



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 923286208103857

Received from : JANGWANI 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)

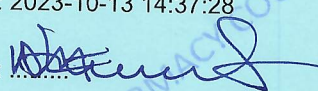
Bill Reference : 16214286233115526507

Payment Control Number : **991620221445**

Payment Date : **2023-10-13 14:35:16**

Issued by : Zena Mango

Date Issued : 2023-10-13 14:37:28

Signature : 

991620221445

PCF.14

PHARMACY COUNCIL



200,000/-
IB Kemp

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

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

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☐
3. BUSINESS OWNERSHIP ☒

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: JANGWANI PHARMACY FIN.

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

PHYSICAL ADDRESS:

Plot No. Street: Ward:

District/Municipal: ILALA Region: DAR ES-SALAAM

POSTAL ADDRESS: Contact. No.

E-mail:

OWNERSHIP:

Directors (Names): 1. SALIM KHALD Qualification:

2. Qualification:

3. / Qualification:

SUPERINTENDANT INFORMATION:

Full Name: PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: JANGWANI PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street: TUIGA-NYAMWEZI Ward:

District/Municipal: ILALA Region: DAR ES-SALAAM

POSTAL ADDRESS: P.O. BOX 15904 CONTACT. No.

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SALMIN SALEH ABDULLAH Qualification:
2. / Qualification:
3. / Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)Full Name: NAMPENDA M ZITHRUA PIN: 0567Residential Address: KUICH-TEMERU Tel: 0718586951 Email: nmbuzambo9@gmail.comContract commencement date: 1 NOVEMBER 2023 Cessation date 30 JUNE 2024**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

1. Business closure
.....
.....
2.
.....
.....

SECTION D: APPLICANT INFORMATIONName of Applicant: SALMIN SALEH ABDULLAH

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: [Signature] Date: 13/10/2023**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:

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)



ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 103-232-619
TANZANIA MEDICINES AND MEDICAL DEVICES
AUTHORITY
EXTERNAL MABIBO
77150
DAR ES SALAAM

Tax Certificate Number:

571-0182-0958

Issuing Office: Kariakoo

Telephone:

Date of issue: 02 October 2023

Expiry Date: 31 December 2023

Taxpayer Name	SALIM KHALID WEMA		
Trading Name			
Taxpayer Identification Number	148-563-101	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : TWIGA / JANGWANI

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	Activity for Non Business Purposes
2	Other personal service activities n.e.c.

Michael T. Muhoja
COMMISSIONER FOR DOMESTIC REVENUE
02 October 2023



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.



TANZANIA



Extract date and time: 10/10/2023 10:42:44

Registration date and time: 10/10/2023 10:21:10

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. **Name of Business:** JANGWANI PHARMACY
2. **Registration number:** 555512
3. **Principale Place of Business:** Region Dar Es Salaam, District Ilala CBD, Ward Jangwani, Postal code 11108, Street TWIGA, Road NYAMWEZI, Plot number 55, Block number M. House number 27
4. **Contacts:** Email aljabryilham@gmail.com, Phone 255714440440, P.O.Box 15904
5. **Business activity:** 8610 - Hospital activities, Main activity
6. **Propriator/Partners:** SALMIN SALEH ABDALLAH AL-JABRY
7. **Authorized to Operate Bank Account etc:** SALMIN SALEH ABDALLAH AL-JABRY

*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.



TANZANIA



Extract date and time: 10/10/2023 10:42:44

Registration date and time: 10/10/2023 10:21:10

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. **Name of Business:** JANGWANI PHARMACY
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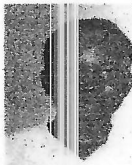
*Deputy Registrar Business Names*

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.



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

JULIANA L NYAMBO

PIN NO: 0406797

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: **12 May 2023**

Expires on: **31 December 2023**

Registrar
Pharmacy Council



AGREEMENT FOR EMPLOYMENT OF PHARMACIST

This Agreement is made on this 01th day NOVEMBER, 2023

BETWEEN

JANGWANI PHARMACY of P.O.Box 15904 Region Twiga /Nyamwezi Street, Ilala (Hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal Representative of his business.

AND

NAMPENDA M. ZIHIRWA . Enrolled Pharmacist who will perform supervision in the Pharmacy.

WHEREAS the Proprietor operates a business of pharmacist which is 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 Pharmacist to his business.

WHEREAS the Pharmacist is willing to offer supervision services to the proprietor in lieu of remuneration for such services or such other terms and condition as stipulated hereunder.

WHEREAS the proprietor and Pharmacist are desirous to enter into an agreement, to support operation of a business of a pharmacy.

WHEREAS in the event that the superintendent pharmacist is part time available.

WHEREAS the Parties agree to operate a business of a pharmacist styled as JANGWANI 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 provide, 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.

"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 Eight (08) months, commencing from the 01ST day NOVEMBER, 2023 to 30TH day of JUNE, 2024.

3. Commencement of Supervision

The Pharmacist shall commence supervision of the above named Pharmacy on the 1ST day of NOVEMBER 2023.

4. Obligation of the Parties:

The Proprietor:

The proprietor shall have the following duties and responsibilities;

The PROPRIETOR shall pay Monthly salary/emoluments of 800,000 TSHS.

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

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

Comply with the laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.

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

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

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

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

Shall ensure pharmaceutical services are provided with due care.

Shall ensure all proper records and maintained and managed well

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

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

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

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

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

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

The Pharmacist:

The Pharmacist 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.

- Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- Shall ensure services are provided are provided under his/her physical supervision.
- Shall supervise all technical and professional matters in the pharmacy.
- Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- Shall provide pharmaceutical service with due care.
- Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations in place.
- Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- Shall ensure all certificates (Business permit, premise registration, copy of certificate of pharmaceutical personnel any other certificates from other are conspicuously displayed in premises.
- Shall ensure medicine , medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 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 party 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

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

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

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. Cost

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 12th day of October, 2023

SIGNED and DELIVERED

By the said -----

Who is known to me personally/

Introduced to me by

This 12th day of October, 2023.

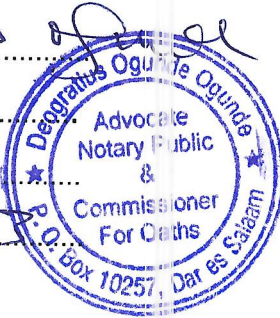
In the presence of

Name *Deogratius Ogunde*

Designation *Notary*

Signature..... *[Signature]*

Date..... *12/10/2023*



[Signature]
.....
PROPRIETOR

SIGNED and DELIVERED

By the said

Who is known to me personally/

Introduced to me by

This 12th day October, 2023

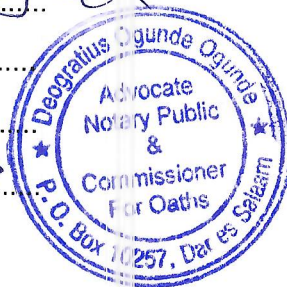
In the presence of

Name *Deogratius Ogunde*

Designation *Notary*

Signature..... *[Signature]*

Date..... *12/10/2023*



[Signature]
.....
PHARMACIST

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 NAMPENDA ZIHIRWA PIN 0567
2. Namba ya simu 0684 704 520 barua pepe nmbuambo9@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) DEC 2022
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

(<http://196.45.42.57/pcmis.data/new/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi NAMPENDA ZIHIRWA mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
JANGUANI PHARMACY FIN lililopo katika
Wilaya ya ILALA Mkoani DAR ES SALAAM
Sahihi Bejah OR Tarehe 11/10/2023

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Bejah OR Tarehe 12/10/2023

Muhuri KNY:
DMO
MAGANGAMKUU
HALMASHAURI YA JIJILI LA DSM

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) SANDALI YUSUPH Kata ya KIJICHI

Nadhibitisha kwamba Ndugu NAMPENDA ZIHIRWA anaishi

langu mtaa/kijiji MGENINANI kuanzia mwaka 2019

Sahihi Afisamtendaji

Tarehe

12/10/2023

Muhuri
Mtendaji
AFISA MTENDAJI KATA
KIJICHI

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 01th day NOVEMBER, 2023

BETWEEN

JANGWANI PHARMACY of P.O.Box 15904 Region Twiga /Nyamwezi Street, Ilala (Hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal Representative of his business.

AND

JULIANA I. NYAMBO. Enrolled Pharmaceutical Technician who will undertake all the technical activities at the Pharmacy under pharmacist supervision.

WHEREAS the Proprietor operates a business of pharmacist which is 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 Pharmacist 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 condition as stipulated hereunder.

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

WHEREAS in the pharmacitecutical technician will be available full time.

WHEREAS the Parties agree to operate a business of a pharmacist styled as JANGWANI 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 provide, 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.

"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 eight (8) months, commencing from the 01th day NOVEMBER, 2023 to 30TH day June ,2024.

3. Commencement of Supervision

The Pharmaceutical Technician shall commence supervision of the above named Pharmacy on the 1th day of November 2023.

4. Obligation of the Parties:

The Proprietor:

The proprietor shall have the following duties and responsibilities;

- The PROPRIETOR shall pay Monthly salary/emoluments of 100,000 TSHS. 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.
- 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 following month.
- Comply with the laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 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.
- Shall ensure pharmaceutical services are provided with due care.
- Shall ensure all proper records are maintained and managed well
- Shall ensure the use of reference and other relevant materials whenever necessary for provision of pharmaceutical services and operations.
- Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Pharmaceutical Technician.
- Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledger etc.
- Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

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

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

The Pharmaceutical Technician

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.

- Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- Shall ensure services are provided are provided under his/her physical supervision.
- Shall manage and undertake technical and professional matters in the pharmacy.
- Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- Shall provide pharmaceutical service with due care.
- Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations in place.
- Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- Shall ensure all certificates (Business permit, premise registration, copy of certificate of pharmaceutical personnel any other certificates from others are conspicuously displayed in premises.
- Shall ensure medicine , medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 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 party 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

- In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.
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The Proprietor shall meet the cost of drawing up this Agreement.

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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 12st day of October, 2023

SIGNED and DELIVERED

By the said

Who is known to me personally/

Introduced to me by

This 12th day of October, 2023.

In the presence of

Name Deogratius Ogunde

Designation Notary

Signature [Signature]

Date 12/10/2023



[Signature]
PROPRIETOR

SIGNED and DELIVERED

By the said

Who is known to me personally/

Introduced to me by

This 12th day October, 2023

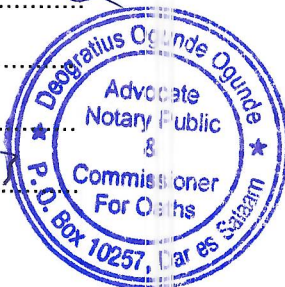
In the presence of

Name Deogratius Ogunde

Designation Notary

Signature [Signature]

Date 12/10/2023



[Signature]
PHARMACEUTICAL TECHNICIAN



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. JULIANA L. NYAMBO PIN
2. Namba ya simu. 0718051143 barua pepe
3. Tarehe ya mwisho kuhuisha jina (Retention) 12 May 2023
4. Je, umehisha 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. JULIANA L. NYAMBO mwenye
taaluma ya dawa ngazi ya PHARM TECH nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
TANGUANI PHARMACY FIN lililopo katika
Wilaya ya ILALA Mkoani DARES-SALAAM
Sahihi [Signature] Tarehe 11/10/2023

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma alijwa ni **miongoni/ si miongoni** mwa
wanataaluma waliopo katika halmashauri inayosimamia

Jina na Sahihi

Bajah AR [Signature]

Tarehe

Muhuri KNY:
DMO
[Signature]
NYAMBA MKUU
HALMASHAURI YA JIJILI LA DSM

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) REVOCATUS M. JOHN Kata ya TABATA

Nadhibitisha kwamba Ndugu JULIANA L. NYAMBO anaishi
langu mtaa/kijiji MTAMBANI, kuanzia mwaka 1996

Sahihi Afisamtendaji

[Signature]

Tarehe

12/10/2023

Muhuri
Mtendaji
**AFISA MTENDAJI KATA
KATA YA TABATA**