

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer 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 And Zero Cent(s) Only

Outstanding Balance

: 0.00

In respect of

Item Description(s)

Item Amount

: 142202540104 - Application for

change of name/ ownership - 0

00,000.00

Total Billed 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

: [Signature]



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: DR. COMPLEX PHARMACY PIN: 0101146

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

PHYSICAL ADDRESS: Plot No. 23 Street: MARKABE ROAD Ward: MBEZI MWISHO

District/Municipal: UBUNGO Region: DR. ES SALAAM Contact No. 0953357435

E-mail: _____

OWNERSHIP:

Directors (Names): 1. SAID ABURAHMANI MWINJO Qualification: BUSINESS MAN

2. _____ Qualification: _____

3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: TUMAHINI H. LYOMBE PIN: 0100885

Residential Address: DR. ES SALAAM Email: 0713500303

Contract commencement date: _____ Cessation date: _____

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: DR. COMPLEX PHARMACY

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

PHYSICAL ADDRESS: Plot No. 23 Street: MARKABE ROAD Ward: MBEZI MWISHO

District/Municipal: UBUNGO Region: DR. ES SALAAM CONTACT No. 0752265469

6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

5. Copy of Director(s) ID

4. Certificate of registration from BRELA

3. Memorandum of Understanding

2. Copy of lease agreement or title deed

1. TAX CLEARANCE CERTIFICATE

Please attach the following documents depending on your proposed changes:

SECTION F: REQUIRED ATTACHMENT

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

01/02/2024

SECTION E: APPLICANT DECLARATION

Signature of Applicant

Date

01/02/2024
valeschola@gmail.com

Address: 0752265467
(Contact/email if different from the above)

Name of Applicant

SECTION D: APPLICANT INFORMATION

SCHOLASTICA JOHN

2.

1.

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

FAILURE IN BUSINES OPERATION

Contract commencement date

Residential Address

Full Name

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

PIN

Tel: 0752265467

Cessation date

01/02/2024
valeschola@gmail.com

3.

Qualification

2.

Qualification

1.

Qualification

Directors (Names)

SCHOLASTICA JOHN
PHARMACEUT

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 4 (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 Indevide Ndewu PIN 0101911

2. Namba ya simu 071784587 barua pepe rudgin53@gmail.com

3. Tarehe ya mwisho kuhisha jina (Retention) 20/03/2024

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. 924080239520931 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi Indevide Ndewu

taaluma ya dawa ngazi ya Shika

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

Wila ya UBUNGO Mikoani DR. ES. SAMAM

Sahih Indevide Ndewu Tarehe 20/03/2024

Utthibitisho wa Mfamasia wa Halmashauri

Nadhhibitisha kwamba mwanataaluma tawa ni miongoni/ si miongoni mwa

wanataaluma waliopo katika halmashauri hayosimamia

Jina na Sahih ROMANA LAWRENCE Tarehe 21/03/2024

Muhuri KNY: DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

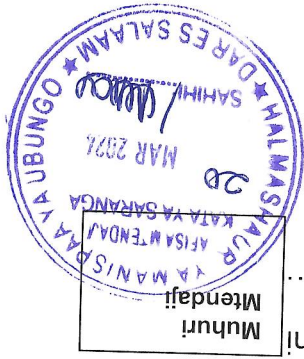
lthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) MALIA NGOME

Nathibitisha kwamba Ndugu ROMANA LAWRENCE

langu mtaa/kijiji MATANGI kuanzia mwaka 2024

Sahih Afisamtendaji Indevide Ndewu



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 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.

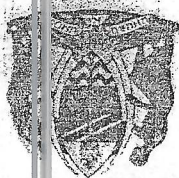
Date 27th January 2020

0101911	12 th December, 2019	26 th August, 1993	Tanzanian	P.O. Box 613 Morogoro	Bachelor of Pharmacy	Machimbili University of Health and Allied Sciences
Registration	Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification

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.

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

THE UNITED REPUBLIC OF TANZANIA



00000544



Registrar
Pharmacy Council

[Signature]

Expires on: 31 December 2024

Issued: 12 December 2019

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.

PIN NO: 0101911

RUDOVICK NDELWA

I Herby certify that

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

The Pharmacy Act

LICENSE TO PRACTICE



PHARMACY COUNCIL

THE UNITED REPUBLIC OF TANZANIA





REPUBLIC OF TANZANIA

Pharmacy Council
Tanzania

[Signature]

Issued 13 December 2018

Expiry on 31 December 2024

Whereas the Pharmacy Act No. 1 of 2011
and the Regulations made thereunder
provide for the regulation of the
pharmacy profession in the Republic of Tanzania;
and whereas the Pharmacy Council of Tanzania
has been established in accordance with the
provisions of the said Act and Regulations;

PHARMACY COUNCIL

REGULATIONS

FOR THE

REGISTRATION OF PHARMACISTS

IN THE

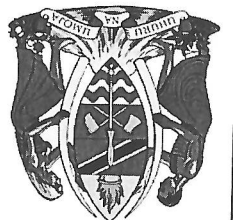
REPUBLIC OF TANZANIA



PHARMACY COUNCIL

THE UNITED REPUBLIC OF TANZANIA





TANZANIA

Form 5

BBRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 549148

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **DAF 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.



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. NICHMANI

(PROPRIETOR)

AND

David S. Nefz

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

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

BETWEEN

CHARLOTTE J. MATHIAS (Name) of P.O. BOX DAR-101010 Region DAR-101010

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

AND

Josephine Njiru 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 2024 to 20th day of March 2025.

3. Commencement of Supervision.

The superintendent shall commence management and supervision of the above named Pharmacy on the 20th day of March 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 7,000,000/- 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 treat 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 emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with a 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 the 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.
- 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 services 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 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.

iii) 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 of 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.

20TH day of March 20²⁴

SIGNED and DELIVERED at _____ by the said

SCOTTARICA JOHN who is known

To me personally/identified to me by _____

the latter being

personally known to me this 20TH Day of March 20²⁴

In the presence of;

Name: ENZA S. MUYA

Designation: ADVOCATE

Signature: _____

Address: 31966 D'SAZAM

Date: 20TH MARCH 20²⁴

SIGNED and DELIVERED at _____ by the said

REPUBLIC NOTARY who is known

To me personally/identified to me by _____

the latter being

personally known to me this 20TH Day of 03. 20²⁴

In the presence of;

Name: ENZA S. MUYA

Designation: ADVOCATE

Signature: _____

Address: 31966 D'SAZAM

Date: 20TH MARCH 20²⁴



SUPERINTENDENT



PROPRIETOR

MKATABA WA MAUZIANO YA UMLIKI WA BIASHARA

Mkataba huu umefanyika leo tarehe 28 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.

WA

SCHOLASTICA JOHN NCHIMANI wa S. L. P 6500 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 kuza 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 zisajiliwa 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:-

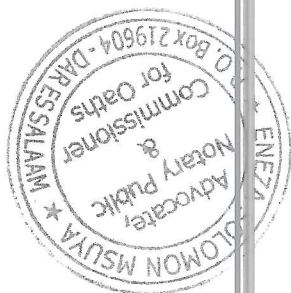
JINA: Eneza S. Msuya

SAHIHI: 

CHEO: Wazali

ANUANI: 21960 DSN

TAREHE: 26/08/2022





ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Tax Certificate Number: 131-0136-3092

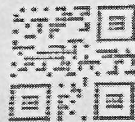
Issuing Office: Kinondoni
Telephone: 022-2771841
Date of Issue: 27 July 2022
Expiry Date: 31 December 2022

SAIDI ABDURAHAMANI MRAGA
Trading Name: SHASKO PHARMACY
Taxpayer Identification Number: 301-764-956
Company Registration Number: [Blank]
Business Premises located at: Plot Number : Block Number : Street KIMARA MWISHO-MATANGINI

Time 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

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.



HERBERT M.T. KABEMBA
COMMISSIONER FOR DOMESTIC REVENUE

29 July 2022

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 Compa 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:

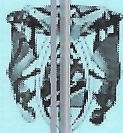
CONDITIONS

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



SIGNATURE OF REGISTRAR
AND STAMP





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

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



991620239256

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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

Physical address: MBEZI MUYISI WARD

Street: MARAGE ROAD

Full Name: TUMAINI H. LYOMBE

Address: DAR ES SALAAM

A.3. REASONS FOR CHANGE

Failure in business operation and change of ownership

Time frame of notification: (As per Contract)

A.4. OWNER'S DETAILS

Full Name: SCHOLASTICA JOHN

Signature: [Signature] Date: 01/02/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: Ndlovu - Ndlovu

Physical address: Matukuni Ward

Street: Dar es Salaam

Details of Previous pharmacy: Ubungo

Name of Pharmacy: Dar es Salaam

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

(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: 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.



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