

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: DANTATA PHARMACY FIN. 0101114

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

PHYSICAL ADDRESS:

Plot No. _____ Street: RUMANYIKA Ward: BUGENE

District/Municipal: KARAGWE Region: KAGERA

POSTAL ADDRESS: 110, OMUASHAKA, KARAGWE Contact No. 0753493202

E-mail: _____

OWNERSHIP:

Directors (Names): 1. ROBI ULTIWE/UNGE - PIMA Qualification: MEDICAL DOCTOR (MD)

2. _____ Qualification: _____

3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: PHILIPINA GEDREX MCHOME PIN: 0102549

Residential Address: P.O. BOX 981 DODOMA 06395195506

Contract commencement date: _____ Cessation date: _____

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NAMALA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. _____ Street: RUMANYIKA Ward: BUGENE

District/Municipal: KARAGWE Region: KAGERA

POSTAL ADDRESS: P.O. BOX 110 KARAGWE CONTACT No. 0754-250-0043

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. LILIAN JOVANNIS LADISLAUS

Qualification:

2.

Qualification:

3.

Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ZUBAIRI SAD MWIMBOY PIN: 0101931

Residential Address: S.L.P 284 Bukoba Tel: 061474253 Email: zmwimbo@gmail.com

Contract commencement date: 20/08/2025 Cessation date 20/08/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. CHANGE OF MANAGEMENT (OWNERSHIP).

2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: LILIAN JOVANNIS LADISLAUS

(Contact/email if different from the above)

Address: OMURUSHAKA - KARAGWE Tel: 0754-250-043 E-mail: lilianladislaus@gmail.com

Signature of Applicant:  Date: 11 August 2025**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: 11 August 2025**SECTION F: REQUIRED ATTACHMENT**

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)



ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 102-094-794

KARAGWE DISTRICT EXECUTIVE DIRECTOR

KAYANGA

20

KARAGWE

Tax Certificate Number:

181-0248-0266

Issuing Office: Kagera

Telephone: 028 2220390

Date of issue: 15 August 2025

Expiry Date: 31 December 2025

Taxpayer Name	ROBIUS TWEYUNGE PIMA		
Trading Name	DANTATA PHARMACY		
Taxpayer Identification Number	120-078-011	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : KAGERA,

DISTRICT : KARAGWE,

STREET : KARAGWE

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 Restaurants and mobile food service activities

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

15 August 2025



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.

**MKATABA WA MAUZIANO YA CHUMBA CHA PHARMACY NA
VITU VYAKE**

Mkataba huu umefanyika leo tarehe.....01.....mwezi.....08.....mwaka 2025

BAINA YA

ROBIUS PIMA Wa S.L.P 110 KARAGWE .Na mwenye namba ya simu 0758493202 na mkaazi wa Omurushaka (ambaye kwenye mkataba huu atajulikana kama MMILIKI NA MUUZAJI)

NA

LILIANI JOVANUS LADISLAUS Wa S.L.P 110 KARAGWE .Na mwenye namba ya simu 0754250043 na mkaazi wa Nyakahanga (ambaye kwenye mkataba huu atajulikana kama MNUNUZI)

Muuzaji ni mmiliki halali wa Duka la Pharmacy na vifaa vya tiba ambapo duka hilo la Pharmacy liitwalo DANTATA PHARMACY Lipo Maeneo ya Omurushaka:

Muuzaji kwa ihari yake mwenyewe ameonisha nia ya kumuuzia mnunuzi duka la Pharmacy na mnunuzi amekubari kununua duka hilo na vitu vyake.

BASI PANDE ZOTE ZIMEKUBALIANA YAFUATAYO

1. Kwamba muuzaji amemuakikishia mnunuzi kuwa yeye ndiye mmiliki halali wa halali wa Duka hilo la Pharmacy
2. Kwamba muuzaji na mnunuzi wamekubaliana kuuziana duka la pharmacy likiwa na dawa,friji,Ac,chanja,meza na viti
3. Kwamba muuzaji amekubali kumuuzia mnunuzi vitu vyote tajwa hapo juu kwa thamani ya Tsh 10,000,000/= (milioni kumi tu)
4. Kwamba pande mbili zimekubaliana kuwa malipo ya duka hilo la Pharmacy hilo yatafanyika kwa awamu mbili.
5. Kwamba awamu ya kwanza malipo yamefanyika leo tarehe.....1.....mwezi.....\$.....mwaka 2025
6. Kwamba awamu ya pili malipo yatafanyika tarehe.....1.....mwezi.....\$.....mwaka 2026
7. Kwamba ikiwa itatokea mgogoro wote kuhusiana na mauziano hayo basi njia ya suluhu itafanyika kwanza na ikishindikana hatua za kisheria zitatumika.

KWA USHAHIDI BASI/UTHIBITISHO:kwa kuthibitisha hayo hapo juu pande zote mbili zimeridhika na zimekubaliana kuweka Saini zao wakiwa na akili timamu bila ya kushawishiwa na mtu yoyote.Kama itakavyoonekana hapo chini.

UPANDE WA MUUZAJI:

JINA: ROBULU TWEYUNGE PIMA

SAHIHI: R. PIMA

TAREHE: 1/8/2025

SHAHIDI UPANDE WA MUUZAJI

JINA: EMMANUELINA ROBIUS

TAREHE: 1/8/2025

SAHIHI: Emanuelina

UPANDE WA MNUNUZI:

JINA: LILIAN JOVANUS LADISLAUS

TAREHE: 1/8/2025

SAHIHI: Lilian

SHAHIDI UPANDE WA MNUNUZI

JINA: BENSON HENERIKO BIKONXA

TAREHE: 1/8/2025

SAHIHI: B. Heneriko

MAKUBALIANO HAYA YAMEFANYIKA MBELE YA :WAKILI/HAKIMU


JINA: M. I. GEMA


CHEO: HAKIMU MUKAZI

SAHIHI: 

TAREHE:

**RESIDENT MAGISTRATE
PRIMARY COURT
KARAGWE**

 JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19890825-14112-00001-24


JINA LA KWANZA : ROBIUS
First Name

JINA YA KATI : TWEYUNGE
Middle Name

JINA LA MWISHO : PIMA
Last Name

JENSI : M
Sex

MWISHO WA MATUMIZI : 26 AUG 2025
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19890825-14112-00001-24

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukitanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

Issued By :

**DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY**



**TUME HURU YA TAIFA YA UCHAGUZI
KADI YA MPIGA KURA**



Jina Kamil - Full Name
ERUAN J LADISLAWS

Tarehe ya Kuzaliwa - Date of Birth
22/09/1999

Jinsia - Sex
KE

Kata - Ward
BUGENE

Mtaa/Mji - Precinct/Village
TOWNSHIP VIRTUAL VILLAGE

Kilimo cha Kura/Biraha - Registration Centre
MAHAKAMA YA BUGENE



[Signature]



Namba ya Mpira Kura

T: 1103-7217-992-3

KADI HII IMETOLEWA NA TUME HURU YA TAIFA YA UCHAGUZI



Kadi hii ni mali ya Tume Huru ya Taifa ya Uchaguzi, huruhusiwa
kufanya mabadiliko ya aina, yoyote wala kumpatia mtu
asiyeruhusiwa kutumia, kama ikiipotea au kuharibika, tea taarifa
ofisi ya Tume Huru ya Taifa ya Uchaguzi.
S.L.P 358 DODOMA
Simu: +255 28-2962345-8



PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

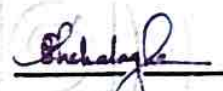
FIN: 0101114

This is to certify that the premises owned by M/S Dantata Pharmacy of P.O Box 07, Kagera located at Omurushaka, Bugene, Karagwe Municipality/District in Kagera Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101114

Issued in: January 2020

11-03-2020

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



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01114-2023

This Permit is hereby granted to M/S Dantata Pharmacy of P.O Box 07, Kagera to operate a Retail Only Business at the premises situated/lying between Omurushaka, Bugene, Karagwe Municipality/District in Kagera Region with Facility Identification Number (FIN) 0101114 under a superintendent Pharmacist Phillipina Geofrey Mchome with Personal Identification Number (PIN) 0102549

Issued in: January 2020

Expires on: 30 June 2024

15-08-2023

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





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925261367123948
Received from : Dantata 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 - Application fee for change of name		100,000.00
: 142202540104 - Application for change of name/ ownership - Application fee for change of ownership		100,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16208261252424478778

Payment Control Number : 991620334927

Payment Date : 2025-09-18 08:42:51

Issued by : Beatuss Mpogoza

Date Issued : 2025-10-15 10:21:00

Signature

:

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

LILIAN JOVANUS LADISILAU
(PROPRIETOR)

AND

ZUBAIRI SAID MWINORY
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST This Agreement is made on this 20 day
of August 20 25

BETWEEN

LILIAN JOVANNIS LADOLAS (Name) of P.O.BOX
110 Region Kagera

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

AND

ZUBAIRI SAID MWIMBY 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 NAMALA PHARMACY 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 Agreement

This Agreement shall be effective for a period of twelve (12) months (1 year), commencing from the 20 day of August 20 25 to 20 day of August 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 20 day of August 20 25

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

ONE MILLION (TSH. 1,000,000/=) ONLY 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 1st 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 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 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.

8. The Council will accept additional clauses but this Agreement is a generic contract for guidance only.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 20 day of August 20 25

SIGNED and DELIVERED atby the said
LILIAN JOVANA LADISLAW.....who is known
to me personally/identified to me by
.....the latter being
personally known to me this 20 day of August 20 25


PROPRIETOR

In the presence of:

Name: M. I. CUMA
Designation: Resident Magistrate
Signature: [Signature]
Address: 2010 KARAGWE
Date: 2010 **RESIDENT MAGISTRATE**
PRIMARY COURT

SIGNED and DELIVERED at KARAGWE by the said
ZUBARI SAID MWIMBA.....who is known
to me personally/identified to me by
.....the latter being
personally known to me this 20 day of August 20 25


SUPERINTENDENT

In the presence of:

Name: M. I. CUMA
Designation: Resident Magistrate
Signature: [Signature]
Address: 2010 KARAGWE
Date: 2010 **RESIDENT MAGISTRATE**
PRIMARY COURT
KARAGWE



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

ZUBAIRI SAID

PIN NO: 0101931

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 2025**

**Registrar
Pharmacy Council**



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 ZUBAIRI SAID MWINDRY PIN 0101931
2. Namba ya simu 0614 924353 barua pepe zmwindry@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 18/08/2025
4. Je, umehuisha 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 9252303581488 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ZUBAIRI SAID MWINDRY mwenye
taaluma ya dawa ngazi ya SHAHADA (MFAMASIA) nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
NAMARA PHARMACY FIN lililopo katika
Wilaya ya KARAGWE Mkoani KAGERA
Sahihi [Signature] Tarehe 20/08/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi DORAH BENDERA Tarehe 22/08/25

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HAPPINESS KANYORO Kata ya BUGENE

Nadhibitisha kwamba Ndugu ZUBAIRI SAID MWINDRY anaishi

langu mtaa/kijiji BUGENE kuanzia mwaka 2023

Sahihi Afisamtendaji

Tarehe

02/09/2025

MGANGA MKUU WA WILAYA
KARAGWE

Muhuri
Mandap
MTENDAJI WA KATA
S.L. BUGENE
KARAGWE

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

LILIAN JOVANUS LADCLAU
.....
(PROPRIETOR)

AND

VIOLETH WISTONE ZAHWA
.....
(PHARMACEUTICAL TECHNICIAN)

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 28 day of 08 20 15

BETWEEN

LILIAN JOHANNE LADUMA (Name) of P.O.BOX _____ Region _____
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees,
agents or his legal representative of his business.

AND

VIOLAH WISDOM KAHWA enrolled Pharmaceutical Technician
who will perform all the technical activities in the Pharmacy under pharmacist supervision
(hereinafter referred to as the **Pharmaceutical Technician**).

WHEREAS the Proprietor operates a business of a pharmacist which is a regulated business under the Act.

WHEREAS in compliance with the Pharmacy "Pharmacy Practice" Regulation, 2012 the Proprietor wishes to engage the professional services of a Pharmaceutical Technician to his business,

WHEREAS the Pharmaceutical Technician is willing to offer professional services to the proprietor in lieu of remuneration for such services or such other terms and conditions as stipulated hereunder;

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

WHEREAS in the event that the superintendent pharmacist is part time available, the Pharmaceutical Technician shall be available at full time at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to operate a business of a pharmacist styled as NAMA LA Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to operate a business of Pharmacist.

"Business of pharmacy or pharmacist" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of the Act.

"Pharmaceutical Technician" means a person enrolled as such under section 23 of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing or transferring power of authority of owning of pharmacy to a third person during existence of its operation

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 28 day of 08 20 25 to 28 day of 08 20 26

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above-named Pharmacy on the 28 day of 08 20 25

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 salary/emoluments of TZS. 350,000 payable monthly to the **PHARMACEUTICAL TECHNICIAN** upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.

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

4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy 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 Hire other pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.

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

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 28 day of 08 2025

SIGNED and DELIVERED

By the said LILIAN JOHANUS LADISIAK

Who is known to me personally/

Introduced to me by

the latter known to me personally
This 28 day of 08 2025

In the presence of:

Name: M. I. CEMA

Designation: MAGISTRATE

Signature: [Signature]

Date: 28/08/2025

**RESIDENT MAGISTRATE
PRIMARY COURT
KARAGWE**

[Signature]
PROPRIETOR

SIGNED and DELIVERED

By the said VIOLETH WUTONE KAHWA

Who is known to me personally/

Introduced to me by

the latter known to me personally
This 28 day of 08 2025

In the presence of:

Name: M. I. CEMA

Designation: MAGISTRATE

Signature: [Signature]

Date: 28/08/2025

**RESIDENT MAGISTRATE
PRIMARY COURT
KARAGWE**

[Signature]
**PHARMACEUTICAL
TECHNICIAN**



THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

VIOLETH WISTONE KAHWA

PIN NO: 0408969

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a **Pharmaceutical Technicians** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: **24 December 2024**

Expires on: **31 December 2025**

**Registrar
Pharmacy Council**



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 VIOLETH WISTONE PIN 0408969
2. Namba ya simu 0746797507 barua pepe wistoneviolet@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)
4. Je, umehusha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi VIOLETH WISTONE KAHWA mwenye
taaluma ya dawa ngazi ya Pharmaceutical technician nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo
NAMALA FIN 0408969 lililopo katika
Wilaya ya KARAGWE Mkoani KAGERA
Sahihi Li Tarehe 28/08/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Nailath Musi Pusi Tarehe 2/9/25

Muhuri KNY:
DMO

**MGANGA MKUU WA WILAYA
KARAGWE**

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HAPPINESS KANYORO Kata ya BUGENE

Nathibitisha kwamba Ndugu VIOLETH WISTONE KAHWA anaishi

langu mtaa/kijiji OMURUSHAKA kuanzia mwaka 2024

Sahihi Afisamtendaji

Tarehe

2/9/25

02/09/2025

**MTENDAJI
S.L.P.
BUGENE
KARAGWE**