Jamhuri ya M ungano wa Tanzania

United Re ublic of Tanzania

Pharm acy Council

Exche quer Receipt

Stakabadhi y Malipo ya Serikali

Receipt No	**: 923124176704181**
Received from	: JANGO 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**
: *142202540103 - Application for change of premises - CHANGE OF LOCATION*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16209124230052010213
Payment Control Number	**: *991620187825***
Payment Date	**: 2023-05-04 09:03:22**
Issued by	: Zena Mango
Date Issued	: 2023-05-04 09:06:36
Signature	: .....

PHARMACY COUNCIL

4916201837825-12

PCF.14

PHARMACY COUNCIL

Alipie 200,000/= Kubadili location

4/5/2023

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: JANGO PHARMACY FIN 0102167

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. — Street: KWA YUSUPH Ward MSIGANI

District/Municipal UBUNGO Region: DAR ES SALAAM

POSTAL ADDRESS: — Contact. No. 0713833529

E-mail: jangopharmacy@gmail.com

OWNERSHIP:

Directors (Names): 1. ALEX MAGESA Qualification: PHARMACEUTICAL TECHNICIAN

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

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

SUPERINTENDANT INFORMATION:

Full Name: MAGESA MAFURU PIN: 0100634

Residential Address: ..... Tel: ..... Email: .....

Contract commencement date: 01/04/2022 Cessation date: 31/03/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: JANGO PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. — Street MAKUMBO Ward MAJI MAGOE

District/Municipal UBUNGO Region DAR ES SALAAM

POSTAL ADDRESS: — CONTACT. No. 0713833529

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ..... PIN: .....

Residential Address: ..... Tel: ..... Email: .....

Contract commencement date: ..... Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. I AM LILOCATING TO NEW PREMISE AS THE LANDLORD CHANGES THE USES OF HIS PREMISE
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: ALEX MAGESA

(Contact/email if different from the above)

Address: ..... Tel: 0713833529 E-mail: magesaalexj@gmail.com

Signature of Applicant..... Date 03/05/2023

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..... Date 03/05/2023

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, 2016)

Licencing Authority; TIN : 133-591-451
HALMASHAURI YA MANISPAA YA UBUNGO
KIBAMBA
55068
DAR ES SALAAM

Tax Certificate Number:
131-0162-0998

Issuing Office: Kinondoni
Telephone: 022-2771841
Date of issue: 05 April 2023
Expiry Date: 31 December 2023

Taxpayer Name	**ALEX MULAGWA MAGESA**		
Trading Name	**JUNGLEMAN INVESTMENT**		
Taxpayer Identification Number	**114-422-754**	Vat Registration Number	
Company Registration Number			

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

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 Ancillary Medical Services
2	Other retail sale in non-specialized stores
3	Undifferentiated goods-producing activities of private households for own use
4	Mobile Money Agents (Wakala Mobile money)

HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
05 April 2023

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 KUPANGA FREM

Mkataba huu umefanyika leo tarehe **01 JANUARY 2023** kati ya BURTON EDWARD MWASHUBILA ambaye ni mwenye fremu na ALEX MULAGWA MAGESA ambaye ni mpangaji.

IMEKUBALIWA KAMA IFUATAVYO

Fremu inapangishwa kwa ajili ya biashara ya PHARMACY. Mkataba huu ni wa **MWAKA MMOJA** kwa kodi ya **Tsh. 300,000/=** tu kwa mwezi

Kwa makubaliano yafuatayo.

a) Mkataba huu utaanza kutumika kuanzia tarehe **01 JANUARY 2023** hadi **31 DECEMBER 2023** ambapo malipo yatafanyika kwa mkupuo kwa muda wa mwaka mmoja sawa na **TZS 3,600,000/=**

a) **MPANGAJI** atalipa gharama zote za matumizi ya maji na umeme.
b) **MPANGAJI** ataitumia na kuitunza kwa hali ya usafi fremu hii kwa muda wote wa mkataba.
c) **MPANGAJI** haruhusiwi kufanyia fremu matengenezo au kujenga kwa kuongeza bila ruhusa ya **MWENYEFREMU** au **WAKALA** wake.
d) **MPANGAJI** atagharamia matengenezo ya uharibifu utakaosababishwa na **MPANGAJI.**

e) **MPANGAJI** akitaka kuendelea kupanga kwa zima atoe notisi ya miezi mitatu kabla ya kuisha mkataba

WAJIBU WA MWENYEFREMU KWA MPANGAJI ni kama ifuatavyo:

MWENYEFREMU atakuwa na haki zote za kuingia kwenye fremu nyakati za mchana baada ya kuwasiliana na mpangaji kwa nia ya kufanya matengenezo/ marekebisho.

Endapo **MWENYEFREMU** hatahitaji kuendeleza mkataba baada ya kuisha kwa mkataba huu atatoa notisi ya maandishi isiyo chini ya miezi mitatu (3).

MWENYEFREMU atakuwa na hiari kukubali au kukataa kuendeleza mkataba huu mara utakapoisha.

Baada ya mpangaji kukamilisha malipo;
PANDE ZOTE zinazohusika zimewekeana saini mkataba huu kama ilivyo hapa chini:-

UMETIWA SAHIHI NA NDUGU

JINA BURTON MWASHUBILA
SAINI .....
TAREHE 27.12.2022

MPANGAJI

JINA ALEX MAGESA
SAINI .....
TAREHE 27/12/2022

IMESHUHUDIWA NA:

JINA ESTER CHARLES
SAINI .....
TAREHE 27/02/2022

Jamhuri ya Mu ngano wa Tanzania

United Rep blic of Tanzania

Pharm cy Council

Exche uer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 922346145461159**
Received from	: JANGO PHARMACY
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS A nd Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142201270421 - Inspection of Premises - INSPECTION OF PREMISES*		**100,000.00**
	Total B led Amount :	**100,000.00 (TZS)**

Bill Reference	: 16214346223427948518
Payment Control Number	**: *991620166924***
Payment Date	**: 2022-12-12 14:48:47**
ssued by	: Zena Mango
Date Issued	: 2022-12-12 14:57:01
Signature	.....

PHARMACY COUNCIL

9916-D1666924 - Lzs 100,000/-

PCF 5(a)

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant ALEX MULAGWA MAGESA
2. Physical Address of the Applicant P.O.BOX 4147 DSM
3. Contacts **(mobile phone)** 0713 833529
4. Email address (if any) jangopharmacy@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street LOLIONDO Plot No.
   Ward KIBAHA MAILI 1 District KIBAHA Region PWANI
6. Name and distance from the **Public Health Facility** in metres
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
9. Proposed Business Name (BRELA Certificates if any) JANGO PHARMACY
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    Retail

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

ALEX M. MAGESA — 12 DECEMBER 2022

Name and Signature of the Applicant — **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) _____ and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection _____

Name, Signature of Inspector (1)

Name, Signature of Inspector (2)

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la Serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: ALEX MAGESA
2. Anwani ya Makazi ya Mwombaji: MACHIMBO, MJIJI MAGOE
3. Mawasiliano **(Simu):** 0713-833329
4. Jina la Biashara linalopendekezwa JANGO PHARMACY
5. Aina ya Biashara: REJAREJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	HAKUNA FAMASI NDANI YA	4KM
	ii) Famasi ya Jumla	"	
	iii) Famasi ya Jumla na Rejareja	"	
b)	Maabara ya afya iliyo karibu	"	
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu	"	
d)	Majengo/maeneo yasiyofaa au hatarishi	"	

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo kati a Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	$L_1 = 6.8m$ $L_2 = 5.1$	$31.5m^2$
b)	Upana (W)	$W_1 = 3.3m$ $W_2 = 2.1$	
c)	Kimo (H)	2.5m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- MUOMBAJI ANAHAMISHA FAMASI KUTOKA MBEZI
- JENGO LINAUKUBWA WA MITA ZA MRABA 31.5 ($31.5m^2$)
- AMEFANYA NA KUKAMILISHA MAKENGENEZO YA KUFIKIA VIGEZO VYA FAMASI YA REJAREJA

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vitu vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

- MUOMBAJI UNASHAURIWA KUWASILISHA MAOMBI YA USAJI

- AFIKIRIWE KUPEWA VIBALI BAADA YA KUWASILOSHA MAOMBI YA USAJILI

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	WINIFRIDA MOREMI	MKAGUZI	
2	PASCALIA NYONI	MKAGUZI	
3	TELESPHORY WAMARA	MKAGUZI	

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi)

ALEX MAGESA

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

24/05/2023

Tarehe

THE MINISTRY OF HEALTH AND SOCIAL WELFARE

THE PHARMACY COUNCIL

AGREEMENT FOR EMPLOYMENT AS A PHARMACEUTICAL TECHNICIAN AT JANGO PHARMACY

This agreement is made on this ....30TH.....day of .....MARCH.....2022

BETWEEN

JANGO PHARMACY, Region Dar es Salaam (Here in after referred to as the **PROPRIATOR**) the expression which includes his assignees, agents or his legal representative of his business,

AND

MS. ASHA SENKONDO MUSSA (herein after referred to as "THE **PHARMACEUTICAL TECHNICIAN")** who will provide services of dispensing at JANGO PHARMACY.

WHEREAS the **PROPRIETOR** and the **PHARMACEUTICAL TECHNICIAN** are desirous to enter into an agreement to establish and operate a business of Pharmacy at the term and conditions as here appearing;

NOW THEREFORE the **PROPRIATOR** and the **PHARMACEUTICAL TECHNICIAN** agrees to run the business of pharmacy under the terms and conditions herein set;

Duration of agreement:

This agreement shall be effective for a period of three years from **01st** day of **April 2022** to **31st** day of **March 2025.**

Commencement of supervision:

Upon signing of this Agreement the **PROPRIETOR** and the **PHARMACEUTICAL TECHNICIAN** shall run and operate an establishment and business known as **JANGO** Pharmacy.

The PHARMACY TECHNICIAN shall commence management and dispensing of the above named Pharmacy on the **1st** day of **April 2022**

At a salary or emolument stipulated in clause below of this Agreement, the **PHARMACEUTICAL TECHNICIAN** shall, with all speed and professional diligence, take the necessary steps to establish and efficiently run of the said pharmacy, dealing, **PHARMACETIUCALS** regulated under this Act

OBLIGATION OF THE PARTIES:

TIIE PROPRIETOR:

THE PROPRIETOR shall have the following duties and responsibilities;

1. **THE PROPRIETOR** shall pay monthly salary/emolument of **TZS 450,000/=** payable monthly to **THE PHARMACEUTICAL TECHNICIAN** upon discharging his duties and functions as per this agreement. At any event the salary shall not be paid in advance.
2. The salary/Emoluments shall be net of any applicable taxes and /or deductible employment benefits and shall be paid monthly and not later than 4th day of the following month.

3. Hire competent Pharmaceutical personnel for providing reliable and adequate services recognized by the Pharmacy Council and ministry of health.
4. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
5. Follow up and implement on matters advised by the PHARMACIST on professional and matters related to provision of good Pharmacy services.
6. Shall report to relevant authorities on poor attendance, services provided or malpractices done by the supervisor.
7. Shall purchase and ensure availability of all necessary tools for Pharmacy operations are in place.

DUTIES AND RESPONSIBILITY OF THE PHARMACEUTICAL TECHNICIAN

THE PHARMACEUTICAL TECHNICIAN shall have the following duties and obligations;

1. Shall obtain from the Pharmacy council and other appropriate authorities collect the requisite permits and authorization and keep the JANGO Pharmacy within the standards and conductions as contained in any written law that regulate and control the business of a pharmacy.
2. All technical undertaking and professional dispensing shall be executed by the **PHARMACEUTICAL TECHNICIAN.**
3. The **PHARMACEUTICAL TECHNICIAN** will execute all duties required to be attended by the dispenser according to the PHARMACY ACT. 2011.
4. The PHARMACEUTICAL TECHNICIAN should be faithful, honest, smart, responsible, and act with integrity and in accordance with the proper code of ethics and conducts.
5. The PHARMACEUTICAL TECHNICIAN shall directly be liable for any malpractice in the Pharmacy done by Him/her.
6. She reports to the Managing Director/Owner and PHARMACIST.
7. The PHARMACEUTICAL TECHNICIAN will be attending the office according to the Pharmacy schedule
8. Shall attend capacity building conducted by the PHARMACISTS and/or related pharmaceutical authority.
9. Shall ensure all proper records are maintained and managed accordance to good Pharmacy practice standards.
10. Shall perform any other duties as may be assigned by the Managing Director/Owner.

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 upon issuing a written notice of three months (3) to the other party of his intention to terminate this contract. The written notice shall be addressed to the other party.

Dispute settlement:

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

IN WITNESS WHEREOF the **PROPRIETOR** and the **PHARMACIST** have executed this Agreement on the date and in the manner hereafter appearing:

SIGNED and **DELIVERED**

By the said ALEX M. MAGESA T/A MANGO PHARMACY

Who is known to me personally/

Introduced to me by .....

The latter being known to me personally

This 30th day of March 2022

.....

PROPRIETOR

Before me:

Name: GEORGE YUDAS MSANGI

Title WAKILI/ADVOCATE.

Signature: [signature]

Date: 30th March 2022.

GEORGE YUDAS MSANGI
Advocate, Notary Public & Commissioner for Oaths
P.O. Box 90105, DAR ES SALAAM

SIGNED and **DELIVERED**

By the said ASHA SENKONDO MUSSA

Who is known to me personally/

Introduced to me by .....

The latter being known to me personally

This 30th day of March 20 22

.....

PHARMACEUTICAL TECHNICIAN

Before me:

Name: GEORGE YUDAS MSANGI

Title ADVOCATE

Signature: [signature]

Date: 30th March 2022.

GEORGE YUDAS MSANGI
Advocate, Notary Public & Commissioner for Oaths
P.O. Box 90105, DAR ES SALAAM

THE MINISTRY OF HEALTH AND SOCIAL WELFARE

THE PHARMACY COUNCIL

AGREEMENT FOR EMPLOYMENT TO SUPERVISE SERVICE OF JANGO PHARMACY

This agreement is made on this 30TH day of MARCH 2022

BETWEEN

JANGO PHARMACY, Region Dar es Salaam (Here in after referred to as the **PROPRIATOR**) the expression which includes his assignees, agents or his legal representative of his business,

AND

MR. MAGESA MAFURU (hereinafter referred to as "THE **PHARMACIST**") who will in charge and supervise a service of JANGO PHARMACY.

WHEREAS the **PROPRIETOR** and **THE PHARMACIST** are desirous to enter into an agreement to establish and operate a business of Pharmacy at the term and conditions as here appearing;

NOW THEREFORE the **PROPRIATOR** and the **PHARMACIST** agrees to run the business of pharmacist under the terms and conditions herein set;

Duration of agreement:

This agreement shall be effective for a period of three years from **01st** day of **April 2022** to **31st** day of **March 2025.**

Commencement of supervision:

Upon signing of this Agreement the **PROPRIETOR** and the **PHARMACIST** shall run and operate an establishment and business known as **JANGO** Pharmacy.

The PHARMACIST shall commence management and supervision of the above named Pharmacy on the **1st** day of **April 2022.**

At a salary or emolument stipulated in clause below of this Agreement, the **PHARMACIST** shall, with all speed and professional diligence, take the necessary steps to establish and efficiently run of the said pharmacy, dealing, **PHARMACETIUCALS** regulated under this Act.

OBLIGATION OF THE PARTIES:

THE PROPRIETOR:

THE PROPRIETOR shall have the following duties and responsibilities;

1. **THE PROPRIETOR** shall pay monthly salary/emolument of **TZS 700,000/=** payable monthly to **THE PHARMACIST** upon discharging his duties and functions as per this agreement. At any event the salary shall not be paid in advance.
2. The salary/Emoluments shall be net of any applicable taxes and /or deductible employment benefits and shall be paid monthly and not later than 4th day of the following month.

3. Hire competent Pharmaceutical personnel for providing reliable and adequate services recognized by the Pharmacy Council and ministry of health.
4. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
5. Follow up and implement on matters advised by the PHARMACIST on professional and matters related to provision of good Pharmacy services.
6. Shall report to relevant authorities on poor attendance, services provided or maipractices done by the supervisor.
7. Shall purchase and ensure availability of all necessary tools for Pharmacy operations are in place.

DUTIES AND RESPONSIBILITY OF THE PHARMACIST (Superintendent Pharmacist):

THE PHARMACIST shall have the following duties and obligations;

1. Shall obtain from the Pharmacy council and other appropriate authorities collect the requisite permits and authorization and keep the JANGO Pharmacy within the standards and conductions as contained in any written law that regulate and control the business of a pharmacy.
2. All technical undertaking and professional shall be under the control and management of the **SUPERINTENDENT PHARMACIST**.
3. The PHARMACIST will execute all duties required to be attended by the Superintendent according to the PHARMACY ACT. 2011.
4. The PHARMACIST should be faithful, honest, smart, responsible, and act with integrity and in accordance with the proper code of ethics and conducts.
5. The PHARMACIST shall directly be liable for any malpractice in the Pharmacy done by Him/her.
6. He reports to the Managing Director/Owner.
7. The PHARMACIST will be attending the office according to the Pharmacy schedule
8. Shall facilitate capacity building to all Pharmaceutical personnel that provide services to the Pharmacy.
9. Shall ensure all proper records are maintained and managed accordance to good Pharmacy practice standards.
10. Shall perform any other duties as may be assigned by the Managing Director/Owner.

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 upon issuing a written notice of three months (3) to the other party of his intention to terminate this contract. The written notice shall be addressed to the other party.

Dispute settlement:

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

IN WITNESS WHEREOF the **PROPRIETOR** and the **PHARMACIST** have executed this Agreement on the date and in the manner hereafter appearing:

SIGNED and **DELIVERED**

By the said Alex Mulaywa Magesa

Who is known to me personally/

Introduced to me by .....

The latter being known to me personally,

This 30th day of March 2022

PROPRIETOR

Before me:

Name: GEORGE YUDAS MSANGI

Title ADVOCATE

Signature:

Date: 30th March 2022

GEORGE YUDAS MSANGI
Advocate, Notary Public & Commissioner for Oaths
P.O Box 90165, DAR ES SALAAM

SIGNED and **DELIVERED**

By the said MAGESA MAFUKU

Who is known to me personally/

Introduced to me by .....

The latter being known to me personally

This 30th day of March 2022

PHARMACIST

Before me:

Name: GEORGE YUDAS MSANGI

Title ADVOCATE

Signature:

Date: 30th March 2022

GEORGE YUDAS MSANGI
Advocate, Notary Public & Commissioner for Oaths
P.O Box 90165, DAR ES SALAAM

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. MAGESA MAFURU PIN 0100634
2. Namba ya simu. +255 743 917 172 barua pepe mmafuru@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*. 22/12/2022
4. Je, umehuisha 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. EC 10161279964IP ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MAGESA MAFURU mwenye taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo JANGO PHARMACY FIN 0102167 lililopo katika Wilaya ya UBUNGO Mkoani DAR ES SALAAM

Sahihi [signature] Tarehe 05/06/2023

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni **miongoni/ si miongoni** mwa wanataaluma waliopo katika halmashauri nilipo kwa sasa

Jina na Sahihi YAHAYA MPANGILE [signature] **Tarehe** [illegible]

Muhuri KNY: DMO

SEHEMU YA TATU: - UTHIBITISHO WA MKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata). IKUNDA KYIMO Kata ya. MWANANYAMALA

Nathibitisha kwamba Ndugu. MAGESA MAGHUNDE MAFURU anaishi langu mtaa/~~kijiji~~ MSISIRI 'B', kuanzia mwaka MITATU

Sahihi Afisamtendaji [signature]

Tarehe 6/6/2023

Muhuri Mtendaji

Tyumo 6/6/2023

WIZARA YA AFYA, MAENDELEO Y[illegible] JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI

FOMU YA KUKIRI KUTEKELEZA MAJU[illegible]KUMU YA MWANATAALUMA WA DAWA KWENYE MAJENGO YA K[illegible]TOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 4[illegible] (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA M[illegible]WANATAALUMA

☐ **MFAMASIA** ☑ **FUNDI DAWA SANIFU** ☐ **FUNDI DAWA MSAIDIZI** ☐ **PHARM. DISP**

1. Jina la mwanataaluma..ASHA SENKONDO MUSSA.. PIN ..04032219.....
2. Namba ya simu..0678-008099..... barua pepe ..mussaasha304@gmail.com.
3. Tarehe ya mwisho kuhuisha jina *(Retention)*..8/12/2022...
4. Je, umehuisha taarifa zako kweny[illegible] mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☑ NDIYO, Stakaba[illegible]hi Na. ..[illegible]9223421447206231 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWAN[illegible]ATAALUMA:

Mimi...ASHA SENKONDO MUSSA..... mwenye taaluma ya dawa ngazi ya ...[illegible]...STASHAHADA. nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jeng[illegible] la kutolea huduma ya dawa liitwalo .....JANGO PHARMACY..... ..... FIN .01021675... lililopo katika Wilaya ya ...UBUNGO..... Mkoani ...DAR-ES-SALAAM..... Sahihi .....[illegible]..... Tarehe ..06/06/2023.....

Uthibitisho wa Mfamasia wa Halmasha[illegible]ri

Nadhibitisha kwamba mwanataaluma [illegible]ajwa ni **miongoni/ si miongoni** mwa wanataaluma waliopo katika halmashauri [illegible]inayosimamia

Muhuri KNY, DMO

Jina na Sahihi ..YAHAYA MPANGOLE.. **Tarehe** ..06/06/2023..

SEHEMU YA TATU: - UTHIBITISHO WA M[illegible]AKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..Muslima Muwenda..... Kata ya..Kibamba.....

Nathibitisha kwamba Ndugu..ASHA SENKONDO.....anaishi langu mtaa/kijiji...KIBWEGERE....kuanzia mwaka...2020.....

Muhuri Mtendaji

Sahihi Afisamtendaji

.....

Tarehe
06/06/2023

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

ASHA SENKONDO MUSSA

PIN NO: 040[illegible]219

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311 is entitled to practice as a **Pharmaceutical Technicians** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**01 January 1970**

Expires on:**31 December 2023**

Registrar
Pharmacy Council

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

MAGESA MAFURU

PIN NO: 0100634

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:**01 January 1970**

Expires on:**31 December 2023**

Registrar
Pharmacy Council

PCF. 17

PHARMACY COUNCIL

NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY

(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. **TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER**

DETAILS OF THE PHARMACY

Name of the pharmacy..... C N PHARMACY .....

Physical address:

Street..... MZINGA ..... Ward..... MBAGALA .....

District/Municipal..... TEMEKE .....

Region..... DAR ES SALAAM .....

DETAILS OF SUPERINTENDENT

Name..... ARNOLD NDEGANGILA .....

Registration Number..... 1854 .....

Phone..... 0753121323 .....

Address..... 65,000 D S M .....

REASON(s) FOR CHANGE

..... END OF CONTRACT .....

.....

TIME FRAME: (Notify Registrar the time frame as per Contract)

.....

Signature..... ~~Arn~~ .....

Date..... 02/05/2023 .....

OWNER REMARKS

..... I agree to terminate the Contract with Mr. Arnold (Superintendant .....

Name..... CLAUDIA MUSHI .....

Phone Number ..... 0763 38 97 59/0718219067 .....

Signature..... .....

Date..... 02/05/2023 .....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....

Name.....Designation.....Signature.....

Date.....

B. **TO BE COMPLETED BY THE OWNER ONLY**

NEW SUPERINTENDENT

Name of Superintendent .....
Physical address:
Street.....
Ward.....
District/Municipal.....
Region.....
Contacts of previous Superintendent.....
Email of previous Superintendent.....

QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)

(i) copies of registration certificate and valid license to practice
(ii) Contract Agreement
(iii) Commitment Letter

REASONS FOR CHANGING THE MANAGEMENT

.....
.....

C. **FOR OFFICE USE ONLY**

INSPECTION/REGISTRATION OR ZONAL

Recommendations.....
.....
Name.....Designation.....Signature.....
Date.....

NOTE;
Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

PCF. 17

PHARMACY COUNCIL

NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY

(Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

A. **TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER**

DETAILS OF THE PHARMACY

Name of the pharmacy..... BEZ PHARMACY .....
Physical address:
Street.... MBEZI BEACH B ..... Ward.... KAWE .....
District/Municipal.... KINONDONI .....
Region..... DAR ES SALAAM .....

DETAILS OF SUPERINTENDENT

Name..... LILIAN ARTHUR KIWIA .....
Registration Number.... 0101074 .....
Phone..... 0755 685548 .....
Address..... DAR-ES-SALAAM .....

REASON(s) FOR CHANGE ..... TERMINATION OF CONTRACT .....
.....

TIME FRAME: (Notify Registrar the time frame as per Contract) ..... 7 DAYS .....
Signature.....
Date..... 01st May 2023. .....

OWNER REMARKS ..... CONFIRM TERMINATION .....
Name..... SABRINA YAHYA KYOMBO .....
Phone Number ..... 0693353805. .....
Signature.....
Date..... 01st May 2023. .....

FOR **OFFICE USE ONLY**

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....
Name.....Designation.....Signature.....
Date.....

B. **TO BE COMPLETED BY THE OWNER ONLY**

NEW SUPERINTENDENT
Name of Superintendent ...ELIANA YUBAMU.
Physical address:
Street.....BOKO.....
Ward.....BUNJU.....
District/Municipal.....KINONDONI.....
Region.....DAR ES SALAAM.....
Contacts of previous Superintendent. 0755685548
Email of previous Superintendent. arthurlian69@gmail.com

QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)

(i) copies of registration certificate and valid license to practice
(ii) Contract Agreement
(iii) Commitment Letter

REASONS FOR CHANGING THE MANAGEMENT
.....TERMINATION OF CONTRACT.....
.....

C. **FOR OFFICE USE ONLY**

INSPECTION/REGISTRATION OR ZONAL

Recommendations.....
.....
Name.....Designation.....Signature.....
Date.....

NOTE;
Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.