka husika, na 'MNUNUZI'** atakua huru kutumia Duka hilo, na kubadili umiliki kwa majina yake na gharama zake mwenyewe.
7. Mgogoro wowote kuhusiana na mkataba huu utatatuliwa kwa njia ya maridhiano na kuwekwa katika maandishi na kusainiwa na pande zote mbili na endapo njia hii itashindikana upande wowote utakua na haki ya kupeleka malalamiko hayo mahakamani au Sehemu husika kwa mujibu wa sheria za Tanzania.

KWA UTHIBITISHO WA MKATABA HUU, wahusika wameweka saini zao mbele ya Ushahidi katika tarehe na mwaka kama ifuatavyo hapa chini:

UMETIWA SAINI hapa DODOMA na
kukogongwa muhuri wa
ZNC MEDX LIMITED,
leo tarehe **09, Disemba, 2024**

..... **MUHURI**
MUUZAJI

MBELE YANGU:

JINA: ZEVE M. NKOMELA
SAINI: [Signature]
ANUANI: S.L.P 17090
WADHIFA: MKURUGENZI



MBELE YANGU:

JINA: CHARLES KIJA NG'HANGA
SAINI: [Signature]
ANUANI: S.L.P 17090
WADHIFA: MKURUGENZI

MBELE YANGU:

JINA: CATHERINE NZINGALUBARE MASALIWA
SAINI: [Signature]
ANUANI: S.L.P 17090
WADHIFA: MKURUGENZI

MBELE YANGU:

JINA: EMMANUEL MULEGU NJAJA
SAINI: [Signature]
ANUANI: S.L.P 17090
WADHIFA: MKURUGENZI

UMETIWA SAINI hapa DODOMA na
CALVIN GLADSON ANDREA,
ambaye ametambulishwa
kwangu na **CHARLES KIJA NG'HANGA**
ambaye ninamfahamu binafsi
mbele yangu leo tarehe **09, Disemba, 2024**

..... **PICHA**
MNUNUZI

MBELE YANGU:

JINA: REHEMA KEMMY
SAINI: [Signature]
ANUANI: S.L.P 1249, DODOMA
WADHIFA: MTHIBITISHAJI WA UMMA [NOTARY PUBLIC]



Mkataba wa Kuuziana Duka la Dawa Sahihi: MUUZAJI

MNUNUZI



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

JESCA D DONALD

PIN NO: 0103880

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: **20 November 2024**

Expires on: **31 December 2025**

Registrar
Pharmacy Council





THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002549

CERTIFICATE OF FULL REGISTRATION*(Section 20 of the Pharmacy Act, CAP. 311)*Full Name Jessca D. DonaldRegistrar
Pharmacy Council
P. O. Box
1277
Dar es Salaam

* 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.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0103880	20th November, 2024	22nd October, 1998	Tanzanian	P.O. Box 120 Sanyu Juvu	Bachelor of Pharmacy	St. Johns University of Tanzania 2023

Date 19th December, 2024

REGISTRAR

- 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 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.

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 20 day of 12 2024

BETWEEN

ZNC MEDX LIMITED (Name) of P.O.BOX 1709⁰⁰ Region DODOMA (hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

JESCA D DONALD 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 SQUIRE 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 20 day of 12 2024 to 20 day of 12 2025

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 20 day of 12 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 TZS. 200,000/- 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 one month 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 Superintendent 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 20 day of 12 2024

SIGNED and DELIVERED

By the said ZEYE MASUNGA

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 20 day of 12 2024

In the presence of:

Name: EMMANUEL BWIRE MUYENGI

Designation: Advocate

Signature: [Signature]

Date: 20/12/2024

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the said JESCA D DONALD

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 20 day of 12 2024

In the presence of:

Name: EMMANUEL BWIRE MUYENGI

Designation: Advocate

Signature: [Signature]

Date: 20/12/2024

[Signature]

SUPERINTENDENT



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. 44 (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..... JESCA D DONALD..... PIN .. 0103880.....
2. Namba ya simu... 0629804587..... barua pepe ... P.O. Box 47, Dodoma
3. Tarehe ya mwisho kuhuisha jina (Retention).... 20/11/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. 0103880..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi..... JESCA D DONALD..... mwenye
taaluma ya dawa ngazi ya MFAMASIA..... nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
..... LILIA PHARMACY..... FIN .. 0200198..... lililopo katika
Wilaya ya DODOMA..... Mkoani DODOMA.....
Sahihi [Signature]..... Tarehe 13/01/2025.....

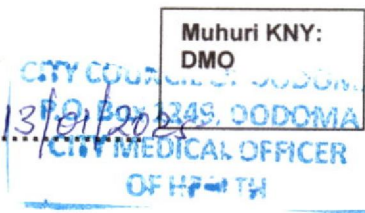
Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi

Nicholas Nicholas [Signature]
Agcapham

Tarehe



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..... KARIBALA KUNYA..... Kata ya Kilikuyu (Kaskazini)
Nadhibitisha kwamba Ndugu..... JESCA A DONALD..... anaishi
langu mtaa/kijiji..... Kilikuyu mtaa, kuanzia mwaka..... 2019.....

Sahihi Afisamtendaji

[Signature]

Tarehe

14-01-2025

Muhuri
Mtendaji

AFISA MTENDAJI WA KATA
KIKUYU KASKAZINI
TANISIT 14-2025

RENTAL AGREEMENT

This Rental Agreement ("Agreement") is made and entered into on this 1st day of January 2025, by and between:

Owner:

Hashim Sharif Abdallah

Address: Dodoma Town, Plot No. 25, Block 5, Dodoma, Tanzania
(hereinafter referred to as the "Lessor"),

AND

Tenant:

Calvin Andrea

C/O Giga Pharmacy

(hereinafter referred to as the "Lessee").

1. LEASED PREMISES

The Lessor hereby leases to the Lessee, and the Lessee accepts, the business frame located at Dodoma Town, Plot No. 25, Block 5, Dodoma, Tanzania (hereinafter referred to as the "Premises").

2. TERM OF LEASE

The term of this lease shall commence on the 1st day of January 2025 and shall expire on the 31st day of December 2025.

3. RENTAL AMOUNT AND PAYMENT TERMS

3.1 The Lessee agrees to pay the Lessor a monthly rental amount of Tanzanian Shillings One Million (TZS 1,000,000).

3.2 The total rental amount for the twelve-month lease term is Tanzanian Shillings Twelve Million (TZS 12,000,000), payable in advance.

4. USE OF PREMISES

5.1 The Lessee shall not use the Premises for any illegal or unauthorized activities.

6. MAINTENANCE AND REPAIRS

6.1 The Lessee shall maintain the Premises in good condition and shall promptly notify the Lessor of any required repairs.

6.2 The Lessee shall bear the cost of minor repairs and maintenance during the lease term.

7. ALTERATIONS AND IMPROVEMENTS

The Lessee shall not make any alterations or improvements to the Premises without the prior written consent of the Lessor.

8. TERMINATION AND RENEWAL

8.1 This Agreement shall automatically terminate at the end of the lease term unless renewed by mutual agreement.

8.2 Either party may terminate this Agreement prior to its expiration by providing thirty (30) days' written notice to the other party.

9. GOVERNING LAW

This Agreement shall be governed by the laws of Tanzania.

10. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and supersedes any prior understandings or agreements, whether written or verbal, regarding the subject matter hereof.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

LESSOR:

Hashim Sharif Abdallah

Sign: _____

Date: _____

LESSEE:

Calvin Andrea
C/O Giga Pharmacy

Sign: _____

Date: _____



TANZANIA

Form 5



No. 592309

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **GIGA PHARMACY** this **20th** day of **DECEMBER** year **2024** 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 **592309** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **20th** day of **DECEMBER TWO THOUSAND AND TWENTY FOUR.**



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: 20/12/2024 15:17:49

Registration date and time: 20/12/2024 15:17:33

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. **Name of Business:** GIGA PHARMACY
2. **Registration number:** 592309
3. **Principale Place of Business:** Region Dodoma, District Dodoma CBD, Ward Madukani, Postal code 41103, Street Sululu, Road Barabara ya 10, Plot number 5, Block number 24, House number 11
4. **Contacts:** Email charles.kija@yahoo.com, Phone 0752206598, P.O.Box 17090
5. **Business activity:** 8620 - Medical and dental practice activities, Main activity
8610 - Hospital activities, Main activity
8790 - Other residential care activities
6. **Propriator/Partners:** CALVIN GLADSON ANDREA
7. **Authorized to Operate Bank Account etc:** CALVIN GLADSON ANDREA
CALVIN GLADSON ANDREA

*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) for an up-to-date information regarding given Business Name.

CTIN: 1347680



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

CALVIN GLADSON ANDREA

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

124-867-738

WITH EFFECT FROM: **28 JULY 2017**

TRA LOCATION: **DODOMA**

TAX OFFICE: **BAHI**

PHYSICAL LOCATION:

STREET / AREA: **BAHI - MWANACHUGU**



**ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE**

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 100-476-541
CRDB BANK PUBLIC LIMITED COMPANY
ALLY HASSAN MWINYI ROAD
268
DAR ES SALAAM

Tax Certificate Number:

161-0194-0959

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 21 February 2024
Expiry Date: 31 December 2024

Taxpayer Name	ZNC MEDX LIMITED		
Trading Name	ZNC SQUARE PHARMACY		
Taxpayer Identification Number	154-130-861	Vat Registration Number	
Company Registration Number	154130861		

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : BARABARA YA KUMI

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	Other telecommunications activities
2	Other professional, scientific and technical activities n.e.c.
3	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
4	Manufacture of pharmaceuticals, medicinal chemical and botanical products

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
21 February 2024



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.

CALVIN ANDREA
P. O. BOX 47,
DODOMA.
08.01.2025

REGISTRAR,
PHARMACY COUNCIL OF TANZANIA,
P. O. BOX 1277,
DODOMA.

**RE: REQUEST FOR PREMISE REGISTRATION CERTIFICATE OF ZNC SQUARE
PHARMACY**

Dear Sir,

Kindly refer to the heading above.

I would like to ask for Premise Registration Certificate for a stated premice (FIN0200198) which is has been transfered to me but unfortunately the transferer had misplaced the certicate.

The certificate needed is for attachment in the alteration process by your office.

* I extend my appreciations in advance.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Calvin', is written over a horizontal line.

Calvin Andrea

**JAMHURI YA MUUNGANO WA TANZANIA
WIZARA YA MAMBO YA NDANI YA NCHI
JESHI LA POLISI TANZANIA**

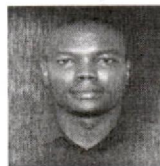


TAARIFA YA MALI ILIYOPOTEA

PHQ/DOD/DOD/1543/2025

Hii ni kuthibitisha kuwa

CALVIN GLADSON ANDREA



Nimetoa taarifa kituo cha polisi siku ya Wednesday, January 8th, 2025 kwamba mali iliyoainishwa hapa chini imepotea:-

Aina ya Mali	Jina ya Mali	Nambari ya Mali
Nyaraka	premise registration certificate - znc square pharmacy	fin0200198

Maelezo Zaid
cheti kimepotea



Nambari ya malipo :: 9910843677953

MKUU WA JESHI LA POLISI(CPF)

Nambari ya kitambulisho :: 19911215111030000124

Wednesday, January 8th, 2025



UNION OF PEOPLE'S PARTIES OF KENYA
KITAMBULISHO CHA TAIFA
THE NATIONAL CITIZENSHIP AUTHORITY
CITIZAN IDENTITY CARD



19721130-53837-00001-10

MS : CATHERINE KIZINGALIRARE

Citizen Name

MS (A. NAME) : MAJALINA

Last Name

TAKUVE YAKUJALINA : 30 NOV 1972

Date of Birth

SEX : F

Sex

DATE :

Signature

VALIDITY VIA MATRIMONY : 21 AUG 2027

Expiry Date





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



19880426-11103-00002-22

JINA LA KWANZA : ZEYE

First Name

MAJINA YA KATI : MASUNGA

Middle Name

JINA LA MWISHO : NKOMELA

Last Name

JINSI : M

Sex

WISHO WA MATUMIZI : 09 MAY 2025

Expiry Date



CS CamScanner

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

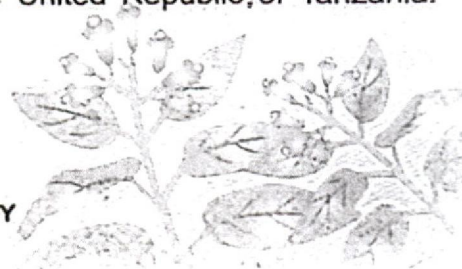
19880426-11103-00002-22

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia 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 tempered 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



CS CamScanner

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



1989... J41 16000423

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote 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.

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DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



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



19101010-41216-00004-23

JINA : EMMANUEL MULUGU
Given Name

JINA LA MWISHO : NGASA
Last Name

TAREHE YA KUZALIWA : 10 OCT 1989
Date of Birth

JINSI : M
Sex

SAINI :
Signature

