



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925169340533623**

Received from : **NEW BUSOBANIJE 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 change of name/ ownership - CHANGE OF NAME & OWNERSHIP	200,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16215167251530625586

Payment Control Number : **991620310012**

Payment Date : **2025-06-18 12:21:54**

Issued by : Zena Mango

Date Issued : **2025-06-18 14:37:25**

Signature

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 | <input type="checkbox"/> |
| 2. BUSINESS NAME | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input checked="" type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: BUSOBANJE PHARMACY FIN: 0200306

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

PHYSICAL ADDRESS:

Plot No. 25 Street: KALIUA Ward: KALIUA MASHARIKI
District/Municipal: KALIUA Region: TABORA
POSTAL ADDRESS: P.O. Box 83 KALIUA Contact No: 0682288971
E-mail: mashakamalebi@gmail.com

OWNERSHIP:

Directors (Names): 1. MASHAKA BUSOBANJE Qualification: PHARMTECH
2. _____ Qualification: _____
3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: KULWA PAUL PIN: 0103055
Residential Address: P.O. Box 1199 TABORA Tel: 0769939879 Email: kulwenenzule431@gmail.com
Contract commencement date: 01/05/2025 Cessation date: 18/09/25

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MAKUBI PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 25 Street: KALIUA Ward: KALIUA MASHARIKI
District/Municipal: KALIUA Region: TABORA
POSTAL ADDRESS: P.O. Box 83 KALIUA CONTACT No: 0762 001 809

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. KISANDU MAKUBI Qualification: ENGINEER
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: NYANYAMA F MAFWULO PIN: 0102922

Residential Address: P.O. Box 121 TADORA Tel: 0746571177 Email: nyanyama96@gmail.com

Contract commencement date: 06/05/2025 Cessation date: 06/05/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Improvement
2. Correction of errors.

SECTION D: APPLICANT INFORMATION

Name of Applicant: KISANDU ROBERT MAKUBI

(Contact/email if different from the above)

Address: P.O. Box 83 KALINJA Tel: 0762 001809 E-mail: Kisandurobert648@gmail.com

Signature of Applicant: [Signature] Date: 06/05/2025

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: [Signature] Date: 06/05/2025

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)



TANZANIA

Form 5



No. 607935

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **MAKUBI PHARMACY** this 12th day of **JUNE** 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 **607935** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 12th day of **JUNE TWO THOUSAND AND TWENTY FIVE**.



Deputy Registrar Business Names

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 124-458-161

KALIUA DISTRICT COUNCIL

KALIUA

83

KALIUA

Tax Certificate Number:

321-0238-5418

Issuing Office: Tabora

Telephone: 026 260 4605

Date of issue: 08 May 2025

Expiry Date: 31 December 2025

Taxpayer Name	MASHAKA MALEBA BUSOBANIJE		
Trading Name			
Taxpayer Identification Number	131-349-092	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : TABORA,
DISTRICT : KALIUA,
STREET : KALIUA

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

- | | |
|---|---|
| 1 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores |
|---|---|

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

08 May 2025



Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

MKATABA WA MAUZIANO YA

PHARMACY

KATI YA

MASHAKA MALEBA BUSOBANIJE

NA

KISANDU ROBERT MAKUBI

Inwaulalica na innocent constantine

Wakili, Public notary & Commissioner for oaths

P.o Box 390

Kulima-Tabora

Contracts: 0003 021 102 & 0762 523 639

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MKATABA WA KUTIZANA PHARMACY

MKATABA III V wa mauzi ano imelanyika leo tarehe 27th October, 2024

KATIYA

MASHAKA MALETA BESOBANYIE W.S. I.P. 83, Tabora wa Sima No. 0682 288 971

Lambaye katiya mshauri huu unajitokea "MUTUZAJI" kwa upande mwingi na kujitokea watiya waki na msaada wa kutiyanika ambaye ametambuliwa na (Kutiza mwenye).

NA

KISANDU ROBERT MAKITHI *S.L.P. 83, Kallia-Tabora, Sima.0762 001 809

(Lambaye katiya mshauri huu unajitokea "MUTUZAJI" kwa upande mwingi, kujitokea watiya waki na msaada wa kutiyanika ambaye ametambuliwa na (Kutiza mwenye).

A. KWAKIWA, Mshauri na msaada, mwenye akari huanu na mshauri baba wa Pharmacy kwa hali yake mwenyewe bila kutiyanika na msaada yoyote amekubali kuwa Pharmacy yake kwa ajili ya hali yake.

B. KWAKIWA, Mshauri na msaada na mwenye akari huanu amekubali kuwa Pharmacy yake hali yake mwenyewe bila kutiyanika na msaada yoyote kwa katiyanika.

HIVYO PANDE ZOTE MBILI KATIKA MKATABA HUU ZINASHUHUDIA

MAKUBALIANO YAFUATAVYO:-

1. Kwa bei ya shilingi za Khatanzu Shilin kanti na Mshauri na Mshauri (Taka. 11,000,000/=) na Mshauri na Mshauri (Taka. 11,000,000/=) kupita Akanti No. 0152363400600

2. Kwaamba, Leo tarehe 27th October, 2024, Mshauri amehitaji juma ya Shilingi za (CRDB)

3. Kwaamba, Mshauri anakiri kupokea tika. 11,000,000/= na ambayo imehupwa kwenye Akanti Na (CRDB)

4. Kwaamba, Mshauri amekubali mshauri Pharmacy na nikabab wa mshauri, Siku ya tarehe ya kwanza inakabab huu

5. Kwaamba, kwanza leo hi (siku na tarehe ya kwanza mshauri huu) mshauri anahitaji mshauri wa Pharmacy na katiyanika shughuli zote alizokuwa akizitambuliwa kutiyanika na Pharmacy aliyokuwa

6. Kwaamba, Pharmacy inaweka hali mshauri wala mshauri yoyote (mshauri yoyote) kutoka kwa watiya watiya, kwa katiyanika (katiya ya mshauri). (Wapo katiyanika kwa msaada wa mshauri na mshauri wote pesa za mshauri zilizotambuliwa zote kutiyanika na mshauri za katiyanika kwa watiya huu na nikabab huu utakuwa mshauri)



3E11FVS

INV INV

WADSWORTH

VNTF

FINDING VALUE

24:0310

REFERENCES

4NVDNV

10354

1011VHS V A 3T3019

Received 11 October 1994

Kazuo Robert Maekawa (maekawa@nifty.ne.jp)

ENTSAFNIVA OÜ KUTITLIVA JÕUD EELNÕU №

CHINA'S POLITICAL ECONOMY

J. J. THOMAS

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

RECEIVED: 27 SEPTEMBER 2014



CHUO CHA KUSANYA KWA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19851206-30402-00001-24

JINA : ROSANDU MAKUBI

Given Name

JINA LA MASHO : ROBERT

Last Name

TARIHE YA KUZALIMA : 06 DEC 1985

Date of birth

JINSI : M

Sex

SAANI:

Signature

MWISHO WA MATUMIZI : 12 DEC 2026

Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19851206304020000124

Kiambulishi hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania, huchafuza kushikishwa kabidhaa ya aina yoyote wakati wa kutafuta mto wakavya huchafuza kushikishwa. Haina salasilasa au kuhusiana kwenye kundi lakini hakuna hakuri kwa kundi na OCHA ya R024 au OCHA ya Ulimwengu ya Jamhuri ya Muungano wa Tanzania Bina kundi.

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 unauthorized person. It has no salasilasa or circumstances about immediately be reported to the Local Police and the nearest RCHA office or Foreign Mission of The United Republic of Tanzania.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



THE UNITED REPUBLIC OF TANZANIA

00001569

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

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

PHARMACY COUNCIL
REG. SA. 1111Full Name Nyanyama F. Mafwolo

Confirmed as True Copy of the Original
 Nyanyama Mafwolo
 Address: Dodoma
 18/12/2022

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					
0102912	February, 2022	April, 1996	Tanzanian	P.O. Box 2903 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2020

Date 17th February 2022

[Signature]
 REGISTRAR

- NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist 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.



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

NYANYAMA F MAFWOLO

PIN NO: 0102922

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: **11 February 2022**

Expires on: **31 December 2025**

*Registrar
Pharmacy Council*



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 NYANYAMA F MAFWOLU PIN 0102922
2. Namba ya simu 0624430928 barua pepe nyanyama96@gmail.com
3. Tarehe ya mwisho kuhisha jina (Retention) 31/12/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi NYANYAMA F MAFWOLU mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
BUSOBANJE PHARMACY FIN 0200306 lililopo katika

Wilaya ya KALUA Mkoani TABORA
Sahihi N. mafwolo Tarehe 06/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Samson Kavom Tarehe 06/05/2025

Muhuri KNY
DMO



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MOSES SIMAKALA Kata ya KALUA

Nadhibitisha kwamba Ndugu NYANYAMA F MAFWOLU anaishi

langu mtaa/kijiji KALUA MASHAURI kuanzia mwaka 2023

Sahihi Afisamtendaji

Tarehe

Muhuri
Mtendaji

AFISA MTENDAJI WA KIJUJI
KALUA - MASHAURI
S.L.P 35 KALUA

07.05.2025

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

KISANDU ROBERT MAKUBI.

(PROPRIETOR)

AND

NYANYAMA F MAFWOLLO.

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST This Agreement is made on this 06 day
of 05 20 25

BETWEEN

KISANDU R MAKUBI (Name) of P.O. BOX
83 Region TABORA

(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

NYANYAMA F MAFWOLD 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 WHOLESALE PHARMACY 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 06 day of 05 20 25 to 06 day of 05 20 26.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 06 day of 05 20 25

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 800,000/- 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 treat 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 ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.
- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.

- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16 Shall perform any other duty as the Council may determine.

5. Termination

- 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 licence, 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 licence, 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:
- (i) 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

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 06th day of MAY 20 25

SIGNED and DELIVERED at Kororua by the said
ROBERTA D. R. MAFUOLO who is known
to me personally/identified to me by
.....the latter being
personally known to me this 06th day of MAY 20 25.



PROPRIETOR

In the presence of:

Name: INNOCENT CONSTANTINE
Designation: DRIVER
Signature: [Signature]
Address: 350, TAVUA
Date: 06th MAY, 2025

Signed and delivered by the parties at this 06th day of MAY 20 25

SIGNED and DELIVERED at Kororua by the said
NYONGARA F. MAFUOLO who is known
to me personally/identified to me by
.....the latter being
personally known to me this 06th day of MAY 20 25.



N. mafuolo
SUPERINTENDENT

In the presence of:

Name: INNOCENT CONSTANTINE
Designation: DRIVER
Signature: [Signature]
Address: 350
Date: 06th MAY, 2025



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

ANETH ALEXANDER LAURIAN

PIN NO: 0407844

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: **28 November 2023**

Expires on: **31 December 2025**

*Registrar
Pharmacy Council*





THE UNITED REPUBLIC OF TANZANIA

00007009

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT
 (Section 27 of the Pharmacy Act, CAP111)



Full Name
Aron Alexander Larsson

Address
 Pharmacy Council
 P. O. Box 1277

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

Enrolment PIN	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0407844	30th November, 2023	Tanzanian	P.O. Box 1894 Tabora	Diploma in Pharmaceutical Sciences	Tabora East Africa Polytechnic College 2022

Date **30th April 2024**

[Signature]
 REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. It also carries the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council, and reference should therefore be made to the current Published list for evidence as to current status.

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

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 MSADIZI ☐ PHARM. DISP1. Jina la mwanataaluma ALEXANDER PIN 07078442. Namba ya simu 0674151281 barua pepe alexander05@gmail.com3. Tarehe ya mwisho kuhushia jina (Retention) 30/12/2024

4. Je, umehushia taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

[http://196.45.42.57/pcmis.data/view/modules/registration/pharmacst-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacst-signup.php)☒ NDIYO, Stakabadhi Na ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ALEXANDER LAUREN mwenyetaaluma ya dawa ngazi ya Fundi Dawa Sanifu nakin kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliwalio

RUSSELYE Pharmacy FIN 0200306 lililopo katikaWilaya ya Kaluu Mkoani TaboraSahiti 06/5/2025 Tarehe

Uthibitisho wa Mfamasi wa Halmashauri

Nathibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa

wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahiti James Kanyo Tarehe 06/05/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Waziri Simba Kata ya KaluuNathibitisha kwamba Ndugu ALEXANDER analishilangu mtee/kijiji Kaluu muanza mwaka 2023

Sahiti Afisamtendaji

MTENDAJI WA KIJILI
KALUU - MASHARIKI
S.L.P 35 KALUU

09.05.2025

Tarehe

Muhuri
MtendajiMuhuri KNY:
DMO

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 15 day of April, 2025

BETWEEN

KISANDUR MAKUR (Name) of P.O.BOX 83 Region TABORA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

ANITH ALEXANDER LAURIAN enrolled Pharmaceutical Technician who will perform all the technical activities in the Pharmacy under pharmacist supervision (hereinafter referred to as the **Pharmaceutical Technician**)

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business.

WHEREAS the Pharmaceutical Technician is willing to offer professional services to the proprietor in lieu of remuneration for such services or such other terms and conditions as stipulated hereunder;

WHEREAS the proprietor and Pharmaceutical Technician are desirous to enter into an agreement, to support operation of a business of a pharmacist.

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing.

WHEREAS the Parties agree to operate a business of a pharmacist styled as WHOLE SALE Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to operate a business of Pharmacist.

"Business of pharmacy or pharmacist" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of the Act

"Pharmaceutical Technician" means a person enrolled as such under section 23 of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing or transferring power of authority of owning of pharmacy to a third person during existence of its operation

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 15 day of April 20 25 to 15 day of April 20 26

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 15 day of Apr 20 25

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities: -

4.1.1 The PROPRIETOR shall pay Monthly salary/emoluments of

TZS. 300000/-

payable monthly to the PHARMACEUTICAL TECHNICIAN upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.

4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1st day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards

prescribed by the Pharmacy Council and other relevant authorities.

4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.1.5 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.7 Follow up and implement on matters advised by a Pharmaceutical Technician and approved by Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.8 Shall ensure pharmaceutical services are provided with due care.

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

4.1.10 Shall ensure the use of reference and other relevant materials whenever necessary for provision of pharmaceutical services and operations.

4.1.11. Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Pharmaceutical Technician.

4.1.11 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledgers etc.

4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

4.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.

4.1.14 Perform any other duty as the Council may determine from time to time.

4.2 The Pharmaceutical Technician;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Pharmaceutical Technician shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently perform the duties according to their **scope of practice** to the said pharmacy, dealing in Pharmaceuticals.

The Pharmaceutical Technician under personal supervision of a pharmacist.
Shall have the following duties and obligations: -

- 4.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.2 Shall ensure services are provided are provided under his/ her physical supervision.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.
- 4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.5 Shall provide pharmaceutical service with due care.
- 4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- 4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.
- 4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.13 Shall perform any other duty as the council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract.

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract.

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

6. Dispute Settlement

6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Pharmaceutical Technician from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

The Proprietor shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

9. The Pharmacy Council will accept additional clauses but this Agreement is a generic contract for **guidance only**.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 15th day of APRIL 2025

SIGNED and DELIVERED

By the said KHANDY R. MAKUBI

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 15th day of APRIL 2025

[Signature]
PROPRIETOR

In the presence of:

Name:

Designation:

Signature:

Date:

INNOCENT COSTANTINO
ADVOCATE
[Signature]
15th, APRIL 2025



SIGNED and DELIVERED

By the said ANETH ALEXANDER

Who is known to me personally/

Introduced to me by

the latter known to me personally

This 15 day of APRIL 2025

[Signature]
PHARMACEUTICAL
TECHNICIAN

In the presence of:

Name:

Designation:

Signature:

Date:

INNOCENT COSTANTINO
ADVOCATE
[Signature]
15th APRIL, 2025

