PCF.14

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: BUYAGA HADUWI FIN 0102320

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

PHYSICAL ADDRESS:

Plot No. ..... Street: SIAMICO Ward LUDETE

District/~~Municipal~~ GEITA DC Region: GEITA

POSTAL ADDRESS: GEITA Contact. No. 0767222029

E-mail: Josephbuyaga@gmail.com

OWNERSHIP:

Directors (Names): 1. SAYUDA BUYAGA Qualification: TEACHER

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

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

SUPERINTENDANT INFORMATION:

Full Name: ENOCK TANDARI PIN: 0103522

Residential Address: GEITA Tel: 0745861747 Email: .....

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

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SELEKA

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

PHYSICAL ADDRESS:

Plot No. ..... Street SIAMICO Ward LUDETE

District/Municipal GEITA DC Region GEITA

POSTAL ADDRESS: GEITA CONTACT. No. 0747352727

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SELEKA MABULA Qualification: FARMER
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: MADULU DOTTO PIN: 0103893

Residential Address: GEITA Tel: 0745243252 Email: dottomadulu5@gmail.com

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

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Nimeuza kwa sababu nimekosa Ushirikiano mizi na nimeendelea na Mambo Mengine
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: SELEKA MABULA MALENDESA

(Contact/email if different from the above)

Address: GEITA Tel: 0743527277 E-mail: selekamabula1@gmail.com.

Signature of Applicant ..... Date 28/02/2025

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 ..... Date 28/02/2025

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)

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102320

This is to certify that the premises owned by M/S ***Buyaga Pharmacy*** of ***P.O. Box 51, Geita*** located at ***Stamico Street, Katoro , Geita Town Council*** Municipality/District in ***Geita*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102320***

Issued in: ***October 2022***

Expires on: ***30 June 2027***

19-11-2022

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*
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

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02320-2024

This Permit is hereby granted to M/S ***Buyaga Pharmacy*** of ***P.O. Box 51, Geita*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Stamico Street, Katoro , Geita Town Council*** Municipality/District in ***Geita*** Region with Facility Identification Number (FIN) ***0102320*** under a superintendent Pharmacist ***Enock Tandari Alfred*** with Personal Identification Number (PIN) ***0103522***

Issued in: ***October 2022***

Expires on: ***30 June 2024***

10-05-2024

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. *This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation*
2. *The nature of conducting business shall conform to the category of pharmacist business registered*
3. *This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.*
4. *When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit*
5. *The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated*

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 FATUMA KABAJU NURULHUDA PIN 0408848
2. Namba ya simu 0620985278 / 0767170081 barua pepe fatumakabaju@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*. 03/DECEMBER/2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
   ( ) ☑ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi FATUMA KABAJU NURULHUDA mwenye taaluma ya dawa ngazi ya DIPLOMA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo BUYAGA PHARMACY FIN 010320 lililopo katika Wilaya ya GEITA Mkoani GEITA

Sahihi F. Kabaju Tarehe 05/08/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

MGANGA MKUU WA WILAYA GEITA

Jina na Sahihi SIMON - KALOMANGA Tarehe 25/02/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) SELEMAN MATHUSHI Kata ya KATORO

Nathibitisha kwamba Ndugu FATUMA KABAJU anaishi

langu mtaa/kijiji BULENGAHASI kuanzia mwaka 2025

Sahihi Afisa Mtendaji

Tarehe 25/02/2025

HALMASHAURI YA WILAYA
AFISA MTENDAJI WA KATA
Muhuri Mtendaji
S.L.P 139
KATORO - GEITA

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 MADULU DOTTO PIN 0103893
2. Namba ya simu 0748243252 barua pepe dottomadulu5@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 20/11/2024
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. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi MADULU DOTTO mwenye taaluma ya dawa ngazi ya DEGREE nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo BUYAGA PHARMACY FIN 010282G lililopo katika Wilaya ya GEITA Mkoani GEITA

Sahihi M. Dotto Tarehe 11/03/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

MGANGA MKUU WA WILAYA GEITA

Jina na Sahihi Simon Kachumbo **Tarehe** 25/03/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MESHACK KATAMBI Kata ya BUKALAHATA

Nathibitisha kwamba Ndugu MADULU DOTTO anaishi

langu mtaa/kijiji MORINGE, kuanzia mwaka 2023

Muhuri wa Mtendaji

HALMASHAURI YA MJI GEITA
AFISA MTENDAJI KATA
MORINGE

Sahihi Afisamtendaji .....

Tarehe 11.03.2025

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19870303-30149-00002-22

JINA : SELEKA MABULA
Given Name

JINA LA MWISHO : MANDEJA
Last Name

TAREHE YA KUZALIWA: 03 MAR 1987
Date of Birth

JINSI : M
Sex

SAINI :
Signature

Certified True Copy of the Original
Sign..... Date..13/12/22
PIASON MADENGE
Advocate, Notary Public and
Commissioner for Oaths

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19870303301490000222

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

CTIN: 2241533

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION
FOR
TAXPAYER IDENTIFICATION NUMBER (TIN)

ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015

THIS IS TO CERTIFY THAT

SELEKA MABULA MARENDEJA

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

136-440-705

WITH EFFECT FROM: 02 July 2018

TRA LOCATION: GEITA TAX OFFICE: KATORO

PHYSICAL LOCATION

STREET / AREA: KATORO

ELIAH G. MWANDUMBYA

COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

Advocate Notary Public

MKATABA WA MAUZIANO YA VYUMBA KAMA SEHEMU/SITE YA KUFANYIA BIASHARA(DUKA LA DAWA)

MKATABA huu umefanyika leo Tarehe **05** Mwezi wa **Machi** Mwaka **2025**

KATI YA

SAGUDA BUYAGA MADUHU, S.L.P 139 Geita, Simu Na. 0767222029 ambaye atajulikana kama **"MUUZAJI"** *(Neno* **MUUZAJI** litamjumuisha yeye mwenyewe, warithi wake na wote watakaodai haki kutokana na Mkataba huu kwa mujibu wa Sheria) kwa upande mmoja,

NA

SELEKA MABULA MALENDEJA S.L.P 139 Geita, Simu Na. 0747352727 ambaye atajulikana kama **"MNUNUZI"***(Neno* **MNUNUZI** litamjumuisha yeye, warithi wake na wote watakaodai haki kutokana na Mkataba huu kwa mujibu wa Sheria) kwa upande mwingine.

KWA KUWA Muuzaji ni mpangaji halali wa Vyumba Viwili Chumba **namba 10** na Chumba namba **11** vya kufanyia biashara mali ya **Ndg. Philipo Kalemela Ibengwe** vilivyopo katika nyumba inayopatikana mtaa wa **Stamico,** Kata ya **Ludete,** Wilaya ya **Geita,** Mkoa wa **Geita.**

KWAKUWA Muuzaji ameamua kumuuzia Mnunuzi vyumba tajwa kama sehemu/site ya kufanyia biashara pamoja na vitu Vilivyomo ambavyo ni **Viti 2,Meza 4 ,kabati za meza za ukutani 2, Tv 1 pamoja na dawa** kwa mujibu wa masharti yaliyopo katika Mkataba huu na kwamba Mnunuzi ameshakagua na kutembelea eneo la chumba husika na ameridhika na hali iliyopo.

NA KWA KUWA Mnunuzi yuko tayari na amekubali kununua vyumba tajwa kama sehemu/site ya kufanyia biashara kutoka kwa Muuzaji kwa bei na makubaliano yaliyoelezwa ndani ya Mkataba huu;

HIVYO BASI, MKATABA huu unashuhudia na kuthibitisha kama ifuatavyo:

1. **Kwamba,** Muuzaji ni Mpangaji halali wa vyumba viwili chumba namba **10** na chumba namba **11** vya kufanyia biashara mali ya **Ndg Philipo Kalemela Ibengwe** vilivyopo katika nyumba inayopatikana mtaa wa **Stamico,** Kata ya **Ludete,** Wilaya ya **Geita,** Mkoa wa **Geita.**

2. **Kwamba,** Muuzaji anamuuzia Mnunuzi vyumba kama sehemu/site ya kufanyia biashara duka la dawa pamoja na vitu Vilivyomo ambavyo ni **Viti 2,Meza 4 ,kabati za meza za ukutani 2, Tv 1 pamoja na dawa** kwa kiasi cha **Shilingi za Kitanzania Milioni Kumi na Tano (TZS 15,000,000/=)** na kwamba vyumba vinavyouzwa kama sehemu/site ya kufanyia biashara havijawekwa kama dhamana kwa kuchukulia mkopo katika taasisi yoyote ya kifedha inayotambulika.

3. **Kwamba,** leo hii Tarehe **05** Mwezi **Machi** Mwaka **2025** Mnunuzi amemlipa Muuzaji kiasi cha **Shilingi za Kitanzania Milioni kumi na Tano (TZS 15,000,000/=)** taslimu na Muuzaji anakili kuwa hana madai yoyote dhidi ya Mnunuzi juu ya Makubaliano haya.

4. **Kwamba,** bila kuathili masharti ya aya ya kwanza, ya pili, ya tatu na ya nne hapo juu, imekubaliwa na pande zote ndani ya Mkataba huu kuwa kodi ya vyumba vinavyouzwa kama sehemu/site ya kufanyia biashara(Duka la dawa) itakoma Tarehe **10** Mwezi **Novemba** Mwaka **2025** ambapo Mnunuzi atawajibika kwa Mmiliki wa vyumba kulipa Kodi ya pango kama watakavyokubaliana na mwenye Nyumba

5. **Kwamba,** endapo itabainika hapo baadae kwamba Muuzaji hana umiliki halali wa vyumba tajwa kupitia njia ya upangaji (***sio Mpangaji halali***) Muuzaji atalazimika kumrudishia Mnunuzi pesa zote ambazo zimelipwa juu ya manunuzi ya vyumba ambavyo vimeuzwa kama

Roll No 158 Geita
Advocate Notary Public

sehemu/site ya kufanyia biashara ikiwa ni pamoja na gharama ambazo Mnunuzi atakuwa ameingia kutokana na ukosefu wa umiliki wa vyumba hivyo.

6. **Kwamba,** Muuzaji anamhakikishia Mnunuzi kuwa anaweza kutumia vyumba tajwa kwa matumizi yake akiwa huru na hatobughudhiwa na mtu yeyote ikiwa ni pamoja na Mmiliki wa vyumba. Lakini pia Muuzaji ameshalipa madeni yote yanayohusu vyumba hivyo (***Kama yapo***).

7. **Kwamba,** Pande zote zimekubaliana kuwa Mkataba huu utalindwa na **Sheria za Jamhuri ya Muungano wa Tanzania** na ikiwa umetokea mgogoro baina ya Muuzaji na Mnunuzi juu ya makubaliano na masharti yote yaliyomo ndani ya Mkataba huu, Mahakama ndiyo itakayotatua mgogoro huo.

KWA USHUHUDA na **UTHIBITISHO,** Mkataba huu umetiwa saini na Muuzaji na Mnunuzi tarehe, mwezi na mwaka tajwa hapo mwanzo.

UMETIWA SAHIHI na KUTOLEWA Katoro-Geita
na **SAGUDA BUYAGA MADUHU,** ambae namfahamu binafsi/
ametambulishwa kwangu na _____
leo hii Tarehe 05 Mwezi Machi 2025

MUUZAJI

Mbele yangu:
Jina: Thomas
Saini:
Tarehe: 05/03/2025
Cheo: Mlalili
Anwani: S.L.P 158 Geita

Gasto Attorneys Box 158 Geita Advocate, Notary Public & Commissioner for Oaths

UMETIWA SAHIHI na KUTOLEWA Katoro-Geita na
SELEKA MABULA MALENDEJA ambae namfahamu
binafsi/ametambulishwa kwangu na SAGUDA BUYAGA
hii tarehe 05 Mwezi Machi 2025

MNUNUZI

Mbele yangu:
Jina: Thomas
Saini:
Tarehe: 05/03/2025
Cheo: Mlalili
Anwani: S.L.P 158 Geita

Gasto Attorneys Box 158 Geita Advocate, Notary Public & Commissioner for Oaths

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SAGUDA BUYAGA MADUHU

(PROPRIETOR)

AND

MADULU DOTTO

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 11st day of MARCH 20 2005

BETWEEN

SAGUDA BUYAGA MADUHU **(Name) of P.O. BOX** 139 **Region** GEITA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

MADULU DOTTO 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 RETAIL 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.

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 11st day of MARCH 20 25 to 11st day of MARCH 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 11st day of MARCH 20 26

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 TZS 850,000/= 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 no later than the 1st day of the following month, 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 **ten (10)** days without any justifiable cause, the Superintendent shall treaty such late payment as a breach of contract and

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 __11__ day of __March__ 20_23__

SIGNED and DELIVERED at ....by the said
.... who is known
to me personally/identified to me by ....
....the latter being
personally known to me this..11..day of ....20..23

Smaka
PROPRIETOR

In the presence of:
Name: ....
Designation: Advocate..
Signature:..
Address:..
Date: 11/03/2023......

PIASON MADENGE
Advocate, Notary Public & Commissioner For Oaths
P.O. Box 40, CAIRO

Signed and delivered by the parties at this __11th__ day of __March__ 20_23__

SIGNED and DELIVERED at ....by the said
.... who is known
to me personally/identified to me by ....
....the latter being
personally known to me this..11..day of ...3....20..23

M. Dotto
SUPERITENDENT

In the presence of:
Name: ....
Designation: Advocate..
Signature:..
Address:..
Date: 11/3/2023......

PIASON MADENGE
Advocate, Notary Public & Commissioner For Oaths
P.O. Box 40, CAIRO

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

MADULU DOTTO

PIN NO: 0103893

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**20 November 2024**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

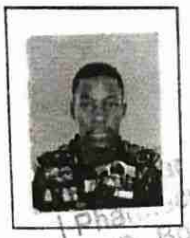
PCF. 54

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL 00002612

CERTIFICATE OF FULL REGISTRATION

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



Full Name Maduhu Dotto

Pharmacy Council P O Box 1277 Dodoma

* 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					
0103893	20th November, 2024	18th March, 1997	Tanzanian	P.O. Box 508 Geita	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2023

Date 19th December, 2024

REGISTRAR

NOTES: (1) This certificaate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and referene 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.

GP - DSM

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925072316672286**
Received from	: SELEKA MABULA
Amount	: 50,000.00
Amount in Words	: Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142201611404 - Duplicates Certificate - DUPLICATE CERTIFICATE*	**50,000.00**	
	Total Billed Amount :	**50,000.00 (TZS)**

Bill Reference	: 16212071250929820578
Payment Control Number	**: *991620300208***
Payment Date	**: 2025-03-13 12:13:21**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-03-13 12:44:52
Signature	: .....

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925072316674243**
Received from	: SELEKA MABULA
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 - BUSINESS NAME*	**100,000.00**	
: *142202540104 - Application for change of name/ ownership - BUSINESS OWNERSHIP*	**100,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16212071250231964397
Payment Control Number	: ***991620300206***
Payment Date	: **2025-03-13 12:18:17**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-03-13 12:43:57
Signature	.....

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)

This is to certify that

HALIMA B PETER

PIN NO: 0406007

having complied with the requirements 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

Act and the Rules and Regulations made thereunder

Issued: 13 January 2023

Expires on: 31 December 2025

Registrar
Pharmacy Council

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

(kuloka 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 HALIMA B PETER PIN 040600?
2. Namba ya simu 0766417335 barua pepe halimapeter14@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 31/12/2025
4. Je umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

( ) ☑ NDIYO. Stakabadhi Na ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA

Mimi HALIMA B. PETER mwenye taaluma ya dawa ngazi ya STASHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo SAGUDA BUYAGA MADUHU FIN 010230 lililopo katika Wilaya ya GEITA Mkoani GEITA

Sahihi ..... Tarehe 18/03/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

Jina na Sahihi ..... Tarehe 18/3/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) THERESIA MWIMAJ Kata ya LUDETE

Nathibitisha kwamba Ndugu HALIMA B. PETER anajishi langu mtaa/kijiji LUDETE kuanzia mwaka 2012

Muhuri Mtendaji

HALMASHAURI YA WILAYA GEITA AFISA MTENDAJI WA KATA LUDETE

Sahihi Afisamtendaji .....

Tarehe 18.03.2025

AGREEMENT FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN TO PROVIDE PHARMACEUTICAL SERVICES

This Agreement is made on this 18 day of March 2025

BETWEEN

SAGUDA BUYAGA MATHEW (Name) of P O BOX 139 Region GUSA-NAIROBI (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business

AND

HALIMA B. PIRE an enrolled pharmaceutical technicianwho provides pharmaceutical services

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is aregulated business under the Act

WHEREAS the pharmaceutical technician is willing to offer professional services to the proprietor in lieu ofremuneration for such services or such other terms and conditions as stipulated hereunder;

WHEREAS the proprietor and a pharmaceutical technician are desirous to enter into an agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as hereinafter appearing

WHEREAS the Parties agree that the pharmaceutical technician will be providing pharmaceutical services toa business of a pharmacist styledas SIAMCO 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 ofPharmacist

"**Business of pharmacy or pharmacist**" includes professional pharmacy practice and anyactivity 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 tothe 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 legalrepresentative

"Pharmaceutical technician" means a person enrolled as such under section 24 of the Act.

Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months commencing from the 18 day of 3 20 25 to 18 day of 03 20 26

2. Commencement of Services

The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on the 18 day of 3 20 25

3. Obligation of the Parties:

4. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

4.1.1 The PROPRIETOR shall pay Monthly salary/emoluments of TZS 400,000/= payable monthly to the Pharmaceutical technicianupon discharging his duties and functions as per this Agreementand 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 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.6 Shall ensure pharmaceutical services are provided with due care.

4.1.7 Shall ensure all proper records are maintained and managed well.

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 thedate and in the manner herein after appearing

Signed and delivered by the parties at Dar essalaam this 18 day of 03 2025

SIGNED and **DELIVERED**
By the Said Sharifa Burhan Mabulla
Who is known to me personally/
Introduced to me by
the latter known to me personally
This 18 day of March 2025
In the presence of
Name
Designation Advocate
Signature
Date 18/03/2025

PROPRIETOR

SIGNED and **DELIVERED**
By the said Aatim peter
Who is known to me personally/
Introduced to me by Sharifa Burhan Mabulla
the latter known to me personally
This 18 day of 03 2025
In the presence of
Name
Designation Advocate
Signature
Date 18/03/2025

PHARMACEUTICAL TECHNICIAN