Jamhuri ya Mu ngano wa Tanzania

United Rep blic of Tanzania

Pharma cy Council

Exchec uer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924015226661705**
Received from	: GREENBELT MEDICARE PHARMACY
Amount	: 200,000.00
Amount in Words	: Two Hundred Thousand TZS A d Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142202540317 - Application for change of premises-Location - 1*		200,000.00

Total Bill d Amount : **200,000.00 (TZS)**

Bill Reference	: 16214015243247275526
Payment Control Number	: ***991620235084***
Payment Date	**: 2024-01-15 14:46:28**
Issued by	: Zena Mango
Date Issued	: 2024-01-15 14:47:51
Signature	.....

9916202350 84

PCF.14

PHARMACY COUNCIL

Alipie 2000

15/01/2024

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: Greenbelt medicare pharmacy FIN 0100005

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

PHYSICAL ADDRESS:

Plot No. 05 Street: Magomeni kagera Ward Magomeni

District/Municipal Ubungo Region: DAR ES SALAAM

POSTAL ADDRESS: P.O. Box 20861 Contact. No. 0716 221692

E-mail: monicaalute@gmail.com

OWNERSHIP:

Directors (Names): 1. VUMILIA COSMAS MROSSO Qualification: DIRECTOR

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

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

SUPERINTENDANT INFORMATION:

Full Name: TIBERIUS PAUL PIN: 0102581

Residential Address: ..... Tel: 0683 64 6791 Email: .....

Contract commencement date: 25/06/2023 Cessation date: 25/07/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: Greenbelt medicare pharmacy

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

PHYSICAL ADDRESS:

Plot No. ..... Street SINZA - B Ward SINZA -

District/Municipal UBUNGO Region DSM

POSTAL ADDRESS: ..... CONTACT. No. 0716 221692

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
2. ..... Qualification: .....
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. Change of location
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: Vumilia Cosmas Mrosso

(Contact/email if different from the above)

Address: ..... Tel: 0716 221692 E-mail: monicaalute@gmail.com

Signature of Applicant..... Date 07/12/2023

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 15/01/2024

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 KUPANGISHA FLEMU

MKATABA HUU UMEFANYIKA leo tarehe **30** mwezi **03** mwaka **2023**

ALAWI OMAR wa S.L.P ..... Dar es Salaam (ambaye ndani ya Mkataba huu atajulikana kama "Mwenye Nyumba") kwa upande mmoja neno ambalo litajumisha warithi au wasimamizi wake kisheria.

NA

VUMILIA COSMAS MROSO wa Dar es Salaam (ambaye ndani ya mkataba huu atajulikana kama 'Mpangaji") kwa upande mwingine neno ambalo litajumisha warithi au wasimamizi wake kisheria.

KWA KUWA Mwenye Nyumba ni mmiliki halali wa Nyumba Na. ..... yenye flemu iliyopo eneo la **MAGOMENI-KAGERA** Wilaya ya Ubungo Dar es Salaam.

NA KWA KUWA Mwenye nyumba ameamua kwa hiari yake kumpangisha Mpangaji tajwa hapo juu flemu na Mpangaji yuko radhi kupanga flemu hiyo kwa makubaliano yaliyo kwenye Mkataba huu.

HIVYO BASI Mkataba huu ni ushuhuda wa makubaliano ya pande zote mbili kama ilivyo hapo chini

1. Kwamba malipo ya pango ni pesa za Kitanzania Shilingi **LAKI MBILI** tu **[Tshs 200,000/=** kwa mwezi na Mpangaji analipa pesa yote ya **Mwaka mmoja** ambayo ni Shilingi za Kitanzania **MILIONI MBILI NA LAKI NNE** tu **[Tshs 2,400,000/=]**
2. Kwamba kwa kutia saini mkataba huu Mwenye nyumba anathibitisha kupokea fedha za pango tajwa kwenye kufungu Na. 1 cha Mkataba huu kwa kipindi cha Mwaka mmoja.
3. Kwamba Mpangaji atatakiwa kutumia flemu hiyo kwa ajili ya shughuli halali ambayo imeruhusiwa kwa mujibu ya sheria za Tanzania na si vinginevyo.
4. Kwamba Mpangaji haruhusiwi kumpangisha mtu mwingine katika flemu aliyopanga pasipo idhini ya mwenye nyumba.

5. Kwamba Mkataba huu unaanza rasmi tarehe **30** mwezi **03** mwaka **2023** na utamalizika tarehe **30** mwezi **03** mwaka **2024** ambao unaweza kurudiwa.

6. Kwamba endapo Mpangaji anataka kuendelea na upangaji kwa kipindi kingine atatakiwa kutoa taarifa ya mwezi mmoja kabla ya mkataba huu kumalizika muda wake.

7. Kwamba mkataba huu utafuata kanuni, taratibu na sheria za Tanzania zinazohusiana na masuala ya mikataba endapo kutatokea uvunjwaji wa vipengele vyote wa mkataba huu.

KWA USHUHUDA wa makubaliano hayo pande zote mbili zimetia saini kama ilivyo hapa chini;

MWENYE NYUMBA:

JINA: ALAWI OMARI

ANUANI: .....

SAINI: .....

TAREHE: 30/3/2023 - 30/3/2024

SHAHIDI:

JINA: .....

SAINI: .....

MPANGAJI:

JINA: Vumilia C. MROSSO

ANUANI: .....

SAINI: .....

TAREHE: 30/03/2023 - 30/3/2024

SHAHIDI:

JINA: Mwanahamisi Dunge

SAINI: .....

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100005

This is to certify that the premises owned by M/S *Greenhealth Medicare Pharmacy* of *P.O. Box 20861, Dar es Salaam* located at *Plot No.5, Magomeni-Kagera, Kinondoni* Municipality/District in *Dar es Salaam* Region has been registered for *Retail Only* to sell pharmaceutical and related products with Facility Identification Number (FIN) *0100005*

Issued on: *July 2018*

10-08-2018

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*

TRA

TANZANIA REVENUE AUTHORITY

ISO 900[illegible]: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 106-077-932
ACCESS MICROFINANCE BANK TANZANIA LIMITED
ALIH MWINYI RD-KIJITONYAMA
95068
DAR ES SALAAM

Tax Certificate Number: **131-0185-5753**
Issuing Office: Kinondoni
Telephone: 022-2771841
Date of issue: 16 November 2023
Expiry Date: 31 December 2023

Taxpayer Name	**BOL-V PHARMACY LIMITED**		
Trading Name			
Taxpayer Identification Number	**154-274-219**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : CHAKE,
STREET : SINZA "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	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Other personal service activities n.e.c.

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
16 November 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

C.1

TANZANIA

BRELA

Certificate of Incorporation of a Company

Section 15

No: 154274219

I HEREBY CERTIFY THAT

BOL-V PHARMACY LIMITED

is this day incorporated under the Companies Act, 2002 and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this 30th day of **NOVEMBER TWO THOUSAND AND TWENTY ONE.**

REGISTRAR OF COMPANIES * TANZANIA *

ASST. REGISTRAR OF COMPANIES

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

1984040-12112-00001-14

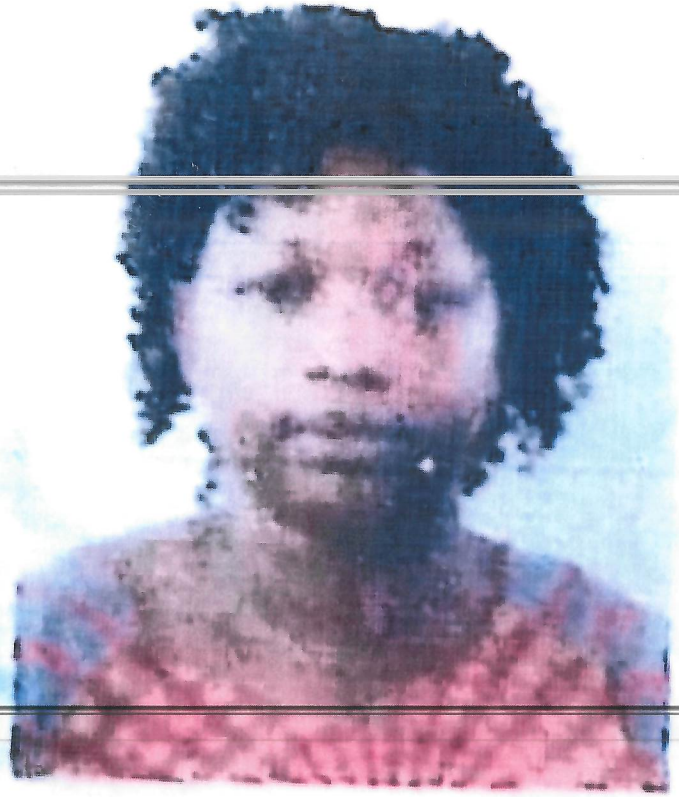
JINA LA KWANZA : **VUMILIA**
First Name

MAJINA YA KATI : **COSMAS**
Middle Name

JINA LA MWISHO : **MROSO**
Last Name

JINSI : **F**
Sex

MWISHO WA MATUMIZI : **09 JUN 2024**
Expiry Date



processes developed to any other individual, firm, body corporate for a lump sum payment, royalty, technical fees, know-how fees or any other fee

LIABILITY

4 The Liability of the members is Limited company liability.

CAPITAL

5. The share capital of the company is Tanzania shillings **One Hundred Million (Tzs 100,000,000/=)** divided into **One Thousand (1000),** Ordinary shares of Tanzania Shillings **One Hundred Thousand (Tzs 100,000/=)** each and the company shall have power to increase its capital and to divide the shares in its capital for the time being into several classes of stock or shares and to attach thereto respectively such preferential, deferred or in accordance with the Articles of Association of the company.

We the several persons whose names and addresses are subscribed are desirous of being formed into a company in pursuance of this Memorandum of Association and we agree to take the number of shares in the capital of the company set opposite our respective names:

Name and Addresses of Subscribers	Number of shares taken by the subscribers	Signatures of Subscribers
VUMILIA COSMAS MROSO P.O BOX 999, DAR ES SALAAM, TANZANIA	650 shares	
MONICA DANIEL MSAKY P.O.BOX 999, DAR ES SALAAM, TANZANIA	50 shares	

Dated at Dar es Salaam this ..... 10TH ..... day of ..... NOVEMBER ..... 2021.

WITNESS TO THE ABOVE SIGNATURES:

Names: SULEIMANI NASSORO FUNGO

Signature: .....

Postal Address: POBOX 77418 DAR ES SALAAM

Qualification: ADVOCATE

SULEIMAN NASSORO FUNGO
Advocate, Notary Public & Commissioner For Oaths
P.O. BOX 77418, DAR ES SALAAM

Name and Addresses of Subscribers	Number of shares taken by the subscribers	Signatures of Subscribers
VUMILIA COSMAS MROSO P.O BOX 999, DAR ES SALAAM, TANZANIA	650 shares	
MONICA DANIEL MSAKY P.O.BOX 999, DAR ES SALAAM, TANZANIA	50 shares	

Dated at Dar es Salaam this 10TH day of NOVEMBER 2021.

WITNESS TO THE ABOVE SIGNATURES:

Names: SELEMANI NASSORO FUNGO

Signature: .....

Postal Address: P.O BOX 77418 D'SALAAM

Qualification: ADVOCATE

SELEMANI NASSORO FUNGO
Advocate, Notary Public & Commissioner For Oaths
P.O Box 77418, DAR ES SALAAM

Jamhuri ya Mu ngano wa Tanzania

United Rep blic of Tanzania

Pharm cy Council

Exche uer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 923207192347914**
Received from	: GREENBELT PHARMACY
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS A d Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142201270421 - Inspection of Premises - INSP*		**100,000.00**
	Total Bi ed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16213207230242300036
Payment Control Number	**: *991620208097***
Payment Date	**: 2023-07-26 15:37:08**
Issued by	: Zena Mango
Date Issued	: 2023-07-26 15:39:56
Signature	: .....

PHARMACY COUNCIL

PCF 5(a)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

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 VUMILIA C. MROSO
2. Physical Address of the Applicant S.L.P 35654 DSM
3. Contacts **(mobile phone)** 0678 45 2238.
4. Email address (if any) _____

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

5. Physical address of the proposed location. Street SINZA MAKABURINI Plot No. _____
   Ward [redacted] District MTAMBANI Region DSM
6. Name and distance from the **Public Health Facility** in meters _____
7. Name and distance from the nearby outlets **(Pharmacy)** in meters _____
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp, laboratory)** in meters _____
9. Proposed Business Name (BRELA Certificates if any) GREENBELT PHARMACY
10. Type of Business **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)** RETAIL

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.

VUMILIA C MROSO 27/07/2023

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

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

Inspection Section

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

Reasons for rejection _____

Name, Signature of Inspector (1)

Name, Signature of Inspector (2)

Greenbelt Pharamacy
S.l.p 35654
DAR ES SALAAM
26/07/2023

Msajili baraza al famasi
S.l.p 1277
Dodoma

YAH: TAARIFA YA KUHAMISHA FAMASI

Tafadhali rejea somo tajwa hapo juu

Mimi mmiliki wa Greenbelt famasi iliyopo Magomeni kagera ninaomba kutoa taarifa kuwa nimepewa notisi ya kuhama kutokana na mwenye Nyumba kuuza, Nyumba hiyo na wanataka kujenga jengo jipya.

Nimepata fremu nyingine eneo la sinza makabulini hivyo ninaomba kupewa kipaumbele katika eneo hilo kutoka na dawa zilizopo nitakosa sehemu ya kuhifadhi

Wako Mtiifu katika ujenzi wa Taifa

Vumilia cosmas Mrosso

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

1st inspection

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: VUMILIA MRISO
2. Anwani ya Makazi ya Mwombaji: SINZA MAKABURINI
3. Mawasiliano (Simu): 0678452238
4. Jina la Biashara linalopendekezwa GREENBELT PHARMACY
5. Aina ya Biashara: REJAREJA.

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	CANAAN PHARMACY	180
	ii) Famasi ya Jumla	—	—
	iii) Famasi ya Jumla na Rejareja	—	—
b)	Maabara ya afya iliyo karibu	—	—
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu	SINZA PALESTINA HOSPITAL	180.
d)	Majengo/maeneo yasiyofaa au hatarishi	—	—

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	8.0 M	30.3 m²
b)	Upana (W)	3.7 M	
c)	Kimo (H)	2.7	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

NI JENGO LENYE UKUBWA WA MITA ZA MRABA 30.3 NA HPO UMBALI WA MITA ZA MRABA 180 KUTOKA CANAAN PHARMACY.

Majengo yasiyofaa au hatarishi maana yake ni majengo [illegible] shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vitu[illegible]vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyo[illegible] kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

MMILIKI ANASHAURIWA KUENDELEA NA UKARABATI KUFIKIA VIGEZO VYA FAMASI. YA REJAREJA NA KUOMBA UKAGUZI MWENGINE KWA BARUA. NDANI YA MIEZI SITA KUTOKA UKAGUZI WA MWISHO.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa[illegible]i za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na B[illegible]raza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	ERICK BERONDO	MKAGUZI	[illegible]
2	PASCALIA NYUNI	MKAGUZI	[illegible]
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) YUMILIA COSMAS MIGOSO

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

07/8/2023

Tarehe

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: VUMILIA MROSSO
2. Anwani ya Makazi ya Mwombaji: SINZA
3. Mawasiliano **(Simu):** 0716221692
4. Jina la Biashara linalopendekezwa GREENBELI PHARMACY
5. Aina ya Biashara: Rejareja

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;		**Jina la jengo/kituo/eneo**	**Umbali (Mita)**
a)	i) Famasi ya Rejareja			
	ii) Famasi ya Jumla			
	iii) Famasi ya Jumla na Rejareja			
b)	Maabara ya afya iliyo karibu			
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu			
d)	Majengo/maeneo yasiyofaa au hatarishi			

SEHEMU 2: Ukubwa wa jengo

	Kigezo	**Kipimo katika Mita (M)**	**Eneo la jengo (LxW)**
a)	Urefu (L)		
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Ameridhisha na mategemeo kufikia viwango vya famasi ya rejareja

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote sawa na Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

Afikiwe kupewa vibali bwala ya kufanya maamuzi ya usajili

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Bwile Butang.	Mkaguzi	
2	KELVIN CHILUNGA	Mkaguzi	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) Vumilia Cosmas Mrosso.

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

22/09/2023
Tarehe