



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925149335117011

Received from : THERESIA PHARMACY

Amount : 100,000.00

Amount in Words : One 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	100,000.00	

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16212147254550726228

Payment Control Number : 991620306226

Payment Date : 2025-05-29 08:54:31

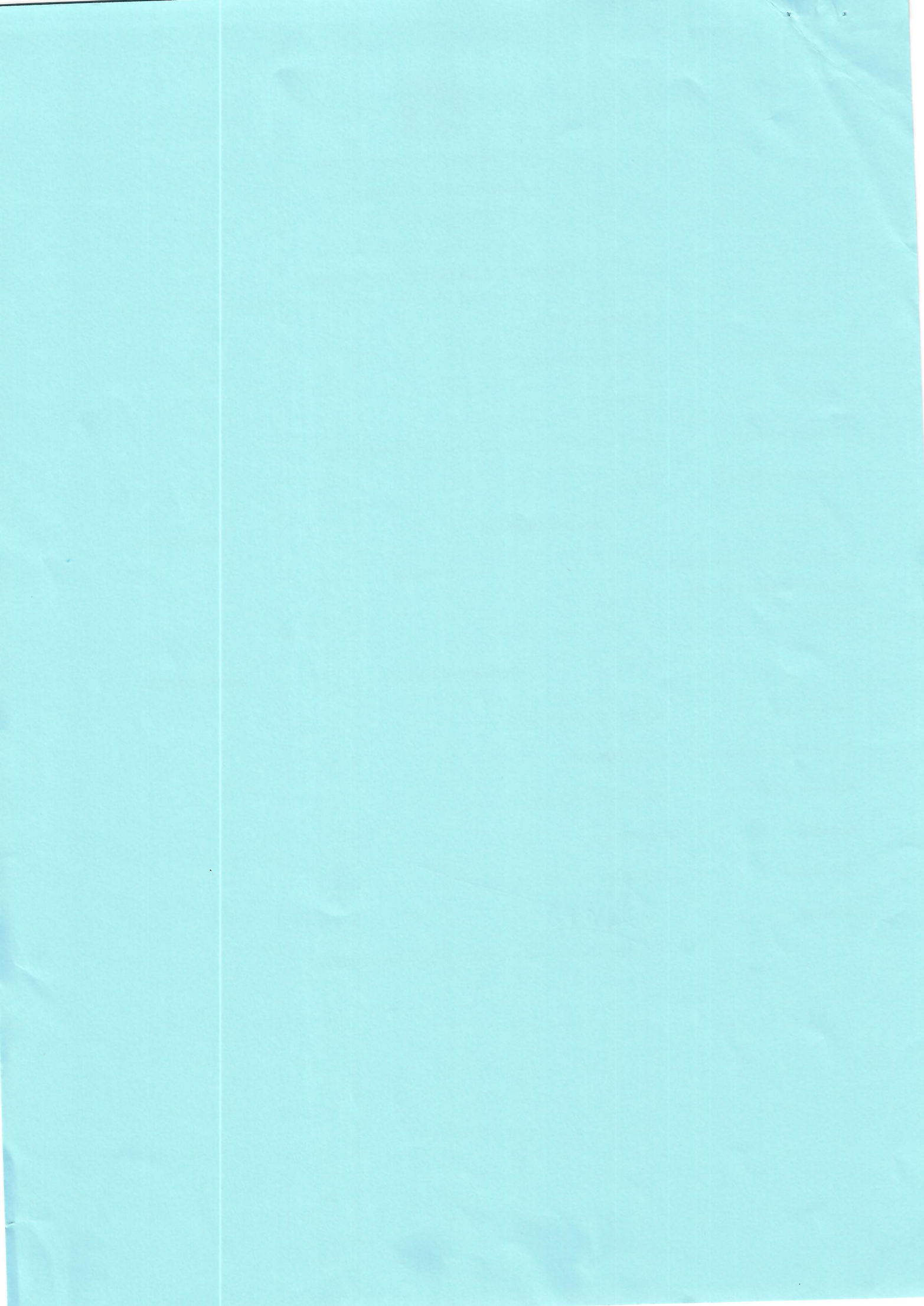
Issued by : Zena Mango

Date Issued : 2025-05-30 11:11:18

Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL



991620306226

Apewe control Number
100,000/-

PCF.14 S.D. 7/12

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: THERESIA PHARMACY FIN. 0103313

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

PHYSICAL ADDRESS:

Plot No. 209 Street: KONGOWE Ward: KONGOWE

District/Municipal: KIBAHIA Region: PUVANI

POSTAL ADDRESS: 30112 Contact No. 0712591334

E-mail: tatukito@elo@gmail.com

OWNERSHIP:

Directors (Names): 1. THERESIA Qualification: RN

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: MARIAM ALPHONSE PIN: 0103021

Residential Address: Makembaka Tel: 061600327 Email: Mariamukambaga98@gmail.com

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: KITOLELO PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 209 Street: KONGOWE Ward: KONGOWE

District/Municipal: KIBAHIA Region: PUVANI

POSTAL ADDRESS: 30112 CONTACT No. 0712591334

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

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

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ELIZABETH A. TEMBA PIN: 0103966

Residential Address: 30112 Tel: 0744564433 Email: tembaelizabeth@gmail.com

Contract commencement date: 13/05/2025 Cessation date: 13/05/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Name Therapia pharmacy has been registered in for other pharmacy according to brela.
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: Therapia Ally Kitolelo

(Contact/email if different from the above)

Address: KOMOWE- PWANI Tel: 0712 391334 E-mail: tatu.kitolelo@gmail.com

Signature of Applicant: Therapia Date: 26/05/2025

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: Therapia Date: 26/05/2025

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, 2016)

Licencing Authority; TIN : 101-896-595

HALMASHAURI YA MJI KIBAHA

MKOANI A

30112

KIBAHA

Tax Certificate Number:

271-0240-4113

Issuing Office: Pwani

Telephone: 023 2402117

Date of issue: 26 May 2025

Expiry Date: 31 December 2025

Taxpayer Name	THERESIA ALLY KITOLELO		
Trading Name			
Taxpayer Identification Number	135-642-576	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : PWANI,

DISTRICT : KIBAHA,

STREET : Kongowe

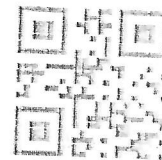
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Activity for Non Business Purposes
3	Retail sale of pharmaceuticals in Accredited Drug Dispensing Outlet (ADDO) (ie. Duka la Dawa Muhimu (DLDM))

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

26 May 2025



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.



TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

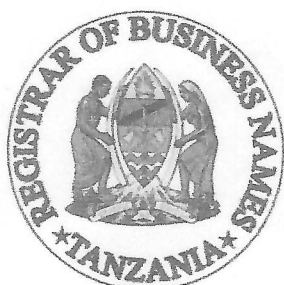
No. 603981

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **KITOLELO PHARMACY** this 6th day of **MAY** 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 **603981** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 6th day of **MAY 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.

TANZANIA

GERELA

No. 603981

Certificate of Registration

The Registrar of Companies, Dar es Salaam

I HEREBY CERTIFY THAT KUTOCULO PHARMACY LTD. of MAY year 1975 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 603981 in the Index of Firms and in

GIVEN under my hand at Dar es Salaam this 6th day of MAY 1975
THE REGISTRAR AND DEPUTY REGISTRAR



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: 0103313

This is to certify that the premises owned by M/S Theresia Pharmacy of P.O.Box , Kibaha TC located at Plot No. 209, Kongowe Municipality/District in Pwani Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103313

Issued in: August 2024

Expires on: 30 June 2029

23-09-2024

DATE:

SIGNATURE OF REGISTRAR
AND STAMP

Registrar
Pharmacy Council
P. O. Box 1277
Duduma

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





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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

ELIZABETH ADRIAN TEMBA

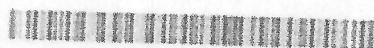
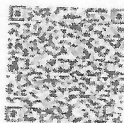
PIN NO. 0103966

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 27 March 2025

Expires on 31 December 2025

Registrar
Pharmacy Council



Amir



AnyScanner

THE STATE OF TEXAS
PHARMACY BOARD



LICENSE TO PRACTICE

IN THE STATE OF TEXAS
FOR THE YEAR 1900

TO THE HONORABLE

THE COMMISSIONER

OF THE PHARMACY BOARD
OF THE STATE OF TEXAS
AT THE CITY OF DALLAS
COUNTY OF DALLAS
STATE OF TEXAS

THIS LICENSE IS GRANTED
TO THE HONORABLE

THE COMMISSIONER



IN WITNESS WHEREOF



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002690

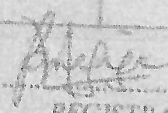
CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, Cap. 311)

Full Name Elizabeth Adrian Temba

* 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					
0103966	27th March, 2025	9th April, 1999	Tanzanian	P.O. Box 9790 Dar es Salaam	Bachelor of Pharmacy	Kampala International University in Tanzania 2023

Date 24th April, 2025
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.

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 13 day of 05 2025

BETWEEN

THERESA ALL KIDLER (Name) of P.O.BOX - Region PWANI
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

ELIZABETH A. TEMBA 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 ROAL KITOLO PHARMACY 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 13 day of 05 2025 to 13 day of 05 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named pharmacy on the 13 day of 05 2025

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. 800,000/- 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 three (3) months 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 13 day of 05 2025

SIGNED and DELIVERED

By the said THERESIA ALLY KITOLELO

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personall

This 13 day of 05 2025

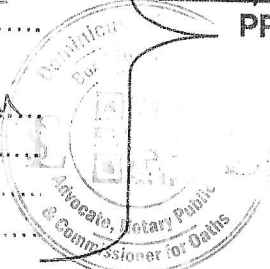
In the presence of:

Name: Dominicus Julius Mumba

Designation: ADVOCATE

Signature: [Signature]

Date: 13/05/2025



[Signature]

PROPRIETOR

SIGNED and DELIVERED

By the said ELIZABETH A. TEMBA

Who is known to me personally/.....

Introduced to me by THERESIA ALLY KITOLELO

.....the latter known to me personall

This 13 day of 05 2025

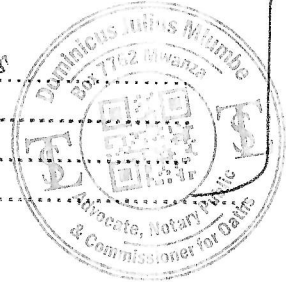
In the presence of:

Name: Dominicus Julius Mumba

Designation: ADVOCATE

Signature: [Signature]

Date: 13/05/2025



[Signature]

SUPERINTENDENT

