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 V SECTION A: APPLICANT CURRENT INFORMATION: NAME OF PREMISES: VAXI PHARMACY FIN 0101407 TYPE OF BUSINESS: Retail Pharmacy V Wholesale Pharmacy PHYSICAL ADDRESS: Plot No. 122 Street MJI HPYA Ward UHURU District/Municipal SOSOMA Region: DODOMA POSTAL ADDRESS: 76, DOLOMA Contact, No. 03172.5.5888 OWNERSHIP: Directors (Names): 1 PRINCE JUSTINE Qualification: 2......Qualification: 3. Qualification: SUPERINTENDANT INFORMATION: Full Name: MERCY BONTANCE OMARY PIN 0103061 -Residential Address: 1323 Lobotta Tel: 0712910817 Email: mercyomany/20thmail (om. Contract commencement date: 26/9/2024 Cessation date 26/9/2025 SECTION B: PROPOSED CHANGES: NAME OF THE NEW PREMISES: EKASA PHARMACY TYPE OF BUSINESS: Retail Pharmacy | Wholesale Pharmacy | Warehouse PHYSICAL ADDRESS: Plot No. 122 Street MT MPYA Ward MHURN District/Municipal DOBONIA Region DOBONIA 47 DODONA CONTACT NO 0755568118

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)
Directors (Names):
1 SHERICIANA A NEGAS! Qualification: PHARMACEUTICAL TECHNICIAN
2. MUID DIEKSEN MITT GTA Qualification:
3 Qualification:
SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)
Full Name: PIN:
Residential Address: Tel Email:
Contract commencement date: Cessation date
SECTION C: REASON(S) FOR PARTICULAR ALTERATION
1. New ownership of the business.

2 Change of business name.
SECTION D: APPLICANT INFORMATION
Name of Applicant ELIEPICIANA ALEXANDER NGO O
(Contact/email if different from the above)
Address 47, DOBOMA Tel 0755568118 E-mail: emericancalexander95969mail.com
Signature of Applicant. Date 11/7/2025
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 11/9/2025
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)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH



PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

	Changes to be Made: Superintendent Other Pharmaceutical Personnel
A	TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy. VAX1 PHARMACY. Physical address Street. VOI MEYA. Ward. UHURU. District/Municipal Coloma How Region. No bornal
	A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL 0653821236 Full Name YONAH THOMAS MICHAEL PIN 04-08400 Phone 0653821236 Address 17 5000MA Email xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	A.3. REASON(s) FOR CHANGE
	Time frame of notification: (As per Contract) AVELL Signature Tokal Date 18/2/2005
	A.4. OWNER'S DETAILS Full Name EMERICI AND ALEXANDER Phone Number 0755568118
	Remarks Signature \$400 Date \$1,1713.025
В.	TO BE COMPLETED BY THE OWNER ONLY
	B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name ELIER CLANA ALEXALISE PIN Phone Number 0405472 Email encerctions allergo length
	Physical address: Street
	Details of Previous pharmacy Name of Pharmacy VAXI PHARMACY FIN DIO1467 District/Municipal Assets Region Boband
	B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL
	PERSONNEL (To be attached)
	(i) Copies of registration certificate and valid license to practice (ii) Contract Agreement/MOU (iii) Commitment Letter
C.	FOR OFFICIAL USE ONLY
	INSPECTION/REGISTRATION OR ZONAL OFFICE
	Recommendations
D	NOTE; Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.
	NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

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 A Cost MFAMASIA FUNDI DAWA SANIFU 🗆 FUNDI DAWA MSAIDIZI 🗆 PHARM. DISP 1. Jina la mwanataaluma EHERICIANA A NGANI PIN 040547 ? 2. Namba ya simu. 07556\$(18 barua pepe emaidornalexande general com 3. Tarehe ya mwisho kuhuisha jina (Retention). 31 Secember 4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacistsignup.php) NDIYO, Stakabadhi Na. HAPANA SEHEMU YA PILL: - KUKIRI KWA MWANATAALUMA: Mimi. EMERICIANA A NEGALI taaluma ya dawa ngazi ya DIPLONA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo WAXI PHARMACY FIN 0101407 lililopo katika Wilaya ya DOSOMA Mkoani &ODOMA Sahihi 🕰 Tarehe 21 6 2025 Uthibitisho wa Mfamasia wa Halmashauri Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ ai miongoni mwa wanataaluma waliopo katika halmashauri ninayosimamia.

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

HEGIPETZ MHAGANA

Jina na Sahihi

00-12

Ithibitishwe na: Afisa Mtendaii Jina la mtendaji (Kata) ODILIP M' COTTA Kata ya MASTENG D Nathibitisha kwamba Ndugu EMERISIADA ... A. NGA-DIanaishi Muhuri langu mtaa/kijiji MP TA kuanzia mwaka 2024 Sahihi Afisamtendaii Tarehe

17/07/2020

Muhuri KNY:

CITY MEDICAL OFFICER OF HEATTH



THE UNITED REPUBLIC OF TANZANIA PHARMACY COUNCIL





LICENSE TO PRACTICE

The Pharmacy Act

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

I Hereby Certify that

EMERICIANA A NG'ADI

PIN NO: 0405472

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

Issued:11 November 2022

Expires on:31 December 2025

Registrar Pharmacy Council







THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH





DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL (Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

				al Identification		ADAONA
The state of the s	eby declares t	at the same of the				
, with Facility	/ Identification	Number (FII	N)	business name of year dentification No	, located at	AMOUNT
(TIN Certific	111					
The Column	ate to be att	actiou)				
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As the owner comply with other relevant in case I far subjected to	er of the name the Laws, Re int authorities ail to adhere a professiona	ed pharmacy, egulations, Guin running the to these legis al misconduct.	idelines and S business of a slations, I sh Address: en	tandards presi pharmacist. all be respons	cribed by the Clible and liable	Council and

*** Mandatory





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

MERCY BONIFACE OMARY

PIN NO: 0103061

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:17 June 2022

Expires on:31 December 2025

Registrar Pharmacy Council









AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

EMERICIANA ALEXANDER NGADI
(PROPRIETOR)

AND

MERCY BONIFACE OMARY

(SUPERINTENDENT)

This Agreement	is made on th	1is 15	day o	of	July	20	25	
			BETWE	EEN				
FMEDICIANA	ALEXANDE	2_(Name	e) of P.O.	вох	#7	Region	M BOOD	A
(hereinafter refe or his legal repre			나 아이 이 집에 가득하지 않는다.		sion whic	h include	s his assigne	ees, agent
			AND					
Mercy	Borniface	Omas			register	ed pharm	nacist in ch	arge who
supervises a bu	siness of a	pharmacist	(hereinafter	refer	red to as	the SUP	ERINTENI	DENT) o
another part.								
WHEREAS the	Control of the state of							
WHEREAS the regulated busine	ss under the AS in compl	Act iance with s	tablish and section 43 c	opera	te a busir Act the I	ness of a	pharmacist v	which is
another part. WHEREAS the regulated busine AND WHEREA professional servented the wherea control wherea contro	AS in comploices of a pha	Act iance with surmacist to be rintendent is	tablish and section 43 c e in charge o	opera of the of his	te a busir Act the I business; profession	ness of a Proprietor	pharmacist v wishes to e	which is a ngage the oprietor in
WHEREAS the regulated busine AND WHEREA professional servand AND WHEREA	AS in completices of a phate ion for such the properition an agree into an agree.	Act iance with surmacist to burintendent is services or services and seement, to es	section 43 of e in charge of s willing to such other to superintend	opera of the of his offer erms a	Act the I business; profession and condit	referred a	pharmacist v wishes to e es to the pro pulated here	which is a ngage the oprietor in under;

AND NOW WHEREFORE THIS AGREEMENT WITNESSED 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 three, six, nine, twelve months, commencing from the 15 day of July 20 25 to 14 day of July 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 15 day of July 20.25

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities;

- - (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 1stday 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 the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

- 4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.
- 4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.

4.2 The Superintendent;

For an allowance 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 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 implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.4 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.5 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.6 Shall provide pharmaceutical service with due care.
- 4.2.7 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.8 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.9 Shall report to the Council on any malpractices or violations done by the Proprietor.
- 4.2.10 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.11 Must ensure whoever is on duty shall appear on a white coat and name tag on it.

- 4.2.12 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.13 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.
- 4.2.14 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.15 Shall perform any other duty as the Council may determine.

5. Termination

- 5.1 This Agreement shall be terminated:
 - (a) by automatic termination;
 - (b) by mutual consent, or
 - (c) by Notice
- 5.2 The Agreement may automatically be terminated:
 - (i) after the expiry of a term fixed under Clause 2 of this Agreement unless otherwise the parties agree to renew the terms of the agreement.
 - (ii) If the Council cancels the license, or suspends or removes the name of a Superintendent from the Register due to professional misconducts in accordance with section 45 of the Act.

Notwithstanding the requirement of this Clause, where termination is due to the cancellation of the Superintendent's license, or suspension or removal from the Register, Roll or List of Pharmacists, all benefits, allowances or claims due to the Superintendent for the work done for any such of days before the cancellation, suspension or removal shall be paid by the Proprietor prior to termination.

5.3 The Agreement may be terminated at any time by mutual agreement or consent between the parties when they find it appropriate that the agreement be terminated. Provided that where the Agreement is terminated by mutual consent, all claims or allowance due to the Superintendent shall be paid in full by the Proprietor prior to termination.

- 5.4 The Agreement may be terminated by notice:
 - By either party by giving a one (1) month' written notice to the other party of the intention to terminate the Agreement;
 - (ii) By either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 5.4 (i) above.

Provided that a written notice under this clause shall be addressed to the other part and copy shall be submitted to the Registrar for notification.

- 5.5 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.
- 5.6 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 Mediation and Arbitration (CMA).

7. Applicable Law and Jurisdiction

- 7.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
- 7.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity or the Agreement shall firstly be settled amicably by the parties.
- 7.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, the matter may be taken court of competent jurisdiction for further redress.
- 7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief

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 15 day of July 20 25	
SIGNED and DELIVERED at	
to me personally/identified to me by	
the latter being PROPRIE	TOR
personally known to me this. 45day of	
No. of the second secon	
In the presence of:	
Name: MESHACK YONA NORMANDO 8	
Designation: Apvocate	
Signature:	
Address: P. D. Rex 135K	
Date: 15/3Uly /2025	
SIGNED and DELIVERED atby the said	
LI ERLY BONIFACE CHARY who is known	
to me personally/identified to me by	
the latter being SUPERINTE	NDENT
personally known to me this 15 day of July2025.	
In the presence of:	
Name: METHACK YONA NAMANDO	
Designation: Abvocate	
Designation: ADVOCATE Signature:	
Address: Po.Bex 1358	
Date: 15/JULY /2025	
Western Walter	
4 Commission	

8. The Council will accept additional clauses but this Agreement is a generic contract for guidance

only.



TANZANIA

BRELA
BUSINESS AGGISTRATIONS AND LICENSING AGGISTY

No. 610844

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT EKADA PHARMACY this 10th day of JULY 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 610844 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 10th day of JULY TWO THOUSAND AND TWENTY FIVE.



- Susa

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



Extract date and time: 10/07/2025 16:45:28

Registration date and time: 10/07/2025 16:45:06

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. Name of Business:

EKADA PHARMACY

2. Registration number:

610844

Principale Place of Business:

Region Dodoma, District Dodoma, Ward Chang'ombe, Postal code 41216, Street Mji mpya, Road Uhuru road, Plot number 122, Block

number A. House number 56

4. Contacts:

Email emericianaalexander959@gmail.com, Phone 0755568118,

P.O.Box 47

5. Business activity:

8690 - Other human health activities, Main activity

6. Propriator/Partners:

EMERICIANA ALEXANDER NG'ADI

7. Authorized to Operate Bank Account etc: EMERICIANA ALEXANDER NG'ADI





Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

PHARMACY COUNCIL

Tel.: +255 26 2963885 Fax No.: +255 26 2963885 E-mail: registrar@pc.go.tz / msajili@pc.go.tz All letters should be addressed to Registrar In reply please quote reference number



Pharmacy Council - Headquarters Jakaya Kikwete Road NHIF Building, 1* Floor P. O. Box 1277 Dodoma, Tanzania

Ref.No.BC.43/311/01A/209

30th December, 2020

Vaxi Pharmacy P.O. Box 76 DODOMA

RE: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN A BUSINESS OF A PHARMACIST

The heading above is concerned.

I wish to inform you that, your application for registration of your premises located at Plot No. 25, Mji Mpya Street, Uhuru, Dodoma City in Dodoma region to conduct a retail business of a pharmacist, has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.

You are hereby directed to comply with the stipulated conditions of a pharmacist business by doing the following: -

- (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
- (ii) In addition to (i) above, you shall be obliged to acquire the following documents;
 - a) Pharmacy Act, 2011 available at www.pc.go.tz
 - b) Pharmacy Practice Regulations, 2012 available at www.pc.go.tz
 - Standard Treatment Guidelines and National Essential Medicine List of 2017;
 - d) The Tanzania Food, Drug and Cosmetics Act (Scheduling of Medicines Regulations) of 2015;
 - e) Pharmacist Duty Business Register; and
 - Pharmacy Logo to be displayed at the entrance of the pharmacy.

Please be informed that, this letter does not represent the premises registration certificate or a business permit. You are required to collect the certificate and business Permit within 14 working days from the dated of this letter which shall be issued to you upon fulfillment of the stipulated conditions and shall be handled strictly to a superintendent pharmacist.

I anticipate your cooperation in this matter.

Elizabeth Shekalaghe

REGISTRAR

Es/ts/ljm

[&]quot;To regulate and control pharmacy professional practice and business by using the appropriate techniques, technology and guaranteed law enforcement."

MKATABA WA UPANGAJI

KATI YA

GLORY CHARLES MWELI.

NA

EMERICIANA ALEXANDER

UMETAYARISHWA NA:

GLORY CHARLES MWELI,

S.L.P 802,

DODOMA

ACCOUNT NAMBA 53110003553

A/C NAME: GLORY CHARLES MWELI.

MKATABA WA UPANGAJI CHUMBA CHA BIASHARA/FLEMU.

MKATABA HUU UMEFANYIKA LEO TAREHE 01 MWEZI 01 MWAKA 2025

KATI YA

GLORY CHARLES MWELI wa Sanduku la Posta 802, ambaye katika mkataba huu atajulikana kama MMILIKI/MPANGISHAJI (neno litakalohusisha Yeye mwenyewe, mwanasheria wake ama mwakilishi (Agent) kwa upande mmoja,

NA

EMERICIACA Albacha wa Sanduku la Posta 47. Dodoma, ambaye katika mkataba huu atajulikana kama MPANGAJI (Jina Mpangaji litahusisha familia na wategemezi wa Mpangaji kwa madhumuni ya Mkataba huu) kwa upande mwingine.

KWA KUWA Mpangishaji ni mmiliki halali wa Flemu hiyo iliyopo kiwanja Namba Plot De Block Namba. A. Mtaa wa Mana Mana ya Jiji la Dodoma.

NA KWA KUWA Mpangishaji/Mmiliki ameridhia kumpangisha Mpangaji katika Flemu hiyo kama ilivyo kwa makubaliano yaliyo katika mkataba huu. Na Mpangaji ameridhia kupanga katika Flemu hiyo kwa madhumuni ya kuishi tu kwa makubaliano yaliyo katika Mkataba huu.

HIVYO BASI pande zote mbili katika mkataba huu zinakubaliana kama ifuatavyo:

1. MUDA WA UPANGAJI

Muda wa upangaji umekubalika na pande zote mbili kuwa ni wa kipindi cha miezi sita (6) kuanzia tarehe 01 Mwezi 01 Mwaka 2025, hadi tarehe 30 Mwezi 06 Mwaka 2025. Muda wa upangaji unaweza kuongezwa kwa makubaliano ya pande zote mbili.

2. KODI YA CHUMBA CHA BIASHARA/FLEMU.

(a) Kodi imekubalika kuwa ni Tshs 860 00 (1460 PHOF CU) kwa mwezi. Kwa miezi 03 inapaswa kulipwa kiasi cha Tshs 2400000 (MILION) MBILI 1460 NECCO

(b) Kwamba, kwa kusaini mkataba huu Mmiliki anakiri kupokea kiasi cha fedha kama kilivyotajwa hapo juu.

3. HAKI NA WAJIBU WA MPANGAJI

- (a) Mpangaji hapaswi kumpangisha ama kumwachia mtu haki yake ya upangaji bila ya kibali cha maandishi kutoka kwa Mmiliki.
- (b) Ana wajibu wa kutumia Flemu hiyo kwa ajili ya shughuli halali tu.
- (c) Anao wajibu wa kulipa gharama za maji na umeme kwa kadiri ya matumizi yake binafsi. Na atahakikisha kuwa pindi atakapomaliza mkataba wake hakutakuwa na deni lolote la maji ama mengineyo.
- (d) Ana wajibu wa kutoa taarifa ya maandishi mwezi mmoja kabla ya kumalizika kwa mkataba huu kwa mmiliki endapo atahitaji kuendelea ama kutoendelea na upangaji kwa kipindi kingine.
- (e) Ana wajibu wa baada ya kuisha au kusitishwa kwa mkataba huu kumkabidhi mmiliki Flemu hiyo likiwa katika hali nzuri na safi.
- (f) Ana wajibu wa kufanya usafi ndani na nje ya Flemu yake ili kuweka Flemu katika hali ya usafi na ubora.

4. HAKI NA WAJIBU WA MMILIKI/MPANGISHAJI

- (a) Anao wajibu wa kutombughudhi mpangaji kwa namna yoyote ile kwa kipindi chote cha upangaji ili mradi mpangaji atatimiza masharti ya mkataba huu.
- (b) Iwapo atataka kusitisha mkataba, atawajibika kutoa taarifa kwa mpangaji ya mwezi mmoja.
- (c) Ana haki ya kufanya ukaguzi wa Flemu hiyo wakati wowote unaofaa kwa kutoa taarifa rasmi kwa mpangaji.

5. MASHARTI KWA UJUMLA

- (a) Mpangaji atawajibika kufanya matengenezo kwa gharama zake kwa uharibifu wowote ule atakaoufanya katika Flemu husika katika kipindi chote cha upangaji wake.
- (b) Endapo mpangaji ataamua kuongeza ubunifu katika eneo hilo la Flemu kuendana na aina ya matumizi/makazi yake atatakiwa baada ya mkataba wa upangaji kuisha ataamua endapo atahamisha vifaa vilivyotumika katika maboresho ama kukubaliana na mmiliki kumrejeshea gharama alizotumia kwa maboresho hayo.

6. ILI MRADI INAKUBALIWA NA KUTAMKWA KWAMBA

Mkataba huu unaweza kuongezwa muda wake kwa makubaliano ya wahusika baada ya muda wa mkataba huu kumalizika.

 KWAMBA endapo mmiliki ataona haja ya kuongeza kodi atatoa taarifa kwa mpangaji ya mwezi mmoja (1) ya kusudio hilo la ongezeko la kodi.

8. SHERIA NA MIGOGORO.

- (a) Kwamba, iwapo kutatokea utata wowote kuhusu tafsiri ya mkataba huu utata huo utatafsiriwa kwa mujibu wa Sheria za Jamuhuri ya Muungano wa Tanzania.
- (b) Na endapo kutajitokeza kutoelewana ama mgogoro juu ya mkataba huu basi pande zote mbili zitakaa na kutafuta suluhu kwa njia ya maelewano na endapo suluhu itashindikana, basi yeyote atakayeathirika atakuwa na haki ya kupata nafuu ya kisheria katika Mahakma yenye mamlaka.

MBELE YA MASHAHIDI, Mpangishaji na Mpangaji wametiliana sahihi kama ionekanavyo hapa chini

IMETIWA SAINI na
GLORY CHARLES MWELI G Mull
Ambae anafahamika kama mmiliki
leo Tarehe A. Mwezi A. Mwaka 2025

Seal

MKATABA WA MAUZIANO YA DUKA LA DAWA

Mkataba huu wa Mauziano ya Duka la Dawa Umefanyika leo Sika ya 3 | ya Mwez

KATI YA

JUSTIN MSANZI Mkazi wa Mtaa wa CHINTONA. Wilaya ya Dodoma Mjini, Mkoa wa Dodoma ambaye katika mkataba anafahamika kama "MUUZAJI" (neno litakalomjuisha yeye pamoja na warithi wake) na kwa upande mmoja.

NA

EMERICIANA NG'ADI Mkazi wa Mtaa wa CHINAN GALI , Wilaya ya Dodoma Mjini, Mkoa wa Dodoma ambaye katika mkataba anafahamika kama "MNUNUZI" (neno litakalomjumuisha yeye na warithi wake) kwa upande wa pili;

KWA KUWA MUUZAJI anauza Duka la Dawa kwa MNUNUZI ambapo Duka hilo la Dawa lipo katika Mtaa wa Sango, Mji Mpya, Willaya ya Dodoma Mjini katika Mkoa wa Dodoma lenye vitu mbalimbali ambavyo vimeambatanishwa kwenye Kiambatanisho "JM" ambacho kimeambatanishwa nyuma ya Mkataba huu;

NA KWA KUWA MUUZAJI kwa hiyari yake mwenyewe yuko tayari kuuza Duka hilo la Dawa kwa MNUNUZI:

NA KWA KUWA MNUNUZI yupo tayari kununua duka hilo la dawa lililotajwa hapo juu kutoka kwa MUUZAJI;

HIVYO BASI, pande zote mbili zimekubaliana kama ifuatavyo -

- Muuzaji amekubali kuuza Duka la Dawa kwa Mnunuzi ambapo Duka hilo la Dawa limetajwa hapo juu katika Mkataba huu na Muuzaji ameuza Duka hilo kwa Shilingi za Kitanzania Millioni Kumi na Tano (15,000,000/= TZS) tu;
- Muuzaji anakiri kupokea Shilingi za Kitanzania Milioni Kumi na Tano (15,000,000/=) tu ambazo amelipwa na Mnunuzi kama malipo yote ya manunuzi ya Duka la Dawa ambalo limetajwa chini ya Mkataba huu;

Page 1 of 2

- Muuzaji amekiri kwamba yeye ni mmiliki pekee na hafali wa Duka la Dawa lililotajwa chini ya Mkataba huu pamoja na mali zote zilizo orodheshwa katika Kiambatanisho "JM" kilicho ambatanishwa nyuma ya Mkataba huu;
- Baada ya kufanyika mauziano haya Muuzaji amekabidhi Duka hilo la Dawa hkwa MNUNUZI pamoja na mali zote zilizo orodheshwa katika Kiamhatanishjo "JM" chini ya Mkataba huu;
- Baada ya makabidhiano haya MUUZAJI atakabidhi nyaraka zote muhimu za duka hilo la Dawa kwa MNUNUZI chini ya Mkataba huu.

Makubaliano haya yametiwa Saini na Pande zote Mbili na kwamba Pande zote Mbili zinajifunga na Saini zao kwa tarehe na mwaka kama inavyoonekana katika Mkataba huu.

IMESAINIWA na KUWASILISHWA hapa DODOMA na JUSTIN MSANZI leo Siku sa 3 1 Mwezi € 10€A . 2024 MUUZAJI

SAMOTOR

MBELE YANGU:	2.2
Jina: ERNESI PAUL MEFF	OKIL MBEAN
Anwani: St. P 10087, DAR	ES SALATINE Advocate of
Saini:	Horary & Signer
Tarche: 31 10 2024	Community Community
Cheo: WAKILL	10087, ONE

IMESAINIWA na KUWASILISHWA hapa DODOMA na EMERICIANA NG'ADI leo Siku ya 2 | Mwezi OUTDBA, 2024

MNUNUZI

MBELE YANGU:

Jina: ERNEST PAUL MIBERERA

Anwani:

ZIDENK_

DAR ES SALAAA

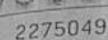
Saini: Salosera

Tarehe: 31/10/2024

Cheo: WAKI L

Advocate,
Notary Public

Commissioner
for Oaths





TANZANIA REVENUE AUTHOR

CERTIFICATE OF REGISTRATION FOR

IFICATION NUMBER (TIN)

THIS IS TO CERTIFY THAT

EMERICIANA ALEXANDER NG'ADI

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

176-365-544

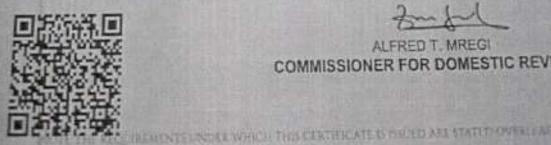
WITH EFFECT FROM: 17 JULY 2024

TRA LOCATION: DODOMA

TAX OFFICE: DODOMA

PHYSICAL LOCATION:

STREET / AREA: KIPANDE



ALFRED T. MREGI

COMMISSIONER FOR DOMESTIC REVENUE





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No.

: 925203350538521

Received from

: VAXI 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

: 142202540104 - Application for

200,000.00

change of name/ ownership -

CHANGE OF NAME /OWNERSHIP

Total Billed Amount:

200,000.00 (TZS)

Bill Reference

: 16213203252617026838

Payment Control Number : 991620322031

Payment Date

: 2025-07-22 13:38:17

Issued by

: Zena Mango

Date Issued

1 2025-07-22 13:47:57

mechas

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101407

This is to certify that the premises owned by M/S Vaxi Pharmacy of P.O. Box 76, Dodoma located at Plot No. 25, Mji Mpya Street, Uhuru, Dodoma Mjini Municipality/District in Dodoma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101407

Issued in: December 2020

Expires on: 30 June 2026

12-02-2021

DATE:

AND STANP

CONDITIONS

- The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
- This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed
- Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council This certificate is non transferable to other premises or to any other person
- Both certificate and business permit shall be displayed conspicuously in the registered premises

