



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : **924023228373650**

Received from : MWENDUMUTWA 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 AND OWNERSHIP		200,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214023243943984280

Payment Control Number : **991620237199**

Payment Date : **2024-01-23 21:06:18**

Issued by : Zena Mango

Date Issued : 2024-01-24 11:29:03

Signature

991620237199

Alopie

200,000/-  
23/01/24

PCF.14

## PHARMACY COUNCIL



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

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

## APPLICATION FOR CHANGE OF:

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

## SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: MWENDUMUWA FIN. 0102603

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

## PHYSICAL ADDRESS:

Plot No. .... Street: KIZUANI Ward: MBAGALA

District/Municipal: TEMEKE Region: DAR ES SALAAM

POSTAL ADDRESS: BOX 15131 Contact No. ....

E-mail: .....

## OWNERSHIP:

Directors (Names): 1. GRACE SHIDA MALWA Qualification: POLYOR

2. .... Qualification: .....

3. .... Qualification: .....

## SUPERINTENDANT INFORMATION:

Full Name: .... PIN: 01

Residential Address: .... Tel: .... Email: .....

Contract commencement date: .... Cessation date: .....

## SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SPACE PHARMACY

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

## PHYSICAL ADDRESS:

Plot No. .... Street: KIZUANI Ward: MBAGALA

District/Municipal: TEMEKE Region: DAR ES SALAAM

POSTAL ADDRESS: 15131 CONTACT No. 0620 3856 17



**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. YUSUFU ISSA NAMKWENY Qualification: BUSINESS MAN
2. .... Qualification: .....
3. .... Qualification: .....

**SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)**

Full Name: ERICK JOHN PROSPER PIN: 0103251

Residential Address: MBAGALA Tel: 0758964908 Email: .....

Contract commencement date: 01/21/2024 Cessation date: .....

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

1. MMUKI KAFARIKI
- .....
- .....
2. ....
- .....
- .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: YUSUFU ISSA NAMKWENY

(Contact/email if different from the above)

Address: Mbagala Chamari Tel: 0620385617 E-mail: yusufhissa73@gmail.com

Signature of Applicant: [Signature] Date: 23/01/2024

**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: Yusufu Issa Date: 23/01/2024

**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)

## MKATABA WA MAUZIANO

MKATABA HUU UMEFANYIKA leo siku ya tarehe 13 ya Mwezi wa kwanza Mwaka 2024.

BAINA YA

**ALLY MALIVA NA SAMSON MVENA** wa S.L.P Dar es salaam ambao ni wasimamizi wa mirathi ya marehemu **GRACE SHINDA MALIVA**. ambayo kwa mkataba huu watajulikana kama WAUZAJI neno ambalo litajulisha wakala wake na yeyote aliyepewa mamlaka naye kwa upande mmoja.

NA

**YUSUFU ISSA NAMKWENU** mtu binafsi mkazi wa wilaya ya TENGEKE, Dar es Salaam mwenye namba ya simu 062038 5617 NIDA 1987072215112000228 ambaye ndani ya mkataba anatajwa kama **MNUNUZI** neno ambalo litajumuisha warithi, wakala na mtu yeyote aliyepewa mamlaka naye kwa upande mwingine.

Kwamba wauzaji ni wasimamizi wa marehemu **GRACE SHIDA MALIVA** ambaye alikuwa mmiliki wa duka la dawa (pharmacy) iliyopo mtaa wa Kizuian Mbagala, duka ambalo limetengezwa mahsusi kwa mauzo ya dawa za binadamu na kwamba

wauzaji wameamua kwa hiari yao wenyewe kuza thamani zake za uwezekezaji ndani ya ofisi hiyo ya madawa ikiwa ni shelves zote ndani ya ofisi, mfumo wa maji, milango ya aluminium, paving blocks- packing area, fridge na air conditioner.

Na kwamba Mnunuzi na wauzaji kwa hiari yao na baada ya kuridhika na thamani za ofisi husika wamekubali kuingia katika makubaliano haya ya ununuzi.

### HIVYO BASI MKATABA HUU UNASHUHUDIA YA KWAMBA;

- Kwamba pande zote zimekubaliana kuuziana thamani zote za ofisi kwa gharama ya shilingi za kitanzania milioni 13 milioni kumi na tatu tu (13,000,000/=) kama malipo ya thamani ya mali zote za uwekezaji ndani ya ofisi pamoja na madawa.



- b) Kwamba kwa tarehe ya kusainiwa mkataba huu Muuzaji anakiri kupokea awamu ya kwanza ya shilingi milioni nane tu (Tshs 8,000,000) kama malipo ya awali.
- c) Kwamba awamu ya pili ya malipo itafanyika kwa malipo ya kiasi cha shilingi za kitanzania million 5 milioni tano tu italipwa mwisho wa mwezi wa kwanza.
- d) Kwamba endapo Mnunuzi atashinwa kulipa kiasi kilichobaki katika kipindi kilichokubaliwa, Muuzaji atakuwa na haki ya kuchukua mali (dawa au bidhaa za afya) zilizo ndani ya pharmacy ili kuaditia deni litakalobaki kwa muda uliotajwa.
- e) Kwamba mnunuzi ana haki ya kubadili umiliki wa nyaraka, atawajibika kulipia kodi ya panho kwa mwenye nyumba, atawajibika kufuata taratibu zote za kifamasia bila kuchelewa, mmiliki tayari ameshaondoka kwenye jengo hivyo gharama zote za maji, umeme, usafi, ulinzi, utakuwa chini ya mnunuzi, lakini pia mnunuzi atalazimika kupata vibali vyake binafsi kuendeshea biashara yake.
- f) Kwamba mkataba huu umeingiwa kwa makubaliano ya pande zote mbili na utatafsiriwa kwa sheria za nchi ya Tanzania na mgogoro wowote utakaotokea utatatuliwa kwa njia ya suluhu, na endapo kuna upande hautaridhika na maamuzi utawasilisha shauri lake katika mahakama yenye mamlaka nchini Tanzania

NA INASHUHUDIWA Kwamba wahusika katika mkataba huu wameingia mkataba huu siku hii, kama inavyo onekana hapa chini:

**IMESAINIWA na ALLY MALIVA**

hapa Dar es Salaam ambaye ninamfahamu binafsi na mbele yangu tareh 18 Mwezi wa kwanza

Mwaka 2024.

**MBELE YANGU**

Sahihi: Ashiru Hussein Lugwisa

Jina: Ashiru Hussein Lugwisa

Cheo: W. DAKILI

Ashiru Hussein Lugwisa  
Muuzaji 1



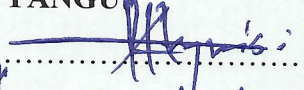
**IMESAINIWA na SAMSON MVENA**

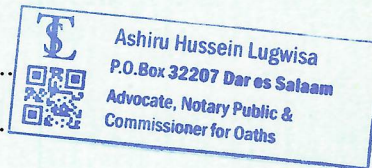


hapa Dar es Salaam ambaye ninamfahamu binafsi  
na mbele yangu tareh ...18...Mwezi wa kwanza  
Mwaka 2024.

  
Muuzaji 2


**MBELE YANGU**

Sahihi:   
Jina ... Ashiru Hussein Lugwisa ...  
Cheo... Wakili ...




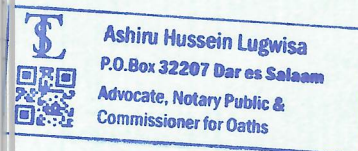
**IMESAINIWA na YUSUFU ISSA NAMKWENU**

hapa Dar es Salaam ambaye ninamfahamu binafsi  
na mbele yangu tarehe ...18...Mwezi  
wa kwanza Mwaka 2024.

  
Mnunuzi

**MBELE YANGU**

Sahihi:   
Jina ... Ashiru Hussein Lugwisa ...  
Cheo... Wakili ...







**TANZANIA REVENUE AUTHORITY**

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269

PHARMACY COUNCIL

MABIBO EXTERNAL

31818

DAR ES SALAAM

Tax Certificate Number:

**141-0188-7753**

Issuing Office: Temeke

Telephone: 022-2861122

Date of issue: 11 January 2024

Expiry Date: 31 December 2024

Taxpayer Name	YUSUFU ISSA NAMKWENU		
Trading Name			
Taxpayer Identification Number	120-607-634	Vat Registration Number	
Company Registration Number			

Business Premises located at :  
REGION : DAR ES SALAAM,  
DISTRICT : TEMEKE,  
STREET : MAJIMATITU A MIANZINI

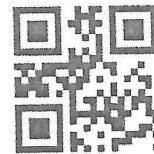
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Other retail sale in non-specialized stores
2	Other retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

11 January 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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

✓ Justice ISSA NANKWE

(PROPRIETOR)

AND

ERICK JOHN PROSPER

(SUPERINTENDENT)



AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST This

Agreement is made on this 1 day of February 20 24

BETWEEN

Justin 1880 Mankwani (Name) of P.O. BOX \_\_\_\_\_ Region DARES SALAM  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

ERICK JOHN PROSPER 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 SPACE RETAIL 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

This Agreement shall be effective for a period of ~~three~~ (5) months, commencing from the 1 day of February 2024 to 1 day of July 2024

## 3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 1 day of February 2024

## 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 700000 1/2 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 1<sup>st</sup> 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



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 logs, 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.
9. COSTS: payments of the process involving completion of the contract shall be under proprietor concern.

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 22 day of January 20 24

SIGNED and DELIVERED at ..... by the said

Yusufy Isma Samkour who is known

to me personally/identified to me by .....

.....the latter being

personally known to me this 22 day of January 20 24



PROPRIETOR

In the presence of:

Name: AINHA YAKUB OTHMAN

Designation: ADVOCATE

Signature: [Signature]

Address: P.O. Box 2169, MOROCCO

Date: 22nd JANUARY 2024



SIGNED and DELIVERED at ..... by the said

.....who is known

to me personally/identified to me by .....

.....the latter being

personally known to me this ..... day of ..... 20 .....



SUPERINTENDENT

In the presence of:

Name: AINHA YAKUB OTHMAN

Designation: ADVOCATE

Signature: [Signature]

Address: P.O. Box 2169, MOROCCO

Date: 22nd JANUARY 2024



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 ERICK JOHN PROSPER PIN 0103251

2. Namba ya simu 0788 964908 barua pepe .....

3. Tarehe ya mwisho kuhuisha jina (Retention) 2/February 2023 4/Jan. 2

4. Je, umehusha 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. 924004224672635 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ERICK JOHN PROSPER mwenye

taalum ya dawa ngazi ya SHAHADA (FAMASIA) nakiri kwamba nitafanya

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

SPACE PHARMACY FIN --- lililopo katika

Wilaya ya TEMKE Mkoani DAR ES SALAAM

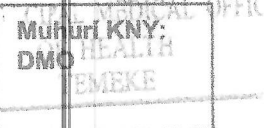
Sahihi SEP Tarehe 21/01/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa

wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi YONDA BINDU Tarehe 23/1/2024



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ESTER P. SUNDUWA Kata ya MBAGALA

Nadhibitisha kwamba Ndugu ERICK JOHN PROSPER anaishi

langu mtaa/kijiji MBAGALA, kuanzia mwaka 2022

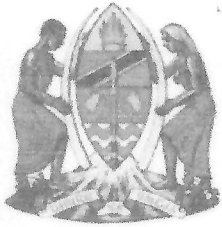
Sahihi Afisamtendaji

Esther P. Sunduwa

Tarehe 23/01/2024







TANZANIA

Form 5



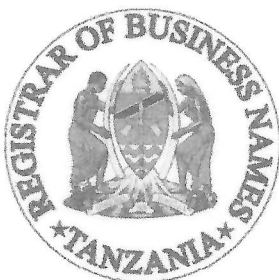
No. 562492

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **SPACE PHARMACY** this 11<sup>th</sup> day of **JANUARY** year **2024** 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 **562492** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 11<sup>th</sup> day of **JANUARY** **TWO THOUSAND AND TWENTY FOUR.**



*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.

# PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02603-2023

This Permit is hereby granted to M/S Mwendumutwa Pharmacy of P.O.Box 55068, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Kizuiani Street, Mbagala, Temeke Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0102603 under a superintendent Pharmacist Aniceth P Nyangahondi with Personal Identification Number (PIN) 0103182

Issued in: May 2023

Expires on: 30 June 2024

20-07-2023

DATE:

SIGNATURE OF REGISTRAR

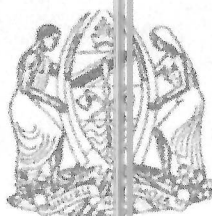
### CONDITIONS

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









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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

# CERTIFICATE OF FULL REGISTRATION

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



Full Name Erick John Prosper

Registered Pharmacist  
P.O. Box 1277  
Dodoma

Thereby 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					
0103251	2nd February, 2023	16th April, 1995	Tanzanian	P.O. BOX 47 Dodoma	Bachelor of Pharmacy	St. John's University of Tanzania 2021

Date 5th February 2023

[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.





TUME YA TAIFA YA UAGUZI

KADI YA MPIOGURA



Jina Kamili - Full Name

YUSUFU I. NAMIKU

Tarehe ya Kuzaliwa - Date of Birth

22-07-1987

Jinsi - Sex

Kata - Ward

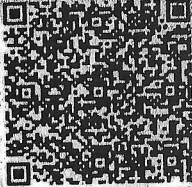
CHAMAZI


Mtaa/Kiji - Street

VIGOA

Kituo cha Kuandaa - Registration Centre

OFISI YA SAMTA VIGOA C





Namba ya MpioGuraT-1006-0330-493-1



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102603

This is to certify that the premises owned by M/S Mwendu Mutwa Pharmacy of P.O.Box 55068, Dar es Salaam located at Kizuiani Street, Mbagala, Temeke Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102603

Issued in: May 2023

Expires on: 29 June 2028

06-06-2023

DATE:

SIGNATURE OF REGISTRAR  
AND STAMP

### CONDITIONS

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



Registrar  
Pharmacy Council  
P.O. Box 1277  
Dodoma