Jamhuri ya Mu ngano wa Tanzania

United Rep olic of Tanzania

Pharma cy Council

Exchec er Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924032230281948**
Received from	: DAR COMPLEX 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**
: *142202540104 - Application for change of name/ ownership - 0*	**)0,000.00**	
	Total Bil d Amount :	**100,000.00 (TZS)**

Bill Reference	: 16214032242532057888
Payment Control Number	**: *991620239162***
Payment Date	**: 2024-02-01 18:37:39**
Issued by	: Zena Mango
Date Issued	: 2024-02-02 14:24:54
Signature	: .....

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: DAR COMPLEX PHARMACY PIN: 0101146

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

PHYSICAL ADDRESS:

Plot No. 23 Street: MAKABE ROAD Ward MBEZI MWISHO

District/Municipal: UBUNGO Region: DAR ES SALAAM

POSTAL ADDRESS: 35563 - DSM Contact. No. 0753357435

E-mail: –

OWNERSHIP:

Directors (Names): 1. SAID ABDURAHAMAN MRINGO Qualification: BUSSINESS MAN

2. – Qualification: –

3. – Qualification: –

SUPERINTENDANT INFORMATION:

Full Name: TUMAINI H. LYOMBE PIN: 0100885

Residential Address: DAR ES SALAAM Tel: 0713500303 Email: –

Contract commencement date: – Cessation date: –

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: DAR COMPLEX PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 23 Street MAKABE ROAD Ward MBEZI MWISHO

District/Municipal: UBUNGO Region DAR ES SALAAM

POSTAL ADDRESS: – CONTACT, No. 0752265469

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SCHOLASTICA JOHN Qualification: PHARMACIST
2. — Qualification: —
3. — Qualification: —

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: Rudovick Ndelwa PIN: 01019111

Residential Address: Ubungo Tel: 0757849617 Email: rudy1497@gmail.com

Contract commencement date: 20/03/2024 Cessation date 20/03/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. FAILURE IN BUSSINES OPERATION
2. —

SECTION D: APPLICANT INFORMATION

Name of Applicant: SCHOLASTICA JOHN

(Contact/email if different from the above)

Address: UBUNGO Tel: 0752265469 E-mail: valeschola@gmail.com

Signature of Applicant: John Date: 01/02/2024.

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: John. Date 01/02/2024.

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)

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. 41 (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....Rudovick Ndelwa.... PIN ....0101911....
2. Namba ya simu....0757845817.... barua pepe ....rudgins3@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)....20/03/2024
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. 924080239520931.... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi....Rudovick Ndelwa.... mwenye taaluma ya dawa ngazi ya ....Shahada.... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ....DAR COMPLEX PHARMACY.... FIN ....0101146.... lililopo katika Wilaya ya ....UBUNGO.... Mkoani ....DAR ES SALAAM....

Sahihi ....[signature].... Tarehe ....20/03/2024....

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO

Kny: MGANGA MKUU WA MANISPAA HALMASHAURI YA MANISPAA UBUNGO

Jina na Sahihi ....ROMANA LAWRENCE.... **Tarehe** 21/03/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)....MALTA MGONE.... Kata ya....SARANGA....

Nathibitisha kwamba Ndugu....RUDOVICK NDELWA....anaishi langu mtaa/kijiji....MATANGINI....,kuanzia mwaka....2024....

Muhuri Mtendaji

Sahihi Afisamtendaji

....[signature]....

Tarehe

20/03/2024

HALMASHAURI YA MANISPAA YA UBUNGO AFISA MTENDAJI KATA YA SARANGA 20 MAR 2024 SAHIHI [signature] DAR ES SALAAM

F.54

00000544

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL
CERTIFICATE OF FULL REGISTRATION
(Section 20 of the Pharmacy Act, CAP.311)

Full Name ..... Rudovick Ndelwa .....

.....

I hereby 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					
0101911	12th December, 2019	26th August, 1993	Tanzanian	P.O. Box 613 [illegible]	Bachelors of Pharmacy	Muhimbili University of Health and Allied Sciences 2018

Date 27th January 2020

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 Pharmacists published annualy 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.

GP - Dsm

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

RUDOVICK NDELWA

PIN NO: 0101911

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311

is entitled to practice as a **Full Registered Pharmacist** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued:**12 December 2019**

Expires on:**31 December 2024**

Registrar
Pharmacy Council

TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 549148

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **DAR COMPLEX PHARMACY.** this **28th** day of **JULY** 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 **549148** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **28th** day of **JULY 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.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SCHOLASTICA J. NCHIMANI

(PROPRIETOR)

AND

RUDOVICK S NDELWA

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this.....20TH..... day of .....March..... 20..24..

BETWEEN

.....SCHOLASTICA J. MAHUNGU.....(**Name**) of P.O. BOX.....**Region**.....DAR-ES-SALAAM.....

(herein after referred to as the **PORPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

.....RUDOVICK NDELWA..... 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 wished 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 styled as .....DAR - COMPLEX.....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.

"Council" means the Pharmacy Council establish 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 Medicines and Medical Devices 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 owing of pharmacy to a third person during existence of its operation.

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the .....20TH..... day of .....March.....20.24 to.....20TH..... day of.....March.....20.25

3. Commencement of Supervision.

The superintendent shall commence management and supervision of the above named Pharmacy on the .....20TH.....day of .....March.....20.24

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.....720,000/=.....payable to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement.

(i) 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 shall not exceed seven (7) days from the monthly payment date, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

(ii) Where the Proprietor fails to pay a monthly allowance to the Superintendent for thirty (30) days without and justifiable cause, the Superintendent shall treaty such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at 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 matter 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 of Pharmacy operations are in place, which includes but not limited to availability of superintendent log book, PC log, 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 of business of Pharmacist.

4.2 The superintendent;

For an allowance or emolumen stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with a commitment and professional diligence, take the necessary steps to establis and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

The superintendent shall have t e following duties and obligations: -

4.2.1 shall obtain from the Council and other appropriate authorities collect the requisite li enses, permits and authorization and keep the Pharmacy within t e standards and conditions as contained in am written law that regulate and control the business of a pharmacist.

4.2.2 Shall ensure physica supervision of the said premises at a minimum of 15hours in 7 days of the week.

4.2.3 Shall implement and e nsure that standards required for pharmacy and pharmaceutical p operties are maintained in high level at all times

4.2.4 Shall manage and unc rtake all technical and professional matters in the pharmacy.

4.2.5 Shall supervise and c ntrol all pharmaceutical personnel work in the pharmacy and en ure 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 pharma y.

4.2.7 Shall provide pharmace utical services with due care.

4.2.8 Shall ensure all prope records are maintained and managed in accordance to good ph rmacy practice standards.

4.2.9 Shall ensure availabil y of all necessary reference and other relevant materials ne essary for provision of pharmaceutical services and operations are in place.

4.2.10 Shall report to the Cou cil on any malpractices or violations done by the Proprietor.

4.2.11 Shall ensure availabil y of all necessary tools for pharmacy operations are in plac , I.e. Superintendent logbook, PC logo, dispensing register, ledg rs etc.

4.2.12 Must ensure whoever i on duty shall appear on a white coat and name tag on it.

4.2.13 Shall establish a well or anized management body of the pharmacy of which he supervises.

4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of cer ficate of a superintendent and any other certificates from other a thorities 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 either 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;

i) By automatic termination;
ii) By mutual consent, or
iii) 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 license 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 license, 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 Registry 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 here to 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 to 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.

IN WITNESS WHEREOF the parties here to 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 20TH day of MARCH 20 24.

SIGNED and **DELIVERED** at –by the said

SCHOLASTICA JOHN who is known

To me personally/identified to me by –

the latter being

personally known to me this 20TH Day of MARCH 20 24.

PROPRIETOR

In the presence of;

Name: ENEZA S. MSUYA

Designation: ADVOCATE

Signature:

Address: 21960 D'SALAAM

Date: 20TH MARCH 2024

Eneza Solomon Msuya Box 21960 Dar es Salaam Advocate, Notary Public & Commissioner for Oaths

SIGNED and **DELIVERED** at –by the said

RUDOVICK NDELWA who is known

To me personally/identified to me by –

–

the latter being

personally known to me this 20TH Day of 03 20 24

SUPERINTENDENT

In the presence of;

Name: ENEZA S. MSUYA

Designation: ADVOCATE

Signature:

Address: 21960 D'SALAAM

Date: 20TH MARCH 2024

Eneza Solomon Msuya Box 21960 Dar es Salaam Advocate, Notary Public & Commissioner for Oaths

MKATABA WA MAUZIANO YA UMILIKI WA BIASHARA

Mkataba huu umefanyika leo tarehe ....26..... Mwezi ....08.... Mwaka **2022.**

BAINA YA

SAIDI ABDURAHAMANI (DAR COMPLEX PHARMACY) wa **S. L. P 35563** Dar es Salaam (Ambaye katika Mkataba huu atajulikana kama Muuzaji.

NA

SCHOLASTICA JOHN NCHIMANI wa **S. L. P** ....65000..... Dar es Salaam (Ambaye katika Mkataba huu atajulikana kama "Mnunuzi")

KWA KUWA:-

1. Muuzaji ni mmiliki halali wa duka la dawa lililosajiliwa kwa jina la **Dar Complex Pharmacy** lililopo Mbezi Njia panda ya Makabe Wilaya ya Ubungo Mkoa wa Dar es Salaam.

2. Muuzaji kwa hiari yake yupo tayari kuuza umiliki wa biashara hiyo.

3. Mnunuzi yupotayari kununua umiliki wa biashara hiyo **Dar Complex Pharmacy**

WAHUSIKA WA MKATABA HUU WANAKUBALIANA YAFUATAYO:-

1. Kwamba kwa makubaliano waliyoafikiana Muuzaji na Mnunuzi, mmiliki wa **Dar Complex Pharmacy** ameuza umiliki wa biashara hii kwa **SCHOLASTICA JOHN NCHIMANI.**

2. Kwamba Mnunuzi baada ya kusaini Mkataba huu atahakikisha anabadilisha nyaraka zote zisajiliwe kwa jina lake.

3. Kwamba Mnunuzi atakuwa ndie mmiliki wa jina la **Dar Complex Pharmacy** hivyo ataendelea kutumia jina hilo na kuendelea na biashara hiyo chini ya umiliki wake.

PANDE ZOTE ZINAZOHUSIKA ZINAWEKA SAINI MKATABA HUU.

IMESAINIWA hapa Dar es Salaam.

Na **SAIDI ABDURAHAMANI**

Leo Tarehe ..26...Mwezi..08/..2022

.....

MUUZAJI

IMESAINIWA hapa Dar es Salaam.

Na **SCHOLASTICA JOHN NCHIMANI**

Leo Tarehe ..26.....Mwezi..08/..2022

.....

MNUNUZI

MBELE YANGU:-

JINA: ENEZA S. MSUYA

SAHIHI: .....

CHEO: WAKILI

ANUANI: 21960 DSM

TAREHE: 26/08/2022

ENEZA SOLOMON MSUYA
Advocate, Notary Public & Commissioner for Oaths
P.O. Box 219604 - DAR ES SALAAM

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Tax Certificate Number: 131-0136-3092

Licensing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
P. O. Box 20950
DAR ES SALAAM

Issuing Office: Kinondoni
Telephone: 022-2771841
Date of Issue: 27 July 2022
Expiry Date: 31 December 2022

Taxpayer Name	SAIDI ADBURAHAMANI MR NGO
Trading Name	SHASKO PHARMACY
Taxpayer Identification Number	101-764-956
Vat Registration Number	
Company Registration Number	

Business Premises located at: Plot Number ; Block Number ; Street KIMARA MWISHO-MATANGINI

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

HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
29 July 2022

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.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101146

This is to certify that the premises owned by M/S ***Dar Complex Pharmacy*** of ***P.O. Box 35563, Dar es Salaam*** located at ***Makabe Road, Mbezi Mwisho, Ubungo*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0101146***

Issued in: ***March 2020***

28-03-2020

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*

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924033230459044**
Received from	: DAR COMPLEX PHARMACY
Amount	: 50,000.00
Amount in Words	: Fifty 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 MGT*		**50,000.00**
	Total Billed Amount :	**50,000.00 (TZS)**

Bill Reference	: 16214033242515150688
Payment Control Number	**: *991620239256***
Payment Date	**: 2024-02-02 14:39:32**
Issued by	: Zena Mango
Date Issued	: 2024-02-02 14:46:46
Signature	:

99162023956

PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent ☑ Other Pharmaceutical Personnel ☐

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy: DAR COMPLEX PHARMACY Facility Identification Number (FIN): 01/01146

Physical address:

Street: MAKABE ROAD Ward: MBEZI MWISHO District/Municipal: UBUNGO Region: DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: TUMAINI H LYOMBE PIN: 0100885 Phone: 0713500303

Address: DAR-ES-SALAAM Email: —

A.3. REASON(s) FOR CHANGE

FAILURE IN BUSSINES OPERATION AND CHANGE OF OWNERSHIP

Time frame of notification: (As per Contract) - Signature - Date -

A.4. OWNER'S DETAILS

Full Name: SCHOLASTICA JOHN Phone Number: 0752265469

Remarks: OK

Signature: Sch Date: 01/02/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: Rudovick Ndelwa PIN: 0101[illegible] Phone Number: 0737[illegible] Email: rudgiving3@gmail.com

Physical address:

Street: Matzutzini Ward: Saranga District/Municipal: Ubungo Region: Dar-es-salaam

Details of Previous pharmacy:

Name of Pharmacy: Pona Pharmacy FIN: 0101189 District/Municipal: Morogoro Region: Morogoro

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice
(ii) Contract Agreement/MOU
(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations.....

Full Name..... Designation..... Signature..... Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.