

# 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 BONIPHACE TOHANA LUKWINTO
2. Physical Address of the Applicant P.O. BOX 19, PERAMHO.
3. Contacts (mobile phone) 0755/0658-260540
4. Email address (if any) Bonifaceto.hana@y@gmail.com

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

5. Physical address of the proposed location. Street MPAMBALYOTO Plot No. 3H  
Ward MTINI District SONGEA M.C Region RUVUNA
6. Name and distance from the Public Health Facility in metres  
SONGEA REGIONAL REFERRAL HOSPITAL (HOMBO) = 600metres.
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres  
MAKANATHA PHARMACY - 300metres.
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres  
KISUMAPAI FUEL STATION = 1200metres.
9. Proposed Business Name (BRELA Certificates if any) KIDOMU INVESTMENT.
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)  
RETAIL AND WHOLESALE.

### 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.

BONIPHACE J. LUKWINTO  
Name and Signature of the Applicant

30<sup>th</sup> JULY 2024  
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) 03/07/2024 and I/We have found that the said premises location does not/does meet the required standards.

Reasons for rejection \_\_\_\_\_

YUSUPH H. MARANDU  
Name, Signature of Inspector (1)

KASIAN M. NYAGAWA  
Name, Signature of Inspector (2)

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

MINISTRY OF HEALTH  
PHARMACY COUNCIL



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**OBSERVATION FORM FOR NEW PREMISES**  
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

**FILL ALL PARTS IN CAPITAL LETTERS**

**SECTION A: APPLICANT INFORMATION**

1. Name of the Applicant: BONIPHACE YOHANA LUKWINTO
2. Physical Address of the Applicant: P. BOX 19, PERAMHO
3. Contacts (cell phone): 0755260540
4. Proposed Business name: KISUMU PHARMACY
5. Type of Business: eg: Retail, Wholesale: RETAIL & WHOLESALE

**SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA**  
**PART 1:**

Criteria	Name of premises	Distance (
Name and distance from the nearby outlet	MARANATHA PHARMACY	200
Name and distance from unsuitable area	KISUMAPAI F. STATION	1000
Name and distance from public health facility	HOMBU	500

**PART 2: Size of the building**

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	9.3	93
Width (W)	10	

**SECTION C: GENERAL OBSERVATIONS**

- The premises was previous registered as nyoroka pharmacy (Retail and wholesale)
- The premises as the total area of 93m<sup>2</sup> which have been divide into 4 rooms
- Rooms are empty no furnitures

(NB: Size of the building should not be less than 30m<sup>2</sup> for community pharmacy and not less than 60m<sup>2</sup> for wholesale distance from one community pharmacy to another should not be less than 150m and distance from unsuitable areas should than 50m)

**SECTION D: RECOMMENDATIONS**

- The dispensing area install glass shelves, fan, AC, waiting batches, counter table.
- In the store room install shelf, pallets, fridge for cold chain products, PDA box
- The rest rooms make sure that there is AC/FAN, strong window/door

**SECTION E: INSPECTOR'S DECLARATION**

Names

(i) YUSUPH ID. MARANDU

Designation

MPHARM

Signatures

[Signature]

(ii) KASIAN M. NYAGAIWA

PHTECH

[Signature]

I Declare that, the information provided here is true and correct to the best of my knowledge, I also know that if eventually i by the Council that the information I have given it false, fictitious or fraudulent or based on inadequately verified information in appropriate, legal action by the Council.

**SECTION F: OWNERS /INCHARGE CERTIFICATION**

I (Full Name of Owner)

BONIPHACE

YOHANA LUKWINTO

I Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with information provided

[Signature]





THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH  
PHARMACY COUNCIL

PCF. 6



CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)  
(Made under Regulation 4,5 & 6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020)

SECTION A: APPLICANT/OWNER'S INFORMATION

- Name of Applicant/Owner: BONIPHACE YOHANA LUKWIMO
- Physical Address of the Applicant: 14 Type of Ownership: SOLE
- Postal Address: 14 Geo Code:
- Contacts (Phone): 0755260540 Email Address:
- Proposed/Existing Business name: KISUMU PHARMACY
- Type of Business: RETAIL

SECTION B: DETAILS OF THE PREMISES LOCATION

Criteria	Name of premises/facility/area	Distance (Meters)
1. Name and distance from a nearby Pharmacy and category	<u>MAIRANATHA PHARMACY</u>	<u>200</u>
2. Name and distance from nearby health laboratory	<u>NSUWOKA LABORATORY</u>	<u>100</u>
3. Name and distance from public health facility	<u>HOMBO</u>	<u>500</u>
4. Name and distance from unsuitable or risky premises.	<u>KISUMAPA F. STATION</u>	<u>1000</u>

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

- Size of the Building in Square meters (M<sup>2</sup>) 93
- Number of rooms/compartments: 4

At least four (4) rooms (i.e. Consultation room, Display, Dispensing & Store)

a) Display Room & Consultation room

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	<u>YES</u>	
Fan	<u>YES</u>	
Air Condition	<u>YES</u>	
Waiting chair(s) for customers	<u>YES</u>	
Table and chairs in consultation room	<u>YES</u>	
Cupboard for files storage	<u>YES</u>	
Installed Fire Extinguisher	<u>YES</u>	

YES/NO

b) Dispensing & Store room

Description of standard	Availability (YES/NO)	Comment
Air Condition	<u>YES</u>	
Fan	<u>YES</u>	
Lockable shelves for Prescription drugs and controlled substances	<u>YES</u>	
Presence of source of water and a hand washing basin/sink	<u>YES</u>	
Provision for sitting desk for superintendent	<u>YES</u>	
Dispensing window with sliding glasses	<u>YES</u>	
Open shelves/pallets	<u>YES</u>	
Strong and secured windows	<u>YES</u>	
Refrigerator	<u>YES</u>	
Working room thermometer	<u>YES</u>	

# SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

PCF 6

At least three rooms (i.e. Display & Dispatch area, Sales/Record keeping room and Store room)

## a) Display & Dispatch room

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink	YES	
Ceiling Fan	YES	
Air Condition	YES	
Waiting chair(s) for customers	YES	
Reception Desk	YES	
Display cabinet with glasses	YES	
Working room thermometer	YES	

## b) Display & Dispatch area

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink	YES	
Ceiling Fan	YES	
Air Condition	YES	
Waiting chair(s) for customers	YES	
Reception Desk	YES	
Display cabinet with glasses	YES	
Working room thermometer	YES	

## c) Sales/Record keeping

Description of standard	Availability (YES/NO)	Comment
Ceiling fan	YES	
Air Condition	YES	
Provision for sitting desk and working table for superintendent	YES	
Lockable shelves for keeping document	YES	

## d) Storage room

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	
Strong door toward storeroom	YES	
Strong grilled window	YES	
Open shelves/pallets	YES	
Confined area for recalled and expired drugs	YES	

# SECTION E: SECURITY OF PREMISES

## a) External.

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier	YES	
Presence of strong grilled windows	YES	
Provision of main entrance double doors; Grilled door outside and glass door inside	YES	
Presence of only one main entrance door	YES	

## a) External.

Description of standard	Availability (YES/NO)	Comment
Provision of suitable lockable storage poisons	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Presence of water supply and hand wash basin/ Sink in dispensing room	YES	
Presence of weigh balance and weights	YES	

## SECTION F: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system	YES	
Prescription only Medicines Book (Dispensing Book)	YES	
Controlled drugs Book	YES	
General sales drugs Book (Both)	YES	
Expired drugs Book	YES	
Complaints Handling Book	YES	
Visitors Book	YES	
Inspection Reports Register	YES	
Written procedures for maintenance of cold chain products	YES	

NB: For both retail & wholesale pharmacy entrance for each service should use a separate entrance/reception



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES  
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN 289 2020)

General observations

- i. In the dispensing area there is shelf with glasses, N, v  
bandages and counter table
- ii. In the store room there is shelf, pallets, trolley for cold  
products and DDA box
- iii. The premises has the height of 2.8 m, there is smooth  
painted wall
- iv. The premises has strong door and window
- v.

(NB: Size of the building should not be less than 30m<sup>2</sup> for community pharmacy and not less than 60m<sup>2</sup> for wholesale  
distance from one community pharmacy to another should not be less than 150m)

Recommendations

- i. The premises meets criteria to be registered.
- ii.
- iii.
- iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) YUSUPH H. MAFARAHU	CHIEF INSPECTOR		30/10
(ii) KASIAN M. NYAGAWA	PLTCH		30-

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information given is true and correct. We understand that any given false information may lead the Registrar, Pharmacy Council to take action against us.

Owners/Incharge Certification

\* I (Full Name of Owner) BONIFACE Y. LUKWINDO Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/In charge

Date 30-7-2024

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a new premises. The Registrar, Pharmacy Council may refer the application to the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors are recognized by the Registrar.

## PHARMACY COUNCIL



**APPLICATION FOR ALTERATION**  
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,  
Pharmacy Council,  
P.O. Box 1277,  
Dodoma.

**APPLICATION FOR CHANGE OF:**

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☐
3. BUSINESS OWNERSHIP ☐

**SECTION A: APPLICANT CURRENT INFORMATION:**

NAME OF PREMISES: KIJOMU PHARMACY FIN. 0300457

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

**PHYSICAL ADDRESS:**

Plot No. 5H Street: MPAMBALYOTO Ward: MJINI

District/Municipal: SONGEA M.C Region: RUVUMA

POSTAL ADDRESS: 19, PERAMUHO Contact No. 0755/0658-260540

E-mail: Bonifacejohaneby@gmail.com

**OWNERSHIP:**

Directors (Names): 1. BONIFACE J. LUKWINTO Qualification: MD, MMed (DT)

2. \_\_\_\_\_ Qualification: \_\_\_\_\_

3. \_\_\_\_\_ Qualification: \_\_\_\_\_

**SUPERINTENDANT INFORMATION:**

Full Name: JANE ALFRED GAMBUTHI PIN: 0102004

Residential Address: PERAMUHO Tel: 0743-333883 Email: Janegambuthi1992@gmail.com

Contract commencement date: 1/7/2024 Cessation date: 30/6/2025

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: KIJOMU PHARMACY

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

**PHYSICAL ADDRESS:**

Plot No. 3H Street: MPAMBALYOTO Ward: MJINI

District/Municipal: SONGEA M.C Region: RUVUMA

POSTAL ADDRESS: 19, PERAMUHO CONTACT No. 0755/0658-260540

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

Directors (Names):

1. BONIPHAE Y. LUKWIMO Qualification: MD, Mmed (DT)
2. .... Qualification: .....
3. .... Qualification: .....

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

Full Name: JANE ALFRED GAMBIRI PIN: 0102004  
 Residential Address: PERAMHO Tel: 0743333883 Email: Janegambiri1992@gmail.com  
 Contract commencement date: 1/7/2024 Cessation date: 30/6/2025

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

1. POOR LOCATION
2. ....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: BONIPHAE JOHANA LUKWIMO

(Contact/email if different from the above)

Address: 19, PERAMHO Tel: 0755260540 E-mail: Bonibaceyphane.ly@gmail.comSignature of Applicant: [Signature] Date: 30th July 2024**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: 30th July 2024**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 : 110-698-399

SONGEA MUNICIPAL COUNCIL

SOKOINE ROAD

14

SONGEA

Tax Certificate Number:

291-0197-5955

Issuing Office: Ruvuma

Telephone: 025 2602140

Date of issue: 19 March 2024

Expiry Date: 31 December 2024

Taxpayer Name	BONIPHACE YOHANA LUKWINYO		
Trading Name	KIJOMU INVESTMENT		
Taxpayer Identification Number	118-322-991	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : RUVUMA,

DISTRICT : SONGEA,

STREET : PERAMIHO

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 Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

19 March 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 CHUMBA CHA BIASHARA

Mimi Abedy Justine Chikira, nimempangisha ndugu Boniface Yohana Lukwinyo Nyumba ya biashara kwa makubaliano ya Tsh. 700,000 kwa mwezi. Amelipa Tsh. 8,400,000/=. Mkataba huu unaanza tarehe 01/08/2024 hadi tarehe 30/07/2025.

SAHIHI YA MPANGISHAJI

JINA Abedy Justine Chikira

SAHIHI Chikira

NAMBA YA SIMU

0754235693

SAHIHI YA MPANGAJI

JINA Boniface Yohana Lukwinyo

SAHIHI Boniface

NAMBA YA SIMU

0658260540



TANZANIA

Form 5



No. 566700

## Certificate of Registration

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

I HEREBY CERTIFY THAT **KIJOMU INVESTMENT** this 29<sup>th</sup> day of **FEBRUARY** 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 **566700** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 29<sup>th</sup> day of **FEBRUARY**  
**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.



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300457

This is to certify that the premises owned by M/S Kijomu Pharmacy of P.O. Box 19, Peramiho located at Plot No 5, Mpambalyoto Street, Mjini, Songea Municipality/District in Ruvuma Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300457

Issued in: June 2022

Expires on: 30 June 2027

04-08-2022

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



# PHARMACY COUNCIL



## APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,  
Pharmacy Council,  
P. O. Box 31818,  
Dar es Salaam.

### SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

- The proposed name of the premises is... KIJOMU PHARMACY
  - Have you registered your Business name with BRELA? YES / NO provide registration No. 566700
  - Type of ownership: Sole proprietorship SOLE PROPRIETORSHIP / Partnerships ..... / Corporations ..... / Joint Ventures .....
  - Name of contact person BONIPHACE YOHANA LUKWINDO
  - Postal address 19 PERAMITU Tel, No. 0755260540 Fax ..... email Bonifacenyohana.by@gmail.com
  - Full name(s) of Partner(s) and Directors(s) BONIPHACE YOHANA LUKWINDO
- ..... 19820717-11103-
- Name: BONIPHACE YOHANA Qualification: MD, MMED (OT) I.D No. 00001-28
- Name: ..... Qualification: ..... I.D No. ....
- Name: ..... Qualification: ..... I.D No. ....
- Physical address of the proposed area: Street MPAMBALOTO Ward MJINI  
District SONGEA M.C Region RUVUMA Plot No. 3H
  - Premises to be registered for the business of PHARMACY

9. The business will be under the supervision of a registered superintendent  
(Full Name).....JANE ALFRED GAMBIRI.....

Whose qualification is.....PHARMALIST..... and his /her Reg.No./

PIN 0102004.....of Year.....2020.....

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name) .....MORRIS FRANCIS NOMBO.....

Whose qualification is .....PHARMACEUTICAL TECHNICIAN.....And his / her Enroll/List.No./PIN.....0405856.....of Year.....2023.....

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business Commencement Date.....5<sup>th</sup> AUGUST 2024.....

12. Required attachment to be submitted with this form are:

- a. Memorandum
- b. A copy of lease agreement/ title deed
- c. Certificate of Registration from BRELA (if available)
- d. Copy of contract agreement from superintendent pharmacist
- e. Copy of contract agreement from either enrolled/enlisted or dispenser
- f. Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

**N.B. False declaration constitutes an offence.**

Date.....30<sup>th</sup> JULY 2024.....

Signed..........  
Applicant



# SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR's REMARKS

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof. LUSUPH H. MARANDU District/Municipal/Regional/PC Inspector of Postal address 44 hereby certify that, I have inspected the above mentioned premises in Section A as per attached inspection checklist and found that it **complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....

.....

.....

Name of Inspectors(s)

1. LUSUPH H. MARANDU
2. KASIAN MESSAUS NYAGAWA

Signatures & stamp

.....

.....

Date

30/7/2024

30-7-2024

## FOR OFFICIAL USE ONLY

Fees TZS.....

Receipt No..... of.....

Registration granted/not granted because.....

Registration No..... Approved by Name: .....

Signature: .....

Designation: .....

I.D Number: .....

Date: .....

Date

Signature of Registrar and stamp.



National Bank of Commerce

*Conveniently Everywhere.*

Tarehe: 31/07/2024

Muda: 13:27:54

Namba ya Mashine

23284

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**SUCCESS (GEPG)**  
**kiasi TZS 100,000.00**

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Kumbukumbu/hati na. 421313009824

Namba ya muwekaji# 255658260540

Kumbukumbu namba ya Bili.991620267820

Hali ya Kulipa TASLIMU

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Jina la Kampuni/Mteja

Pharmacy Council

Maelezo

CANGE LOCATION OF PREMISES

Kiasi TZS 100,000.00

Amount Entered TZS 100,000.00

Namba ya risiti 924213266973390

Jina la Mwekaji KIJOMU PHARMACY

Bank Reference: CB24073133186717

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\*\*\*\*\* NAKALA YA MTEJA \*\*\*\*\*N86.2.8