Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924072238012689**
Received from	: SAHAL 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**
: *142202540317 - Application for change of premises-Location - 1*		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16213072243622827156
Payment Control Number	**: *991620241948***
Payment Date	**: 2024-03-12 13:48:58**
Issued by	: Zena Mango
Date Issued	: 2024-03-12 13:52:20
Signature	: .....

PHARMACY COUNCIL

99162024 1948

Change of location
200,000/-
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: SAHAL PHARMACY ..... FIN 0300152

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

PHYSICAL ADDRESS:

Plot No. 16 Street: KONGO/KIPATA Ward GEREZANI

District/Municipal ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: 10153 Contact. No. 0710612446 / 0747638873

E-mail: Sahal-Pharmacy@yahoo.com

OWNERSHIP:

Directors (Names): 1. RASHID M. SALIM Qualification: GYNACOLOGIST

2. MOZA H. ADWA[illegible] Qualification: MD

3. ALLY R. MOHAMED Qualification: SURGEON

SUPERINTENDANT INFORMATION:

Full Name: JULIET NYABITA MAGOGO PIN: 0100717

Residential Address: ILALA-DSM Tel: 0625311808 Email: .....

Contract commencement date: 1/7/2023 Cessation date 31/6/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SAHAL PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 13 Street CONGO/KIPATA Ward GEREZANI-KARIAKOO

District/Municipal ILALA Region DAR-ES-SALAAM

POSTAL ADDRESS: ..... CONTACT. No. 0747638873

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

Directors (Names):

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

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ~~JULIET~> ..... PIN: .....

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

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

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. ..... Owner planned to rebuild/modify his house.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: MOZA HUMRA EDWARD

(Contact/email if different from the above)

Address: P.O BOX 100153 Tel: 0710 612 446 E-mail: Coral_Pharmacy@yahoo.com

Signature of Applicant..... Date 06/12/2024

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..... Date 06/02/2024

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)

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300152

This is to certify that the premises owned by M/S *Sahal Pharmacy* of *P.O. Box 100153, Dar es Salaam* located at *Plot No. 16, Congo/ Kipata Street, Kariakoo, Ilala* Municipality/District in *Dar es Salaam* Region has been registered for *Retail and Wholesale* to sell pharmaceutical and related products with Facility Identification Number (FIN) *0300152*

Issued in: *July 2012*

03-12-2018

DATE:

SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR PHARMACY COUNCIL P.O. BOX 31[illegible] DAR ES SALAAM

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*

THE MINISTRY OF HEALTH AND SOCIAL WELFARE

THE PHARMACY COUNCIL

AGREEMENT TO OPERATE BUSINESS OF PHARMACIST

THIS AGREEMENT is made on this 1 JUNE day of JUNE 2023.
Between MOZA H. ADWAN (hereafter referred to as "the PROPRIETOR"), on the one part and JULIET N. MAGAGA of DSM (hereinafter referred to as "THE SUPERINTENDENT") of the other part:

WHEREAS the parties intends to carry on a business of pharmacist as provided under the provisions of the pharmacy Act; (hereinafter referred to as the Act). The business of pharmacist shall be under the management of a SUPERINTENDENT who is a PHARMACIST as provided under the Act; and he shall be a member of its Board of Director who shall not act in a similar capacity for any other body corporate.

NOW THEREFORE the PROPRIATOR and the SUPERINTENDENT agrees to run the business of pharmacist under the terms and conditions herein set:

1. Upon signing of this Agreement the PROPRIETOR and the SUPERINTENDED shall together run and operate an establishment and business known as SAMAL PHARMACY Pharmacy.
2. At a salary or emolument stipulated in clause 3 of this Agreement, the SUPERINTENDENT 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. The "necessary steps" shall include obtaining from the Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keeping the pharmacy within the standards conditions and manner as contained in any written law for the time being in force governing the management, regulation and control of the business of Pharmacist.
3. Unless the PROPRIETOR is able to meet its expenses from funds generated by the Pharmacy, the PROPRIETOR shall supply adequate funds to meet the following expenses:
   a) Monthly salary/emoluments T.shs 1,000,000/= payable monthly to the SUPERINTENDED in discharging functions as per clause 2 above. 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.
   b) The cost of rehabilitating or modifying the present premises and maintaining of the same as modern pharmacy.
   c) All other cost necessary or incidental to the running and maintaining the pharmacy.
4. All technical undertaking and professional shall be under the control and management of the SUPERINTENDENT. However, the power to hire and fire as well as disciplining employees shall lie in the PROPRIETOR.
5. All personnel of the PROPRIETOR shall be under the control of the SUPERINTENDENT in their day-to-day functions.
6. The agreement shall be for a period of twelve (12) months, and thereafter it shall run on a year basis unless one of the parties gives a written notice three (3) months to the

other of his intention to remove himself from the business of pharmacist when the current twelve (12) months period lapses and this notice has to be written to the Registrar, Pharmacy Council in writing through the other part.

7. In the event the **PROPRIETOR** wishes to terminate the Business of a pharmacist before the period of twelve (12) months lapses, he shall notify the Council in writing prior the decision, so that legal procedure as per laws and regulations can be communicated to the **PROPRIETOR** followed by paying the **SUPERINTENDENT** his salary remaining in the year.
8. The **SUPERINTENDENT** shall not terminate the contract of the business of a Pharmacist before the current period of twelve (12) months unless he has written a ninety (90) days notice to the Registrar through the proprietor about his intention.
9. The **SUPERINTENDENT** upon issuing notice of intention to terminate the Agreement, the business of a Pharmacist shall remain under his control and management until the notice lapses; and shall be entitled to monthly salary during the period of notice.
10. The **PROPRIETOR** shall meet the cost of drawing up this Agreement.
11. The Pharmacy Council will accept additional clauses but this Agreement is a standard one.

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

SIGNED and DELIVERED

By the said MOZA H. ADWAN

Who is known to me personally/

introduced to me by SALEHE MSHANA

.....

This 1ST day of 2023

.....

PROPRIETOR

Before me:

Name: J - MUTHA-I

Title HAKIMU

Signature: [signature]

Date: 14/6/023

HAKIMU
MAHAKAMA YA MWANZO TEMEKE
DAR - ES - SALAAM

SIGNED and DELIVERED

By the said....JULIET N. MAGOGO.....

Who is known to me personally/

Introduced to me by..SALEHE MSHANA.....

.....

This..1ST.....day of..JUNE 2023.....

.....

SUPERINTENDENT

Before me:

Name: J. MUTHAY

Title HAKIMU

Signature:

Date: 14/06/2023

HAKIMU
MAHAKAMA YA MWANZO TEMBOKE
DAR-ES-SALAAM

AGREEMENT FOR EMPLOYMENT TO WORK ON THE PHARMACY (WHOLESALE AND RETAIL)

This agreement is made on between **MOZA HEMED ADWAN** (hereinafter referred to as the "**OWNER**" of **SAHAL PHARMACY Of P.O Box 100153, ILALA-DAR ES SALAAM** which expression shall, where the context so permits include its assigns and successors in tittle.) Of the one part.

AND

ABDALLAH M ALI (hereinafter referred to as the "**DISPENSER**" registered pharmaceutical technician with Enrollment number **(Ref No. 0338)** which expression shall, where the context so permits include its assigns and successors in tittle) of the other party.

WHEREAS, the dispenser ensuring all his duties and responsibilities are going to take place on this pharmacy

WHEREAS, the parties agree to work on this pharmacy for the payment of 500,000/= Tshs salary per month.

AND WHEREAS, the parties agree this agreement shall be effective for a period of twelve (12) months, commencing from the 14 JULY of 2023.... to.30 JUNE..... Day of...2024....

In witness where of the parties here to have duty signed and sealed this presents on the date and in the manner after appearing.

SIGNED And DELIVERED
By the said MOZA HEMED ADWAN
Who is known to me personally
Introduced to me by... SALEHE Z. MSHANA
This 14 JUNE Day of 2023

Owner

Before me:
Name..... J. MUTHAY
Title ..... HAKIMU
Signature .....

HAKIMU MAHAKAMA YA MWANZO TEMEKE DAR-ES-SALAAM

SIGNED And DELIVERED
By the said ABDALLAH M. ALI
Who is known to me personally
Introduced to me by..... SALEHE Z. MSHANA
This 14 JUNE Day of 2023

Dispenser

Before me:
Name..... J. MUTHAY
Title ..... HAKIMU
Signature .....

HAKIMU MAHAKAMA YA MWANZO TEMEKE DAR-ES-SALAAM

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

BARA[illegible]ZA LA FAMASI

FOMU YA KUKIRI KUTEKELEZA M[illegible]JUKUMU YA MWANATAALUMA WA DAWA KWENYE MAJENGO Y[illegible] KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu N[illegible] 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA [illegible]A MWANATAALUMA

☐MFAMASIA ☐FUNDI DAWA SANII[illegible] ☐FUNDI DAWA MSAIDIZI ☐PHARM. DISP

1. Jina la mwanataaluma JULIET NYABITA MAGHO PIN 0100717
2. Namba ya simu 0685 311 800 barua pepe .....
3. Tarehe ya mwisho kuhuisha jina *(Retention)*.....
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis data[illegible]iew/modules/registration/pharmacist-signup.php) ☐NDIYO, Staka[illegible]adhi Na. ..... ☐HAPANA

SEHEMU YA PILI: - KUKIRI KWA MW[illegible]NATAALUMA:

Mimi JULIET NYABITA MAGHO mwenye taaluma ya dawa ngazi ya MFAMASIA (SHAHADA YA UZAMILI) nakiri kwamba nitafanya kazi yangu ya kitaaluma katika je[illegible]go la kutolea huduma ya dawa liitwalo SAMAL PHARMACY FIN 0300152 lilipo katika Wilaya ya ILALA Mkoa[illegible]i DAR-ES-SALAAM Sahihi ..... Tarehe 12/05/2023

Uthibitisho wa Mfamasia wa Halmash[illegible]uri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa wanataaluma waliopo katika halmashau[illegible]ninayosimamia

Muhuri KNY[illegible] DMO [illegible]NGA MKUU[illegible] HALMASHAURI YA JIJI LA DS[illegible]

Jina na Sahihi DUNSTAN [illegible] Tarehe 07/06/2023

SEHEMU YA TATU: - UTHIBITISHO WA[illegible]MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ROZALIA S[illegible]LUMBE Kata ya GEREZANI

Nathibitisha kwamba Ndugu JULIETH N. MAGOGO anaishi[illegible] langu mtaa/kijiji.....,kuanzia[illegible]mwaka 2019

Sahihi Afisamtendaji .....

Tarehe 15/5/2023

Muhuri Mtendaji AFISA MTENDAJI KATA KATA YA GEREZANI TA P.....

CamScanner

CamScanner

PCF. 7

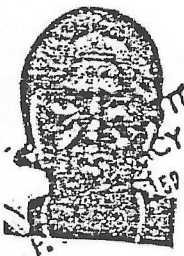
№ 00000963

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 15 of the Pharmacy Act, 2002)



Full Name Juliet Nyabita Maggo

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 No.	Registration Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
717	13th May, 2004	22nd July, 1975	Tanzanian	P.O. Box 63228 Dar es Salaam	Master of Pharmacy	Liverpool John Moores University 2002

Date 29TH SEPTEMBER, 2005

REGISTRAR
PHARMACY COUNCIL
P. O. BOX 7108
DAR ES SALAAM

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.

GP-Dsm

Certified true copy
Henry S. Wassaja
STATE NOTARY PUBLIC
COMMISSIONER FOR OATHS
DAR-ES-SALAAM

PCF 10

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL No 00000590

CERTIFICATE OF ENROLLMENT

(Section 24 of the Pharmacy Act, 2002)

Full Name Abdallah M. Ali

*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled Pharmaceutical Technician details in respect of whom are set out below.

Enrollment No.	Enrollment Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0338	1st Sept. 2006	15th March, 1965	Tanzanian	P.O. Box 98 Wete Pemba	Diploma in Pharmaceutical Sciences	St. Augustine University of Tanzania - BUCHS 2006

Date 1st September, 2006

REGISTRAR

REGISTRAR PHARMACY COUNCIL P.O.BOX 31818, DAR ES SALAAM

NOTES: 1) This certificate affords immediate evidence of enrollment. In due courses the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

Government Printer, Dar

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. ABDALLAH M. ALI ..... PIN 04000332
2. Namba ya simu. 0773327765 ..... barua pepe abdallah6@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Re ention)*.....
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, Stakabadh Na. ..... ☑HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ABDALLAH MBAROUK AL ..... mwenye taaluma ya dawa ngazi ya DIPLOMA ..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo SAHIL PHARMACY ..... FIN 03001152 ..... lililopo katika Wilaya ya ILALA ..... Mkoani ... DAR-ES-SALAAM .....

Sahihi ..... Tarehe 12/05/2023

Uthibitisho wa Mfamasia wa Halmashauri

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

Kny MGANGA MKUU
Muhuri KNY:
HALMASHAURI YA JIJI LA DSM

Jina na Sahihi DOROTHY [illegible] ... **Tarehe** 07/06/2023

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

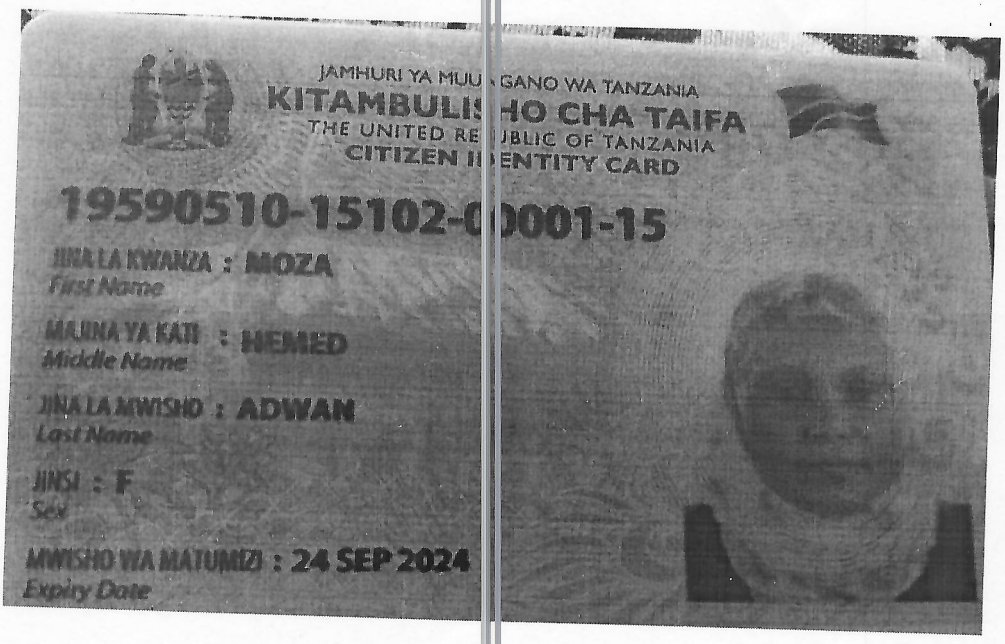
Jina la mtendaji (Kata) ROZALIA SIMBEE Kata ya GEREZANI

Nathibitisha kwamba Ndugu. ABDALLAH M. ALI ..... anaishi

langu mtaa/kijiji....., kuanzia mwaka 2019

AFISA MTENDAJI KATA YA GEREZANI
Mtendaji
TA P .....

Sahihi Afisamtendaji ..... **Tarehe** 15/5/2023



JAMHURI YA MUU GANO WA TANZANIA
KITAMBULIS HO CHA TAIFA
THE UNITED RE UBLIC OF TANZANIA
CITIZEN I ENTITY CARD

19590510-15102-0 0001-15

JINA LA KWANZA : MOZA
First Name

MAJINA YA KATI : HEMED
Middle Name

JINA LA MWISHO : ADWAN
Last Name

JINSI : F
Sex

MWISHO WA MATUMIZI : 24 SEP 2024
Expiry Date


KITAMBULISHO CHA TAIFA
CITIZEN IDENTITY CARD
19901204-15102-00001-28
JINA LA KWANZA : ALLY
First Name
MAJINA YA KATI : RASHID
Middle Name
JINA LA MWISHO : MOHAMED
Last Name
JINSI : M
Sex
Expiry Date

MKATABA HUU wa upangaji unafanywa leo tarehe ..01...mwezi wa ..01... mwaka 2024

BAINA YA

SLEYUM RASHID MOHAMED wa S. L. P. 7[illegible]623 (ambaye kwa madhumuni ya mkataba huu ataitwa "MPANGISHAJI" kwa upande mmoja.

NA

MOZA HEMED ADWAN (SAHAL PHARMACY) wa DAR ES SALAAM, mwenye namba ya simu 0747638873 (ambaye kwa madhumuni ya mkataba huu ataitwa "MPANGAJI" kwa upande mwingine.

KWA KUWA Mpangishaji ni mmiliki halali wa chumba cha biashara iliyo katika Plot 13 Kitalu 5 Mtaa wa Congo na Kipata, Kata ya Gerezani Kariakoo, mkoa wa Dar ES Salaam.

NA KWA KUWA Mwenye nyumba kwa hiari yake mwenyewe ana nia na ameamua kupangisha chumba cha biashara hicho na mpangaji kwa hiari yake mwenyewe anakubali kupangishwa chumba cha biashara hicho.

HIVYO BASI MKATABA HUU UNASHUHUDIA MAKUBALIANO YAFUATAYO;

Kwa kodi ya chumba cha biashara (fremu) ya shilingi za Kitanzania
.....1,000,000..... kwa mwezi, yaani shilingi za Kitanzania
.....12,000,000..... kwa mwaka.

Kwamba Mpangishaji na Mpangaji wana kubaliana kuwa italipwa kwa mara moja wakati wa kuanza mkataba huu.

KUVUNJWA KWA MKATABA

Bila kuathiri makubaliano yaliyo hapo katika vipengele vya hapo juu, mkataba huu unaweza kusitishwa ikitokea moja wapo ya haya yafuatayo:-

Endapo mpangaji ataamua kuhama kabla ya mwisho wa muda wa upangaji, na kodi aliyolipa haitarudishwa.

Endapo mpangaji ataamua kubadili matumizi ya chumba cha biashara kwenda kwenye makazi.

Endapo mpangaji atampangisha mtu mwingine bila ya makubaliano na mpangishaji.

Endapo mpangaji ataharibu thamani na vifaa vya chumba cha biashara kwa makusudi

Endapo mpangaji atashindwa kutunza mazingira ya jirani na nje ya chumba chake cha biashara.

Endapo mpangaji atashindwa kutekeleza masharti mengine ambayo hayajaelezwa katika mkataba huu, lakini ikionekana kwenye macho ya mtu wa kawaida kuwa ni kero.

Pande zote mbili katika mkataba huu zimekubaliana na kwa kuweka sahihi zao kama ifuatavyo;-

MPANGISHAJI

IMESAINIWA hapa na ...S.R.Mohamed.

SLEYUM RASHID MOHAMED wa S. L. P. 79523

Leo tarehe ...02.... mwezi .....01..... mwaka 2024.....

MPANGAJI

IMESAINIWA hapa na .....Adwan.....

MOZA HEMED ADWAN (SAHAL PHARMACY) wa DAR ES SALAAM

Leo tarehe ...02..... mwezi wa .....01..... mwaka .....2024.....

Mbele yangu

JINA: Ally Y. Malcomb

CHEO: WAKILI

SAHIHI:

Form 5

No : 236979

THE UNITED REPUBLIC OF TANZANIA

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT SAHAL PHARMACY

this 18TH day of MAY 2012 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 236979 in the Index of Registration.

GIVEN under my hand at Dar es salaam this 28TH day of MAY TWO THOUSAND AND TWELVE

Deputy Registrar of 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.

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 923318214399886**
Received from	: SAHAL 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**
: *142201270421 - Inspection of Premises - INSPECTION*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16208318230153967620
Payment Control Number	**: *991620223995***
Payment Date	**: 2023-11-14 08:22:51**
Issued by	: Zena Mango
Date Issued	: 2023-11-14 14:55:04
Signature	: .....

PHARMACY COUNCIL

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: MOZA ADVAN
2. Anwani ya Makazi ya Mwombaji: KATALACOO
3. Mawasiliano (Simu): 0782271223
4. Jina la Biashara linalopendekezwa SAHEL 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	MATONDO PHARMACY	151m
	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 katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	10.6m	37.1m²
b)	Upana (W)	3.5	
c)	Kimo (H)	2	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Jengo lina ukubwa wa mita za mraba 37.1m²
Jengo lipo umbali wa mita 151 kutoka MATONDO PHARMACY
-Ni Jengo ambalo awali lilisajiliwa kama SAMANDA PHARMACY

(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, vituo 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

Endelea na matengenezo kufikia viwango vya famasi ya rejareja

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	Bruce B. Kanshu	Mkaguzi	[signature]
2	KELVIN CHILONGANI	Mkaguzi	[signature]
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) SALEHE ZULLY MSHANA

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

[signature]

Saini ya Mmiliki/Mwakilishi

14/11/2023

Tarehe

PCF.5(b)

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

Mr. Inspector

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: SAHAL P. HARAMBEY
2. Anwani ya Makazi ya Mwombaji: KARIAKOO
3. Mawasiliano (Simu): 0710612446
4. Jina la Biashara linalopendekezwa S.AHAL P. HARAMBEY
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		
	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 katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)		
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- Amebadilisha matengenezo kufikia viwango vya famasi za rejareja.

(Zingatio: Ukubwa wa jengo haupaswi kuwa chini ya 30m³ 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, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona.kutanguza kutofua kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

- Afikiwe kupewa vibali vya kufanya mabadiliko ya eneo

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	Bicco Bwana	Mkaguzi	
2	ZAKHIA H. MNGUMBYA	MKAGUZI	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) Abdallah M. Ali

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

Saini ya Mmiliki/Mwakilishi

26/3/24
Tarehe