

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No

: 925247363316335

Received from

: L H PHARMACY

Amount

: 250,000.00

Amount in Words

: Two Hundred Fifty Thousand TZS And Zero Cent(s) Only

Outstanding Balance

: 0.00

In respect of

Item Description(s)

Item Amount

: 142202540104 - Application for

250,000.00

change of name/ ownership -

CHANGE

Total Billed Amount:

250,000.00 (TZS)

Bill Reference

: 16214245251756481880

Payment Control Number : 991620333399

Payment Date

: 2025-09-04 06:59:27

Issued by

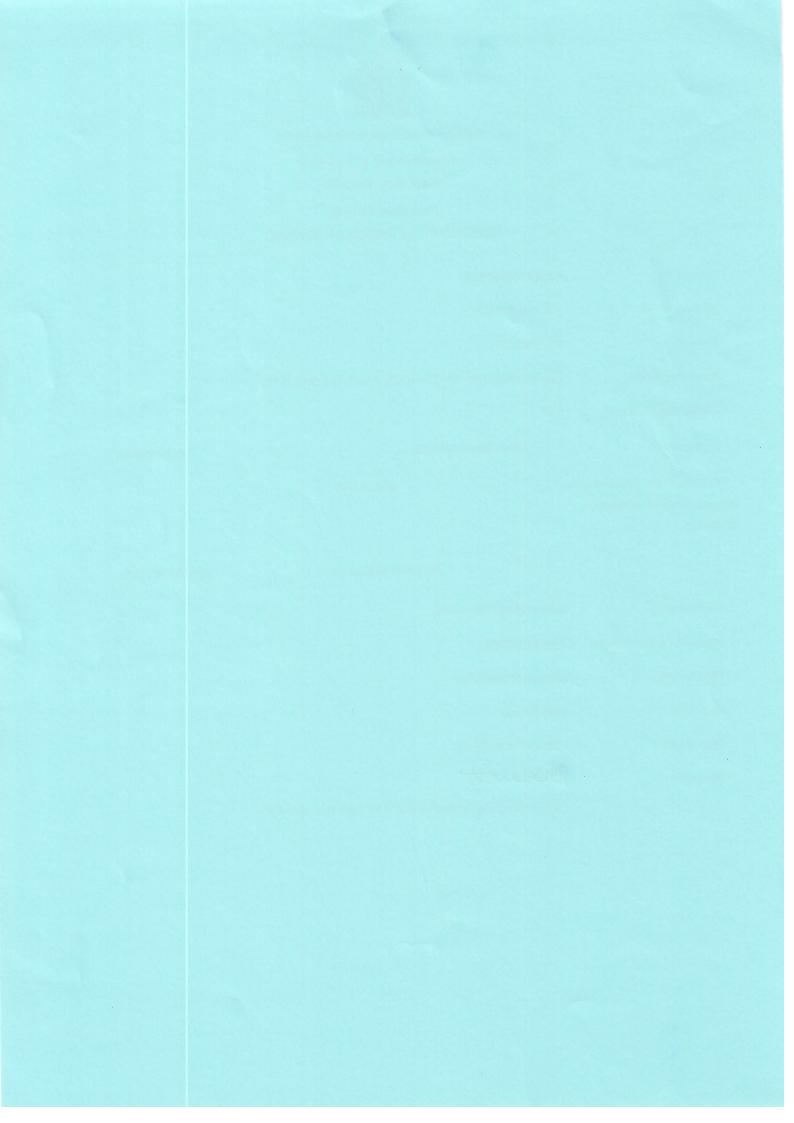
: Zena Mango

Date Issued

: 2025-09-04 09:25:19

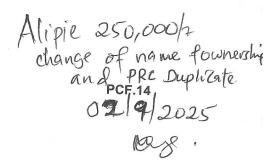
Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)



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PHARMACY COUNCIL





APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar, Pharmacy Council, P.O. Box 1277, **Dodoma.**

Dodoma.
APPLICATION FOR CHANGE OF: 1. PREMISES LOCATION 2. BUSINESS NAME 3. BUSINESS OWNERSHIP
NAME OF PREMISES: L'H PHARMACY. FIN. 0100855
TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:
Plot No. Street: MTAMBAN District/Municipal. KINDNDON1 Region: DAR-ES-SALAAM POSTAL ADDRESS: 17877 Contact. No. 0782595150 E-mail:
OWNERSHIP:
Directors (Names): 1 EMMANUEL PETER: Qualification: PHARMAUST
2
3Qualification:
SUPERINTENDANT INFORMATION: Full Name: EMMANUEL PETER LYMO PIN: 010 (026) Residential Address: Tel: 07 629 ST.DEmail: Contract commencement date: Let August 2025 Cessation date 20 ft Tury 2026
SECTION B: PROPOSED CHANGES:
NAME OF THE NEW PREMISES: MEDIFLEX PHARMAY
TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:
Plot No. Street MTAMBAN Ward KINON DONT
District/Municipal. Region DAR-ES-(ALDAM)
POSTAL ADDRESS: WBUNTO CONTACT No D65790067

NEW OWNERSHIP: (IF DIFFERENT FROM FREVIOUS SILE)
Directors (Names): 1 ROZINA - P. MALAMSHB Qualification: PHARMAUST
Qualification:
3 Qualification:
SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)
Full Name:
Residential Address: Tel: Email:
Contract commencement date:
section c: REASON(S) FOR PARTICULAR ALTERATION 1. Change of owners hip and change of Dusness name. to sales Agreement.
<u></u>
2
Name of Applicant: ROZINA P. MALAMSHA (Contact/email if different from the above) Address: UBUNGO Tel-065790067 E-mail: malamsharozing@grawl.com Signature of Applicant. Rozing Date 2th Sept 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
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
Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)
No. original control



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

EMANUEL PETER

PIN NO: 0101026

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:13 March 2013

Expires on:31 December 2025

Registrar Pharmacy Council





PHARMACY COUNCIL



BUSINESS PERMIT

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 010136 - 2017

Permit is hereby granted to M/S *L.H Pharmacy* of P.O.Box *77877*, *Dar es Salaam* to operate a *Retail Pharmaceutical Business* at the premises situated/lying between *Kinondoni B, Mtamboni, Kinondoni* Municipality/District in *Dar es Salaam* region with Facility Identification Number *(FIN) 0701010136*

Issued on: November, 2017

Expires on: 30th June, 2018

DATE:

SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

- 1. This Permit shall have and continue to have effect from and including the day when it is issued
- 2. The council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act
- 3. This Permit does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation of registration of the premises in respect of which it was issued.
- 4. This Permit is non transferable.
- 5. This Permit shall be conspicuously displayed in the registered premises

PHARMACY SALE AGREEMENT

THIS AGREEMENT is made and executed on this _____day of August 2025.

BY AND BETWEEN:

gain in Dar es Salaam, Tanzania, reachable via Mobile No. <u>0782595150</u> (hereinafter referred to as the 'Seller', which expression shall, where the context so admits, include his heirs, administrators, assigns, and legal representatives), of the first part;

AND

ROZINA PETER MALAMHA, a natural person ordinarily residing and trading for gain in Dar es Salaam, Tanzania, reachable via Mobile No. 0657900067 (hereinafter referred to as the 'Buyer', which expression shall, where the context so admits, include her heirs, administrators, assigns, and legal representatives), of the second part.

RECITALS

- A. The Seller is the sole and lawful owner of a pharmacy business operating under the name DHORMACY, located at Kinondoni B area within Kinondoni Municipality in the city of Dar es Salaam (herein after the 'Pharmacy'), together with all its assets, goodwill, licenses, fixtures, and inventory; and,
- B. The Seller has agreed to sell, and the Buyer has agreed to purchase the said business on the terms and conditions set forth herein.

IT IS AGREED AS FOLLOWS:

SALE OF BUSINESS

The Seller agrees to sell, transfer, and deliver to the Buyer, and the Buyer agrees to purchase from the Seller, the Pharmacy, including all its assets, goodwill, inventory, fixtures, and licenses (subject to applicable laws).

2. PURCHASE PRICE AND PAYMENT TERMS

2.1. The total purchase price for the business shall be $\frac{2500000}{=}$ (the 'Purchase Price').

6. EMPLOYEES

- 6.1. The Seller shall terminate all existing employment contracts prior to Closing unless otherwise agreed.
- 6.2. The Buyer may choose to retain any employees at its discretion and shall not assume liability for any employee claims prior to Closing.

7. TAXES AND EXPENSES

- 7.1. All taxes, duties, and fees related to the business up to the Closing Date shall be borne by the Seller.
- 7.2. Post-Closing taxes shall be the responsibility of the Buyer.

8. GOVERNING LAW AND DISPUTE RESOLUTION

This Agreement shall be governed by and construed in accordance with the laws of Tanzania. Any dispute shall first be resolved amongst the Parties and upon failure the same shall be referred to a court of competent jurisdiction.

9. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the Parties and supersedes all prior negotiations and understandings. Any amendments shall be in writing and signed by both Parties.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the date first above written.

Signed by the Seller

Signature:

Date:

August 2025

Witnessed by:

Signature:

Name:

Date:

Designation:

Notary Public

MKATABA WA KUPANGISHA FREM Mkataba huu umefanyika leo tarehe. 30 6 2025 KATI YA KHAZFAN HEMED KHAZFAN WASILP OFLE-110141 Dar es salaam Ambaye katika makubaliano haya atajulikana kama mwenye frem kwa upande mmoja. ROZINA PETER MALAMSHA 065790067 Ambaye Katika mkataba huu anajulikana kama mpangaji kwa upande mwingine. **KWA KUWA** Mwenye frem ndiye mmiliki halali wa frem iliyopo... 7XINONDON / Wa. MAMA ... Kinondoni Mjini Dar es salaam. Mwenye frem amekubali kumpangisha frem hiyo ndugu ... Rozina ... P. MALAMSHA na mpangaji amekubali kupanga sehemu hiyo kwa ajili ya biashara ya ... FAH YA MADAWA ... **KWA MAKUBALIANO** 1. Mpangaji amepanga sehemu hiyo kwa mwezi shilingi 35000/= kwa mwezi na amelipa kodi ya miezi sita kiasi cha shilingi 2,100,000/2 Kodi hiyo itaanza tarehe .3016,12025 Na kuisha tarehe 30/12/2025 2. Kwa kuwa mkataba huu ni wa miezi sita, mpangaji akitaka kuendelea kwa kipindi kingine anatakiwa amjilishe mwenye frem miezi miwili kabla ya mkataba kuisha na mwenye nyumba

- atafanya hivyo kama akiona inafaa.

 3. Mwenye frem akimkubalia mpangaji kuendelea na kipindi kingine inawezekana kubadilika kwa
- baadhi ya vipengele .

 4. Iwapo wataafiki makubaliano mapya mpangaji atalazimu alipe kodi ya frem walilokubaliana kabla ya siku kumi na nne kabla ya kuisha mkataba wa mwanzo.
- 5. Endapo mwenye frem anataka kufanya ukarabati mkubwa au kuuza nyumba ikapelekea mkataba kuvunjunjika kabla muda kuisha itabidi mwenye frem amlipe mpangaji kiasi kilichobaki kumaliza mkataba wake kwa kodi ile ile waliokubaliana.
- 6. Mwenye frem atakapohitaji sehemu yake baada ya mkataba huu kuisha hakutokuwa na notice yoyote nyingine dhidi ya kuisha kwa mkataba huu.

MASHARTI

- 1. Mpangaji atatakiwa kulipa bili ya umeme na kodi zote za serikali zinazohusu biashara yake na kuweka mazingira katika hali ya usafi na usalama.
- 2. Mpangaji anatakiwa kufanya biashara ile waliokubaliana katika mkataba huu.
- 3. Biashara ya Pombe na Rasta hairuhusiwi kabisa.

SAHIHI.

ANUANI JODI 071553

SIFA. ADVOCATE.

4. Mwenye frem hatohusika na ulinzi wa mali ya mpangaji .

KWA USHAHIDI kwa yaliyoelezwa hapo juu, mwenye frem na mpangaji wanatia sahihi ya makubaliano haya mbele ya mashahidi kama inavyooneshs hapo chini. Imesainiwa na kutolewa na KHALFAN HEMED HAA 2FAN Ambaye namfahamu KH. H. XH Leo hii tarehe 30/6/2025 Mwenye frem MBELE YANGU JINA MOHAMED SDLEIMAN SHAM101 Imetolewa na kusainiwa na ROZINA PETER MALAM8HA Amabye ametambulishwa kwangu MPANGATI Ambaye namfahamu leo hii terehe . 30/6/2025 Mpangaji MBELE YANGU DISMAS ISAEK MALLXA.





THE UNITED REPUBLIC OF TANZANIA

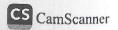
MINISTRY OF HEALTH



PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011) Cadre: Pharmacist Pharm. Technician Pharm. Assistant Pharm. Dispenser Owner's Responsibilities: Superintendent Other Pharmaceutical Personnel [ROZINA P MALAMSHA with Personal Identification Number (PIN) 0[02562 of Year 202] , residing at UBUNGO district, in DAR-ES-SALADON Region, Hereby declares that: I am a Sole proprietor/shareholder of pharmaceutical business named MEDIFLEX PHARMAY, with Facility Identification Number (FIN) 070101018 of year 2012; located at KINONDON I WIAMBAN District, KINO NOW 1 Region with a Business Tax Identification Number (TIN) (TIN Certificate to be attached)*** As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist. In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct. Phone: 065790067 Email Address: malamshar 21 na @gmail. am.
Signature: Date: 04-09-2025 NOTE: This form shall be a substitute of the Contract agreement to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy. In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020. *** 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

ROZINA P MALAMSHA

PIN NO: 0102562

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:22 April 2021

Expires on:31 December 2025

Registrar Pharmacy Council



