



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council


Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925023305740877
Received from : SANJOL PHARMACY
Amount : 200,000.00
Amount in Words : Two Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance : 0.00

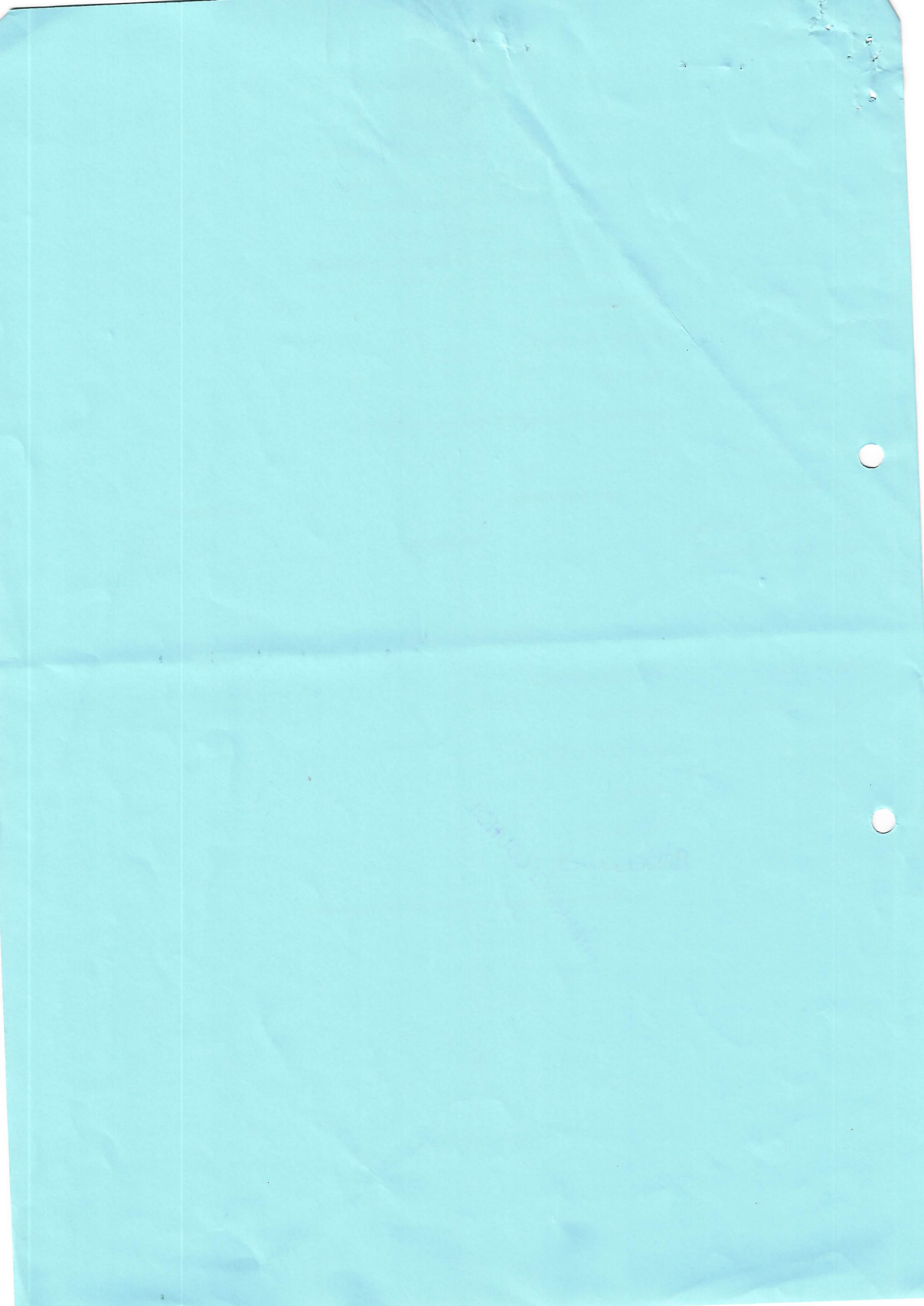
In respect of	Item Description(s)	Item Amount
: 142202540104 - Application for change of name/ ownership - CHANGE	200,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214023252435763057
Payment Control Number : 991620297330
Payment Date : 2025-01-23 14:34:13
Issued by : Zena Mango
Date Issued : 2025-01-23 14:37:12
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL



991620297330

Namba Asadua central nu
200,000B

PCF.14

PHARMACY COUNCIL

for change of business name & ownership



25/04/2018

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: SANDOL PHARMACY FIN. 0103274

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

PHYSICAL ADDRESS:

Plot No. 01 Street: HEKIMA STREET Ward: WAZO

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

POSTAL ADDRESS: DAR-ES-SALAAM Contact No. 0757-929651

E-mail:

OWNERSHIP:

Directors (Names): 1. FRANK ANTORE Qualification: Businessman
 2. Qualification:
 3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NEN PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 01 Street: HEKIMA Ward: WAZO

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

POSTAL ADDRESS: 34209 CONTACT No. 0764-444473

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. JOYCE STANLEY MALLE Qualification: Businesswoman
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: KITTE JOHN BANDAWE PIN: 0101306
 Residential Address: 11AIA Tel: 079174246 Email: bandawetz@ gmail.com
 Contract commencement date: 23/1/2025 Cessation date 23/1/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. CHANG RELOCATION OF RESIDENCE
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOYCE STANLEY MALLE
 (Contact/email if different from the above)
 Address: 34209 Tel: 0764-44447 E-mail: joycestanley12@gmail.com
 Signature of Applicant: [Signature] Date: 23rd JANUARY 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: 23rd JANUARY 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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2015)

Licensing Authority: TIN: 101-185-555

HAJ MASHAURI YA MANISPAA YA KINONDONI

MWANANYAMULA/MIWINJIMA ROAD

31902

DAR ES SALAAM

Tax Certificate Number:

591-0211-5131

Issuing Office: Togo

Telephone:

Date of issue: 29 July 2024

Expiry Date: 31 December 2024

Taxpayer Name	FRANK ANATORY BUNDUKI
Trading Name	
Taxpayer Identification Number	138-777-332
Company Registration Number	

Business Premises located at:
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : Salaala

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 businesses:

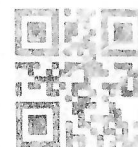
1	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy



Alfred T. Mrogi

COMMISSIONER FOR DOMESTIC REVENUE

29 July 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.

**MKATABA WA MAUZIANO YA
FAMASI (SANJOL PHARMACY)**

KATI YA

**FRANK ANATORY BUNDUKI
(MUUZAJI)**

NA

**JOYCE STANLEY MALLE
(MNUNUZI)**

MKATABA WA MAUZIANO YA FAMASI

Mkataba wa mauziano ya Phamarcy yamefanyika leo tarehe 17 mwezi 01 Mwaka 2025

Kati ya

FRANK AWATORY BUNDUKI, Mtanzania, mkazi wa Dar es salaam, mwenye Simu no. 0757-929651, ambaye katika mkataba huu atajulikana kama "Muuzaji" kwa mujibu wa makataba huu.

Na

JOYCE STANLEY MALLE Mtanzania, mkazi wa Dar es salaam, S.L.P 34209 mwenye simu no. 0764 444 473, ambao katika mkataba huu atajulikana kama "Mnunuzi" kwa mujibu wa mkataba huu.

KWAMBA, Muuzaji ni mmiliki halali wa **FAMASI** iliyopo, eneo la **SalaSala** Kata ya **Wazo**, Wilaya ya **Kinondoni**, Mkoa **Dar es Salaam**.

KWAMBA, Muuzaji ameonesha nia ya kuuza **FAMASI** hiyo na ametoa mapendekezo na nia yake ya kuuza **FAMASI** hiyo kwa Mnunuzi ,

KWAMBA, Mnunuzi kwa hiari yake mwenyewe amekubali ofa ya Muuzaji na ameamua kununua **FAMASI** hiyo katika mkataba huu iliyopo, eneo la **SalaSala** Kata ya **Wazo**, Wilaya ya **Kinondoni**, Mkoa **Dar es Salaam**.

HIVYO PANDE ZOTE MBILI ZINAKUBALIANA KAMA IFUATAVYO:

1. Kwamba, Muuzaji ameua **FAMASI** hiyo kwa Mnunuzi kwa kiasi cha **Shilingi za Kitanzania Milioni Thelathini na tatu tu (Tsh. 33,000,000/=)**
2. Kwamba, wakati wa kusaini mkataba huu, Mnunuzi amemlipa Muuzaji kiasi cha Shilingi za **Kitanzania Milioni Thelathini na tatu tu (Tsh. 33,000,000/=)** zimelipwa moja kwa moja kwenye akaunti ya benki ya Muuzaji,
Na....., kwa jina la
Sahihi ya Muuzaji kwenye mkataba huu ni uthibitisho kuwa amepokea kutoka kwa Mnunzi kiasi hicho cha fedha.
3. Kwamba, Muuzaji anatamka, na kushuhudia kuwa anamkabidhi Mnunuzi **FAMASI** isiyokuwa na kikwazo chochote (mmiliki mwingine, mkopo/rehani), tatizo lolote au pingamizi lolote lile la kisheria na anatamka ya kwamba ikiwa hapo baadae itadhibitika

yakuwa kuna aina yoyote ya udanganyifu ilifanyika wakati wa mauziano, Muuzaji atawajibika kisheria ikiwa ni pamoja na kurejesha pesa yote kwa Mnunuzi.

4. Kwamba, mkataba huu utaongozwa na sheria za Jamuhuri ya Muungano wa Tanzania, hivyo tatizo lolote litakalojitokeza litashughulikiwa kwa mujibu wa sheria.

PANDE ZOTE MBILI ZIMEKUBALIANA NA KUWEKA SAHIHI ZAO KAMA IFUATAYYO.

MUUZAJI:

Jina: **FRANK ANATORY BUNDUKI**

Sahihi: 

Tarehe: 17/01/2025

MNUNUZI:

Jina: **JOYCE STANLEY MALLE**


Sahihi: _____

Tarehe: _____

SHAHIDI WA MUUZAJI

Jina: SAID J IKAMGA

Namba ya simu: 0719 657411

Sahihi: 

SHAHIDI WA MUUZAJI

Jina: JAFER H SARUMBO

Namba ya simu: 0768- 753468

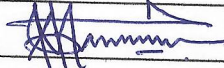
Sahihi: J. SARUMBO

MAKUBALIANO HAYA YAMEFANYIKA MBELE YA:

Jina: ANDREW SECHA

Namba ya simu: 0715 850450

Wadhifa: WAKILI

Sahihi: 



MKATABA WA UPANGISHAJI WA FREMU YA BIASHARA ILIYOPO MTAA WA
LIVING STONE "A" SALASALA HEKIMA STREET BLOCK NO.....
TEL: 0788 651 818/0754 039 059

Huu ni mkataba wa fremu uliofanywa tarehe 01 mwezi 02 mwaka 2025 kati ya Ndugu Dickson F. Kiraga wa S.L.P. Block No. 01 Dar es salaam akiwa ndiye mwenye fremu (MPANGISHAJI) amempangisha ndugu Joyce Stanley Malle wa Dar es salaam mwenye namba ya simu 0784 - 444473 akiwa kama (MPANGAJI).

MAKUBALIANO YA MPANGAJI

1. Muda wa upangaji ni miezi 06 kuanzia tarehe 01/02/2025 Hadi tarehe 31/07/2025
2. Kodi ya pango ni shilingi 500,000/- kwa mwezi/mwaka/miezi ambayo ni sawa na shilingi 3,000,000/-

MASHARTI YA MKATABA.

1. Mpangaji haruhusiwi kumpangisha mtu mwingine bila idhini ya mwenye fremu.
2. Mwenye fremu hata husika na ulinzi wa maliza mpangaji,
3. Endapo mpangaji wa fremu atahama kabla ya mkataba wake kuisha atakuwa amevunja mkataba wake mwenyewe.
4. Ieleweke kuwa mkataba hauna notice ni pale tu kodi inapoisha ndipo mwisho wa mpangaji kuwepo.
5. Ieleweke kuwa gharama za kodi zitakuwa zikipanda kadiri gharama za maisha zitakavyokuwa zinabadilika na pale mkataba utakapokuwa unaanza upya.
6. Uharibifu haukubaliki mpangaji atawajibika kufanya matengenezo ya sehemu aliyoharibu na usafi pale mkataba utakapokuwa anaanza upya.
7. Kama ulijenga hauruhusiwi kuondoa kitu chochote utaacha jengo kama lilivyo kwenye fremu.
8. Gharama za ulipaji ankra za maji na umeme na ulinzi ni jukumula la mpangaji mpaka hapo mkataba wake utakapokuwa urnefika kikomo (umekoma).

WALIOSHUHODIA MKATABA KWA PANDE ZOTE MBILI

Mkataba huu umeshuhudiwa na:-

Jina la mwenye fremu Dickson F. Kiraga Saini [Signature]
Tarehe 01/02/2025
Jina la shahidi wa mwenye fremu FRANK A. BUNDUKI Saini [Signature]
Tarehe 01/02/2025
Jina la mpangaji Joyce Stanley Malle Saini [Signature]
Tarehe 01/02/2025
Jina la shahidi wa mpangaji JAFER SARUMBO Saini J. SARUMBO
Tarehe 01/02/2025



TANZANIA

Form 5



No. 594538

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **NEA PHARMACY** this **21st** day of **JANUARY** year **2025** 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 **594538** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **21st** day of **JANUARY** **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.

GEREJA

TANZANIA



Certificate of Registration

For the year ending 31st December 1965

I HEREBY CERTIFY THAT ALL PHARMACIES AND PHARMACEUTICALS
REGISTERED IN 1965 have been duly examined and found to be
conformant with the provisions of the Pharmacy (Registration)
Act and the Rules made thereunder, and have been entered in the Register
1965 in the Index of Registration.

Given under my hand and the Seal of the Registrar of Pharmacy
TWO THOUSAND AND TWENTY FIVE

Registrar of Pharmacy



NOTE - This certificate must be kept in a safe place and must be
produced on demand. Any change in the particulars of the
pharmacy must be notified to the Registrar.



TANZANIA



Extract date and time: 21/01/2025 12:54:28

Registration date and time: 21/01/2025 12:54:19

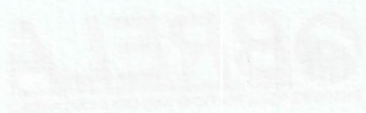
The Business Names (Registration) Act (Cap 213)

Extract from Register

- | | |
|--|---|
| 1. Name of Business: | NEA PHARMACY |
| 2. Registration number: | 594538 |
| 3. Principle Place of Business: | Region Dar Es Salaam, District Kinondoni, Ward Wazo, Postal code 14130, SALASALA NEAR PUMA PETROL STATION |
| 4. Contacts: | Email joycestanley13@gmail.com, Phone 255764444473, P.O.Box 55068 |
| 5. Business activity: | 8690 - Other human health activities, Main activity |
| 6. Proprietor/Partners: | JOYCE STANLEY MALLE |
| 7. Authorized to Operate Bank Account etc: | JOYCE STANLEY MALLE |

*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.



TANZANIA



Ministry of Health, Community Development, Gender, Labour and Social Welfare
Dar es Salaam, Tanzania

The Director, National Bureau of Statistics

Extract from Register

NAME		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	
MUSA MUSA		Male		25		1998-05-15		Dar es Salaam	

Page 1 of 1

Director, National Bureau of Statistics



This document is a true and correct copy of the original as it appears in the National Bureau of Statistics Register. It is issued for the purpose of providing information to the public and for use in the courts of law.

PASIPOTI/PASSPORT/PASSEPORT

URT

AlmaTypeType

P **TZA**

Nomdo ya Pasipoti/Passport No./No. Bafanani

TAE404353



MALLE

Line/Given Name(s)/Prénoms

JOYCE STANLEY

Utah/Nationality/Nationalité

TANZANIAN

Tarehe ya kuzaliwa/Date of birth/Date de naissance

13 JUL 1985

India/See/See

F

Mahali pa kutaliwa/Place of birth/Lieu de Naissance

F

MOSHI

Tarehe ya kutolewa/Date of issue/Date de Délivrance

24 MAY 21

Tarhe ya Marho wa Matumizi/Date of expiry/
Date d'expiration

23 MAY 31

Mamlati Shyeta/Pension Authority/Autorité de Délivrance

PCO, DAR ES SALAAM

Sahihi ya mwenye pasport/Signature/Signature

P<TZAMALLE<<JOYCE<STANLEY<<<<<<<<<<<<<<<<<<
TAE4043538TZA8507136F3105238<<<<<<<<<<<<<<<00

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0103274

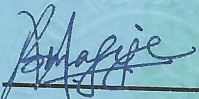
This is to certify that the premises owned by M/S Sanjol Pharmacy of P.O.Box, Dar es Salaam located at Plot No. 01, Hekima Street Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103274

Issued in: August 2024

Expires on: 30 June 2029

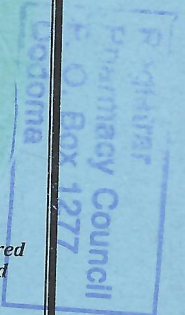
07-09-2024

DATE:


SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises





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. KIITE JOHN BANDAWE PIN 0101306
2. Namba ya simu. 0719174246 barua pepe bandawetz@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 22/1/2025
4. Je, umehusha 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. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi. KIITE JOHN BANDAWE mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
NEA PHARMACY FIN lililopo katika
Wilaya ya KINONDONI Mkoani DAR-ES-SALAAM
Sahihi [Signature] Tarehe 23/1/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi OSWIN SAUBA Tarehe 23/1/25
[Signature]

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Kny:MGANGA MKUU WA MANISPAA
HALMASHAURI YA MANISPAA YA KINONDONI

Jina la mtendaji (Kata) Vumilia Hezron Kata ya Ualea

Nathibitisha kwamba Ndugu KIITE JOHN BANDAWE anaishi
langu mtaa/kijiji Mafulimo, kuanzia mwaka 2016

Sahihi Afisamtendaji

Tarehe
23/01/2025





BARAZA LA FAMAASI



FORM YA KUKIRI KUTEKELEZA MALUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kiungu No. 44 (1) (a) cha Sheria ya Famaasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

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

1. Jina la mwanataaluma: KITE JOHN MWAHIBI PIN: 0111111111

2. Namba ya simu: 0111111111 barua pepe: john.mwahibi@gmail.com

3. Tarehe ya mwisho kuhisha jina (Retention): 23/11/2022

4. Je, umehisha taarifa zake kwenye mtoto kupitia tovuti ya baraza la famaasi? HA

(http://www.44257.gov.tz/mtoto/mtoto-registration-form.pdf)

☐ HAPANA ☒ NDIOYO. Stakabadhi Na signature

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA

Mimi: KITE JOHN MWAHIBI mwenye NEAT PHARMACY

taalamu ya dawa ngazi ya MPAMASIA nekini kwamba nitafanya

kazi yangu ya kitaalamu katika jengo la kutolea huduma ya dawa iliwaio

lililopo katika FIN

Wilaya ya KINSHASA Mkoa wa PAR 12

Sahili: 23/11/2022 Tarehe

Utithibitisho wa Mfamasi wa Halmashauri

Hathibitisha kwamba mwanataaluma tajwa ni miongoni mwa

wanataalamu waliopo katika halmashauri ninayosimamia

Jina na Sahili: signature Tarehe: 23/11/2022

Mtoto KNY: signature DMO

SEHEMU YA TATU: - UTITHIBITISHO WA MAKAZI

Utithibitishwe na: Alisa Mwendaji

Jina la mwendaji (Kata): Alisa Mwendaji Kata ya Alisa Mwendaji

Hathibitisha kwamba Ndugu KITE JOHN MWAHIBI anashiriki

langu mtaalamu Alisa Mwendaji kuenza mwaka 2022

Sahili Alisa Mwendaji: signature Tarehe: 23/11/2022





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

KITTE JOHN BANDAWE

PIN NO: 0101306

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: 10 January 2016

Expires on: 31 December 2025

*Registrar
Pharmacy Council*





THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



LICENCE TO PRACTISE

The Pharmacy Act

(Chapter 358 of the Laws of Tanzania, Part IV of the

Constitution)

PHARMACY BOARD

PHARMACY BOARD

Having complied with the provisions of Section 358 of the Pharmacy Act, 1997

is hereby licensed to practice as a Registered Pharmacist

and to hold a licence to practice as a Registered Pharmacist

in accordance with the provisions of the Pharmacy Act, 1997

Dated 10 January 2016

Signature of the Registrar

Registrar
Pharmacy Council



PHARMACY COUNCIL OF TANZANIA



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

Nº 00002266

**CERTIFICATE OF FULL REGISTRATION**

(Section 15 of the Pharmacy Act, 2002)

Full Name

REGISTRAR

PHARMACY COUNCIL

Kite John Bandawe

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
No.	Date					
1306	10th January, 2016	13th March, 1990	Tanzanian	P.O. Box 14636 Dar es Salaam	Bachelor of Pharmacy	Kakatiya University India 2014

Date 10th January 2016
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 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.



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF REGISTRATION

(Section 12 of the Pharmacy Act, 1967)

Handwritten name: Kari J. Banda



I hereby certify that the above named person is a qualified pharmacist and is entitled to practice as such in the Republic of Tanzania.

Name of Registrant	Registration Number	Date of Registration	Category	Expiry Date	Remarks
Kari J. Banda	12345678	15.01.2010	Pharmacist	15.01.2015	Valid

Signature of Registrar

15 January 2010

This certificate is valid only if the registrant is a member of the Pharmacy Council of Tanzania and is subject to the provisions of the Pharmacy Act, 1967.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

JOYCE STANLEY MALLE
.....
(PROPRIETOR)

AND

KITTE JOHN BANDAWE
.....
(SUPERINTENDENT)

THE STATE OF TEXAS
COUNTY OF DALLAS

JOSEPH CLARK, Plaintiff
vs.
JOHN B. CLARK, Defendant

JOHN B. CLARK, Defendant
vs.
JOSEPH CLARK, Plaintiff

JOHN B. CLARK, Defendant
vs.
JOSEPH CLARK, Plaintiff

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 23 day of Jan 20 25

BETWEEN

JOYCE STANLEY MALE (Name) of P.O. BOX 34209 Region KAR-FS-SHIMBA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents
or his legal representative of his business, of one part;

AND

KITTE JOHN BANDAUKE 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 NEA 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.

RECEIVED
JAN 23 1960
U.S. AIR FORCE
HEADQUARTERS
WASHINGTON, D.C.

TO: SAC, NEW YORK
FROM: SAC, PHOENIX
SUBJECT: [Illegible]

Reference is made to your letter of 1/15/60, captioned as above. The information furnished in your letter is being reviewed. A copy of this letter is being furnished to the [Illegible] for their information.

Very truly yours,
[Illegible Signature]
Special Agent in Charge

Enclosure
[Illegible]

"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 23 day of Jan 20 25 to 23 day of Jan 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 23 day of Jan 20 25

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 800000 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 shall not exceed seven (7) days from the monthly payment date, 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 thirty (30) 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.

The first part of the report deals with the general situation of the country. It is a very interesting and informative study of the country's development. The second part of the report deals with the specific details of the country's development. It is a very detailed and thorough study of the country's development. The third part of the report deals with the specific details of the country's development. It is a very detailed and thorough study of the country's development.

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The eighth part of the report deals with the specific details of the country's development. It is a very detailed and thorough study of the country's development. The ninth part of the report deals with the specific details of the country's development. It is a very detailed and thorough study of the country's development.

- 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.

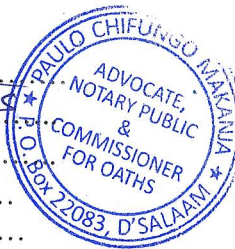
Signed and delivered by the parties at this 23 day of Jan 20 25

SIGNED and DELIVERED at D'salaam by the said
Joyce Stanley Nkole who is known
to me personally/identified to me by Anneeth
Ezekiel the latter being
personally known to me this 23rd day of Jan 2025

[Signature]
PROPRIETOR

In the presence of:

Name: Paulo Makanga
Designation: Commissioner for Oaths
Signature: [Signature]
Address: P.O. Box 22083 D'salaam
Date: 23rd January 2025



SIGNED and DELIVERED at D'salaam by the said
Kite John Bandawe who is known
to me personally/identified to me by Anneeth
Ezekiel the latter being
personally known to me this 23rd day of Jan 2025

[Signature]
SUPERINTENDENT

In the presence of:

Name: Paulo Makanga
Designation: Commissioner for Oaths
Signature: [Signature]
Address: P.O. Box 22083 D'salaam
Date: 23rd January 2025



