PCF.14

PHARMACY COUNCIL

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

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

PHARMACY COUNCIL RECEIVED 28 FEB 2025 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: SKYLINE PHARMACY FIN 0300573.

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

PHYSICAL ADDRESS:

Plot No. ..... Street: NGOMA B Ward MJI MPYA

District/Municipal MOROGORO MJINI Region: MOROGORO

POSTAL ADDRESS: 6500 MOROGORO Contact. No 0785-222863

E-mail: shaibu.mjaicati@gmail.com

OWNERSHIP:

Directors (Names): 1. TOR MWAMAKUBA Qualification: B. Pharm.
2. SHAIBU MJAICATI Qualification: B. Pharm
3. HAFIDH HAMIM Qualification: B. Pharm.

SUPERINTENDANT INFORMATION:

Full Name: SHAIBU MJAICATI PIN: 0107896

Residential Address: MOROGORO Tel: 0785222863 Email: shaibu.mjaicati@gmail.com.

Contract commencement date: 01-10-2024 Cessation date 01-10-2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SKYLINE PHARMACY.

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

PHYSICAL ADDRESS:

Plot No. 26 Street SULTAN STREET Ward KINGO

District/Municipal MOROGORO MJINI Region MOROGORO

POSTAL ADDRESS: 6500 MOROGORO CONTACT. No 0785-222863

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SHAIBU MSAIGATI Qualification: B. PHARM.
2. HAFIDH HAMIM Qualification: B. PHARM.
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. REALOCATION FOR BUSSNESS PURPOSE.
2. MANAGERIAL CHANGES.

SECTION D: APPLICANT INFORMATION

Name of Applicant: SHAIBU MOHAMED MSAIGATI.

(Contact/email if different from the above)

Address: MOROGORO Tel: 0785-222863 E-mail: shaibu.msaigati@gmail.com.

Signature of Applicant ..... Date 24/02/2025

SECTION E: APPLICANT DECLARATION

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

Signature of Applicant ..... Date 27/02/2025

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

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

PCF 5(a)

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant SHAIBU MOHAMED MSAKATI
2. Physical Address of the Applicant KILAKALA MOROGORO
3. Contacts (mobile phone) 0785222863
4. Email address (if any) shaibu.msakati@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street SULTAN STREET Plot No. HOUSE NO.25 Ward KINGO District MOROGORO CBD Region MOROGORO
6. Name and distance from the **Public Health Facility** in metres UHURU HEALTH CENTRE 256M
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres PONA RETAIL PHARMACY 153.38M
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres 310 M FROM FUEL FILLING STATION
9. Proposed Business Name (BRELA Certificates if any) SKYLINE PHARMACY
10. Type of Business: **A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)** RETAIL AND WHOLESALE

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

SHAIBU M. MSAKATI 19.02.2025

Name and Signature of the Applicant **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid 100,000/= Received date 04/02/2025

Pay slip/Receipt No. 99162029799 Signature

Inspection Section

I/We inspected the area/building of the proposed premises on (date) 04/02/2025 and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection NON

KULWA SAMSON HILDA HUBERT

Name, Signature of Inspector (1) **Name, Signature of Inspector (2)**

MANISPAA YA MOROGORO S.L.P 166, MOROGORO

USTAWI WA JAMII NA LISHE

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF.5(b)

OBSERVATION FORM FOR NEW PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

FILL ALL PARTS IN CAPITAL LETTERS

SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: SHAIBU MOHAMED MSAKATI
2. Physical Address of the Applicant: KILAKALA, MOROGORO
3. Contacts **(cell phone)**: 0785222863
4. Proposed Business name SKYLINE PHARMACY
5. Type of Business: eg: Retail, Wholesale: RETAIL & WHOLESALE

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	PONA RETAIL PHARMACY	153.38M
Name and distance from unsuitable area	FUEL FILLING STATION	310M
Name and distance from public health facility	UHURU HEALTH CENTRE	256M

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	22.75 M	90.14 M^2
Width (W)	3.962 M	

SECTION C: GENERAL OBSERVATIONS

Tengo ling Kwa ndani chenye
vielfu wa mita 3.2

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

(i) Tuna pendekeza eneo lidhinishwe kwa kuzingatia kanuni ya 4(4) na ya kanuni ya 5a usajili wa mwaka 2020

(ii)

SECTION E: INSPECTOR'S DECLARATION

Names	Designation	Signatures
(i) KULWA CAMSON	D PHARM	
(ii) HILDA HUBERT	P'TECH	

I Declare that, the information provided here is true and correct to the best of my knowledge, I also know that if eventually it is proved by the Council that the information I have given it false, fictitiousor fraudulent or based on inadequately verified information, may result in appropriate, legal action by the Council.

MKUU WA DIVISHENI YA HUDUMA ZA AFYA
MANISPAA YA MOROGORO
HALMASHAURI
BARUA YA USTAWI WA JAMII NA LISHE

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) SHAIBU MOHAMED MSAKATI

I Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

19.02.2025
Date

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925035308567814**
Received from	: SKYLINE 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 FEE*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16213035254111866416
Payment Control Number	: ***991620297998***
Payment Date	: **2025-02-04 21:46:27**
Issued by	: Kulwa Muchanga
Date Issued	: 2025-02-20 11:27:22
Signature	

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THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4,5 &6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: SHAIBU M. MSAKATI Type of Ownership PATNERSHIP
2. Physical Address of the Applicant: KILAKALA, MOROGORO Geo Code:
3. Postal Address:
4. Contacts (**Phone**): 0785 222863 Email Address: shaibu.msakati@gmail.com
5. Proposed/Existing Business name SKYLINE PHARMACY
6. Type of Business: RETAIL & WHOLESALE

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category	PONA PHARMACY	153.38M
2.	Name and distance from nearby health laboratory	NASM LABORATORY	260 M
3.	Name and distance from public health facility	UHURU HEALTH CENTRE	256 M
4.	Name and distance from unsuitable or risky premises.	FUEL FILLING STATION	310 M

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

i) Size of the Building in Square meters (M^2) 90.14 M^2

ii) **Number of rooms/compartments:** 4

At least four (4) rooms (*i.e. Consultation room, Display, Dispensing & Store*)

a) **Display Room & Consultation room**

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	YES	–
Fan	YES	–
Air Condition	YES	–
Waiting chair(s) for customers	YES	–
Table and chairs in consultation room	YES	–
Cupboard for files storage	YES	–
Installed Fire Extinguisher	YES	–

b) **Dispensing & Store room** YES /NO

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	–
Fan	YES	–
Lockable shelves for Prescription drugs and controlled substances	YES	–
Presence of source of water and a hand washing basin/sink	YES	–
Provision for sitting desk for superintendent	YES	–
Dispensing window with sliding glasses	YES	–
Open shelves/pallets	YES	–
Strong and secured windows	YES	–
Refrigerator	YES	–
Working room thermometer	YES	–

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

At least three rooms (*i.e. Display & Dispatch area, Sales/Record keeping room and Store room*)

a) **Display & Dispatch room**

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink	YES	–
Ceiling Fan	YES	–
Air Condition	YES	–
Waiting chair(s) for customers	YES	–
Reception Desk	YES	–
Display cabinet with glasses	YES	–
Working room thermometer	YES	–

b) **Display & Dispatch** area

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink	YES	–
Ceiling Fan	YES	–
Air Condition	YES	–
Waiting chair(s) for customers	YES	–
Reception Desk	YES	–
Display cabinet with glasses	YES	–
Working room thermometer	YES	–

c) **Sales/Record keeping**

Description of standard	Availability (YES/NO)	Comment
Ceiling fan	YES	–
Air Condition	YES	–
Provision for sitting desk and working table for superintendent	YES	–
Lockable shelves for keeping document	YES	–

d) **Storage room**

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	–
Strong door toward storeroom	YES	–
Strong grilled window	YES	–
Open shelves/pallets	YES	–
Confined area for recalled and expired drugs	YES	–

SECTION E: SECURITY OF PREMISES

a) External.

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier	YES	–
Presence of strong grilled windows	YES	–
Provision of main entrance double doors; Grilled door outside and glass door inside	YES	–
Presence of only one main entrance door	YES	–

a) External.

Description of standard	Availability (YES/NO)	Comment
Provision of suitable lockable storage poisons	YES	–
Provision for a special cupboard for storage of controlled drugs	YES	–
Presence of water supply and hand wash basin/ Sink in dispensing room	YES	–
Presence of weigh balance and weights	YES	–

SECTION F: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system	YES	System in place
Prescription only Medicines Book (Dispensing Book)	YES	System in place
Controlled drugs Book	YES	
General sales drugs Book (Both)	YES	
Expired drugs Book	YES	
Complaints Handling Book	–	
Visitors Book	YES	
Inspection Reports Register	YES	
Written procedures for maintenance of cold chain products	YES	

NB: For both retail & wholesale pharmacy entrance for each service should use a separate entrance/reception

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

i. UKAGUZI WA MWISHO UMEFANYIKA WA KUBAINI YAFUATAYO:

ii. (i) UMBALI TOKA PONA PHARMACY 133.38M

(ii) UMBALI TOKA UTHURU HC NI 256M

iii. (iii) UMBALI TOKA FUEL FILLING STATION 310M

(iv) UMBALI TOKA NASM LABORATORY 260M

iv. Checklist details has been observed by the

v. applicant of the building the premises is transfered to.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² forwholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

i. The Transfer of location or change

ii. of premises proceedings Should Continue

as per regulation as it

iii. The premises has been inspected and

iv. seems to meet the criteria.

-/-

Inspector's declaration

Name	Designation	Signature	Date
(i) KULWA SAMSON	DPHARM		19/02/2025
(ii) HILDA HUBERT	P/TECH	Hubert	19/02/2025

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admitthat the information we have given is **true** and **correct**. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner) SHAIBU MUHAMED RUBAGA certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge Date 19/02/2025

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration ofa new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925050311746349**
Received from	: SKYLINE 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 - CHANGE OF LOCATION FEE*		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16211049253621441395
Payment Control Number	: ***991620298950***
Payment Date	: **2025-02-19 14:36:58**
Issued by	: Kulwa Muchanga
Date Issued	: 2025-02-20 11:25:23
Signature	:

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925056312924314**
Received from	: SKYLINE PHARMACY
Amount	: 800,000.00
Amount in Words	: Eight Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142201410182 - Registration Whole sale Pharmacy - REGISTRATION FEE*		**800,000.00**
	Total Billed Amount :	**800,000.00 (TZS)**

Bill Reference	: 16214055253226773194
Payment Control Number	: ***991620299284***
Payment Date	: **2025-02-25 11:09:27**
Issued by	: Zena Mango
Date Issued	: 2025-03-07 10:27:43
Signature	: .....

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 SHABU M. MSAIDI PIN 0101896
2. Namba ya simu 0785-222863 barua pepe shabumsaidi@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* Dec-2023
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☐ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi SHABU MOHAMED MSAIDI mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo SKYLINE PHARMACY FIN 0300573 lililopo katika Wilaya ya MOROGORO MJINI Mkoani MOROGORO

Sahihi ..... Tarehe 03-09-2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi KULWA SAMSON **Tarehe** 03/09/2024

Muhuri KNY.
DMO WELFARE AND NUTRITION SERVICES DIVISION OFFICER
P.O. Box 165
MOROGORO - TANZANIA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ANDREW F. LUKA Kata ya MJI MPYA

Nathibitisha kwamba Ndugu SHABU M. MSAIDI anaishi langu mtaa/kijiji SIDEY A, kuanzia mwaka 2023.

Muhuri Mtendaji
AFISA MTENDAJI KATA YA MJI MPYA

Sahihi Afisamtendaji .....

Tarehe 03/09/2024

PCF.20

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 ☑

I SHAIBU M. MSABATI with Personal Identification Number (PIN) 01018956 of Year 2020, residing at MOROGORO district, in MOROGORO Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named SKYLINE PHARMACY, with Facility Identification Number (FIN) 03053 of year 2023, located at MOROGORO MC District, MOROGORO Region with a Business Tax Identification Number (TIN) 168-446-217 **(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: 0782522263 Email Address: shaibu.msabati@gmail.com

Signature: [signature] Date: 17-10-2024

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

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN: 101-969-614
MKURUGENZI WA MANISPAA-MOROGORO
STATION ROAD
166
MOROGORO

Tax Certificate Number:
241-0184-4088

Issuing Office: Morogoro
Telephone: 023-2614770
Date of issue: 07 October 2024
Expiry Date: 31 December 2024

Taxpayer Name	SKYLINE PHARMACY		
Trading Name			
Taxpayer Identification Number	168-446-217	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MOROGORO,
DISTRICT : MOROGORO,
STREET : NGOMA B

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	Wholesale and retail sale of pharmacy

Alfred T. Mrogi
COMMISSIONER FOR DOMESTIC REVENUE
07 October 2024

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 KUPANGA ENEO LA BIASHARA

JINA LA MPANGAJI SKYLINE PHARMACY

AINA YA BIASHARA ANAYOIFANYA DUKA LA DAWA

TAREHE YA KUANZA BIASHARA 1st JULY 2023

TAREHE YA MWISHO WA MKATABA 30 SEPTEMBER 2025

SAINI YA MPANGAJI

TAREHE 1st JULY 2023

NAMBA YA SIMU YA MPANGAJI 0744-54 27 15

JINA LA MWENYE JENGO. IMANI HAMAD ALLI

NAMBA YA SIMU YA MWENYE JENGO 0715 327 888

SAINI YA MWENYE JENGO

IMANI HAMAD ALLI
01 JUL 2023
P.O.BOX 194, MOROGORO

TAREHE 1st JULY 2023

KALIPA TSHS 750,000 KODI YA MIEZI MITATU MPAKA

TAREHE 30 SEPTEMBER 2025

1. MPANGAJI AFANYE BIASHARA ALIOLEZA SIKU ANAPOPANGISHA NA KAMA MPANGAJI AKIMALIZA MKATABA AANDIKISHWE MKATABA MPYA.

2. MWENYE JENGO HATOHUSIKA NA ULINZI WA MALI YA MPANGAJI ,USAFI GHARAMA ZA UMEME ,MAJI,CHOO NA MATENGENEZO.

3. KODI ILIPWE KWA WAKATI KUANZIA MIEZI MITATU MPAKA MWAKA MMOJA.

4. MPANGAJI ASIYELIPA KODI KWA WAKATI ATAKUWA AMEVUNJA MKATABA NA ATATOLEWA BILA KUFIDIWA CHOCHOTE.

5. HATURUHUSU BIASHARA ISIOENDANA NA MAADILIYA MWENYE JENGO.

MKATABA WA MARIDHIANO

Mkataba huu unahusisha maridhiano kati ya wamilikiwa zamani wa Skyline Pharmacy iliyopo mkoa wa Morogoro, wilaya Morogoro mjini mtaa wa Simba Oil na wamiliki wapya (Mutual agreement).

Maridhiano haya yamefanyika Mkoani Dodoma na kila upande umeridhia maamuzi ya wamiliki kubadilishwa kwa makubaliano.

Wamiliki wa zamani wamajina

1. Job Franco Mwamakula- Mfamasia..... 27/02/25
2. Shaibu Mohamed Msakati- Mfamasia..... 27/02/2025
3. Hafidh Hamim Mshobozi- Mfamasia..... 27/02/2025

Hivyo sasa wamiliki wapya wa Skyline pharmacy kwa maridhiano ni kama ifuatavyo kwa majina yao

1. Shaibu Mohamed Msakati- Mfamasia..... 27/02/2025
2. Hafidh Hamim Mshobozi- Mfamasia..... 27/02/2025

Mkataba huu umesainiwa 27.02.2025

Chini ya uwepo wa

Jina..... Mchauo

Cheo..... Wakili

Tarehe..... 27 / 2 / 2025

Mahali..... Dodoma Uyui

Sahihi.....

SAMWEL MCHARO ADVOCATE NOTARY PUBLIC COMMISSIONER FOR OATHS P.O. Box 3010, DODOMA

Memorandum of Understanding

Between

Shaibu Mohammed Msakati

and

Hafidh Hamim Mshobozi

This Memorandum of Understanding (MOU) sets for the terms and understanding between the **Shaibu Mohammed Msakati** and the **Hafidh Hamim Mshobozi** to operate pharmacy business under **Skyline Pharmacy**.

Background

The first party and the second party desire to enter into an agreement in which they will work together to achieve various aims and objectives relating to the Retail and Wholesale business of Pharmaceuticals under Skyline Pharmacy.

Purpose

1. The purpose of this MOU is to provide the framework, the scope of work, terms and conditions, and responsibilities of the Parties associated with their work on the Project, in more detailed information for the Project that Parties have agreed upon, if applicable. The obligations of the Parties will end on 2027

2. As further outlined below, both parties will collaborate on the following:

   a. Contributions and funds for the project development.
   b. Marketing and sales to meet the objectives of the project.
   c. Decision making on Financial and Management matters.

The Parties Obligations

3. The Parties desire and wish that this document will not create any form or manner of a formal agreement, but rather an agreement between the Parties to work together in such a manner that would promote a genuine atmosphere of collaboration in support of an effective and efficient partnership and leadership meant to maintain, safeguard, and sustain sound and optimal financial, managerial, and administrative commitment with regards to all matters related to the Project.

Reporting

Partners will evaluate the effectiveness and adherence of the MOU quarterly every year for monitoring and safeguarding the healthy development of the project.

Funding
Partners shall equally fund the project whenever required.

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from Shaibu Mohammed Msakati and Hafidh Hamim Mshobozi. This MOU shall become effective upon signature by the authorized officials from Shaibu Mohammed Msakati and Hafidh Hamim Mshobozi and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from Shaibu Mohammed Msakati and Hafidh Hamim Mshobozi, this MOU shall end on (end date of partnership).

Contact Information
Partner name: Shaibu M Msakati
Position director
Address 992
Telephone 0785222863
Fax
E-mail shaibu.msakati@gmail.com

Partner name Hafidh H Mshobozi
Position director
Address 650001
Telephone 0714351428
Fax
E-mail mhafidh@gmail,com

SHAIBU M. MSAKATI Date: 20-08-2023

HAFIDH H. MSHOBOZI Date: 20 08 2023

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 536113

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **SKYLINE PHARMACY** this **23rd** day of **FEBRUARY** year **2023** 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 **536113** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **23rd** day of **FEBRUARY TWO THOUSAND AND TWENTY THREE.**

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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.

JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD

19931224-16104-00001-24

JINA HAFIDH HAMIM
Given Name
JINA LA MWISHO MSHOBOZI
Last Name
TAREHE YA KUZALIWA 24 DEC 1993
Date of Birth
JINSI M
Sex
SAINI
Signature

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

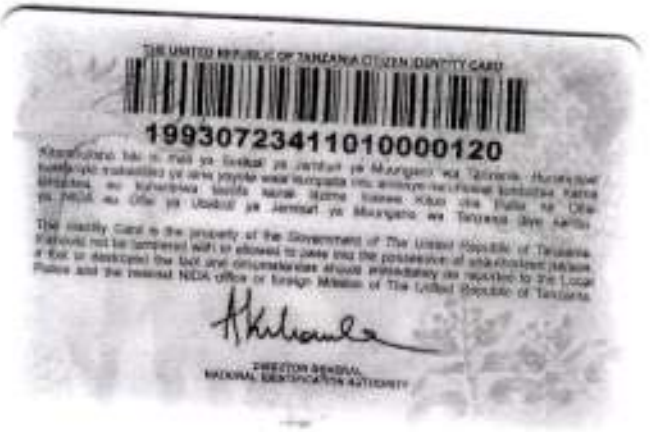
19931224161040000124

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hurukuswi kubadilisha maandishi ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea au kuharibiwa taarifa kamili itolewe haraka Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

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

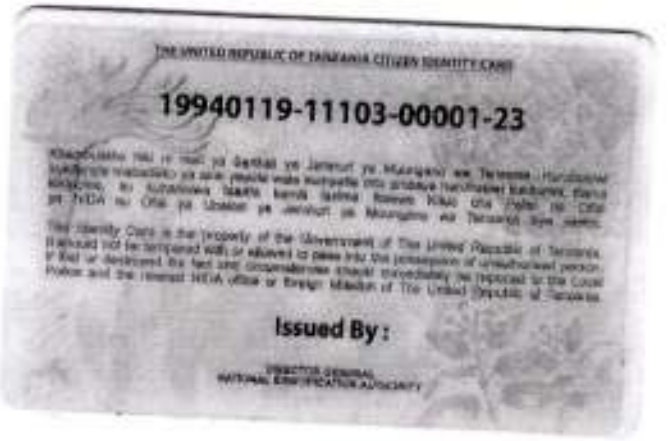
DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD
19930723-41101-00001-20
JINA / Given Names: SHAIBU MOHAMED
JINA LA MWISHO / Last Name: MSAKATI
TAREHE YA KUZALIWA / Date of Birth: 23 JUL 1993
JINSI / Sex: M
SAINI / Signature
MWISHO WA MATUMIZI / Expiry Date: 24 JAN 2031



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD
19930723411010000120
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 persons. Finder is kindly requested the lost one or suspicious should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.
DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY


KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD
19940119-11103-00001-23
JOB
FRANCO
MWAMBAMBULA
Sex
08 MAY 2025


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD
19940119-11103-00001-23
This Identity Card is the property of the Government of The United Republic of Tanzania.
Issued By :

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00573-2025

This Permit is hereby granted to M/S ***Skyline Pharmacy*** of ***P.O.Box 679, Dar es Salaam*** to operate a ***Retail and Wholesale Business*** at the premises situated/lying between ***simba oil, Msamvu, Morogoro*** Municipality/District in ***Morogoro*** Region with Facility Identification Number (FIN) ***0300573*** under a superintendent Pharmacist ***Shaibu Mohamed Msakati*** with Personal Identification Number (PIN) ***0101896***

Issued in: ***August 2023***

Expires on: ***30 June 2025***

11-12-2024

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

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

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925058313475077**
Received from	: SKYLINE 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
: *142202540104 - Application for change of name/ ownership - CHANGE OF OWNERSHIP*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16215057253121805248
Payment Control Number	: ***991620299450***
Payment Date	: **2025-02-27 11:12:26**
Issued by	: Zena Mango
Date Issued	: 2025-02-27 13:38:55
Signature	: