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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: LESHOWS INVESTMENT PHARMACY 0102018

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

PHYSICAL ADDRESS:

Plot No. 19 Street: MERIWA Ward: IPAGALA

District/Municipal: DODOMA CITY COUNCIL Region: DODOMA

POSTAL ADDRESS: Contact No. 0717372239

E-mail: shooleware@gmail.com

OWNERSHIP:

Directors (Names): 1. LETARE SINDA Qualification:

2. ANNA MBEDE Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: HERMAN JOHN MAMO PIN: 0103281

Residential Address: DODOMA Tel: 073392925 Email: mgasherman94@gmail.com

Contract commencement date: 10/03/2025 Cessation date: 09/03/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: AJD PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 19 Street: MERIWA Ward: IPAGALA

District/Municipal: DODOMA CITY COUNCIL Region: DODOMA

POSTAL ADDRESS: CONTACT No. 0756-735-513

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. WINIFRIDA ALEX MKAMA Qualification: An entrepreneur
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. DUE TO NEW BUSINESS OWNERSHIP OR
DUE TO CHANGE OF PREVIOUS BUSINESS
OWNERSHIP
2.
-
-

SECTION D: APPLICANT INFORMATION

Name of Applicant: WINIFRIDA ALEX MKAMA

(Contact/email if different from the above)

Address: Tel: 0756735513 E-mail: mkama.winfreda@gmail.com

Signature of Applicant:  Date:

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: 11/07/2005

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)



UNITED REPUBLIC OF TANZANIA
JAMHURI YA MUUNGANO WA TANZANIA
EXCHEQUER RECEIPT
STAKABADHI YA MALIPO YA SERIKALI

RECEIPT NUMBER	925259366566702
RECEIVED FROM	AJD PHARMACY
AMOUNT	TZS 200,000.00
AMOUNT IN WORDS	TWO HUNDRED THOUSAND
IN RESPECT OF	APPLICATION FOR CHANGE OF NAME/ OWNERSHIP
BANK REFERENCE	GWX101744511697
CONTROL NUMBER	991620334760
PAYMENT DATE	Sep 16, 2025
ISSUED BY	PHARMACY COUNCIL
DATE ISSUED	Sep 16, 2025
SIGNATURE	<u>Elsangita</u>

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102018

This is to certify that the premises owned by M/S Leshows Investment Limited Pharmacy of P.O.Box 1062 Dodoma located at Plot. No. 19 Meriwa Street, Ipagala Ward - Dodoma City Council, Dodoma Municipality/District in Dodoma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102018

Issued in: March 2022

Expires on: 30 June 2027

02-05-2022

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



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

**WINIFRIDA ALEX MKAMA
(PROPRIETOR)**

AND

**HERMAN MGAO
(SUPERINTENDENT)**

**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A
PHARMACIST**

This Agreement is made on this 07th day of May, 2025.

BETWEEN

WINIFRIDA ALEX MKAMA of P.O. BOX 1249, Dodoma (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

HERMAN MGAO of P.O. BOX 47, Dodoma 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 **AJD 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, commencing from the **10th day of March 2025 to 09th day of March 2026**

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the **10th day of March 2025**

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

800,000/= (Eight Hundred Thousand Shillings) 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.
- 4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent Log book, PC logo, dispensing register, ledgers etc.
- 4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.
- 4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.

4.2 The Superintendent;

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

The superintendent shall have the following duties and obligations: -

- 4.2.1 Shall obtain from the Council and other appropriate authorities collect the requisite licenses, permits and authorization and keep the pharmacy within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.
- 4.2.2 Shall ~~ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.~~ *be responsible for day to day activities of the pharmacy.*
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times. *16/9/2025 H. mgao 16/09/2025*
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.
- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.

- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16 Shall perform any other duty as the Council may determine.

5. Termination

- 5.1 This Agreement shall be terminated:
 - (a) by automatic termination;
 - (b) by mutual consent, or
 - (c) by Notice
- 5.2 The Agreement may automatically be terminated:
 - (i) after the expiry of a term fixed under Clause 2 of this Agreement unless otherwise the parties agree to renew the terms of the agreement.
 - (ii) If the Council cancels the licence, or suspends or removes the name of a **Superintendent** from the Register due to professional misconducts in accordance with section 45 of the Act.
Notwithstanding the requirement of this Clause, where termination is due to the cancellation of the Superintendent's licence, or suspension or removal from the Register, Roll or List of Pharmacists, all benefits, allowances or claims due to the Superintendent for the work done for any such of days before the cancellation, suspension or removal shall be paid by the Proprietor prior to termination.
- 5.3 The Agreement may be terminated at any time by mutual agreement or consent between the parties when they find it appropriate that the agreement be terminated. Provided that where the Agreement is terminated by mutual consent, all claims or allowance due to the **Superintendent** shall be paid in full by the Proprietor prior to termination.

- 5.4 The Agreement may be terminated by notice:
- (i) By either party by giving a one (1) month* written notice to the other party of the intention to terminate the Agreement;
 - (ii) By either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 5.4 (i) above.

Provided that a written notice under this clause shall be addressed to the other part and copy shall be submitted to the Registrar for notification.

- 5.5 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

- 5.6 The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

6. Dispute Settlement

- 6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.
- 6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- 6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintendent from initiating or proceeding to the Commission for Mediation and Arbitration (CMA).

7. Applicable Law and Jurisdiction

- 7.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
- 7.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity or the Agreement shall firstly be settled amicably by the parties.
- 7.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, the matter may be taken court of competent jurisdiction for further redress.
- 7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief

- 5.4 The Agreement may be terminated by notice:
- (i) By either party by giving a one (1) month' written notice to the other party of the intention to terminate the Agreement;
 - (ii) By either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 5.4 (i) above.

Provided that a written notice under this clause shall be addressed to the other part and copy shall be submitted to the Registrar for notification.

- 5.5 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

- 5.6 The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

6. Dispute Settlement

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- 6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.
- 6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintendent from initiating or proceeding to the Commission for Mediation and Arbitration (CMA).

7. Applicable Law and Jurisdiction

- 7.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
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- 7.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, the matter may be taken court of competent jurisdiction for further redress.
- 7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief

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

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 **07th** day of **May, 2025**

SIGNED and DELIVERED at Dodoma by the said **WINIFRIDA ALEX MKAMA** who is known to me personally/identified to me by
.....the latter being personally known to me
this **07th** day of **May, 2025**



PROPRIETOR

In the presence of:

SIGNATURE: 
NAME: **FLORA S. SAGIRE**
ADRESS: P.O BOX 2806, DODOMA
DESIGNATION: NOTARY PUBLIC & COMMISSIONER FOR OATHS



SIGNED and DELIVERED at Dodoma by the said **HERMAN MGAO** who is known to me personally/identified to me by
the latter being personally known to me
this **07th** day of **May, 2025**



SUPERITENDENT

In the presence of:

SIGNATURE: 
NAME: **FLORA S. SAGIRE**
ADRESS: P.O BOX 2806, DODOMA
DESIGNATION: NOTARY PUBLIC & COMMISSIONER FOR OATHS





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

HERMAN JOHN MGAIO

PIN NO: 0103281

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: 02 February 2023

Expires on: 31 December 2025

Registrar
Pharmacy Council



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 HERMAN JOHN MGAO PIN 0103281
2. Namba ya simu 0783902925 barua pepe mgaoherman94@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 21/12/2025
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. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi HERMAN JOHN MGAO mwenye
taaluma ya dawa ngazi ya mfamasia nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
Leshaws Investment Limited pharmacy FIN 902018 lililopo katika
Wilaya ya Dodoma Mji Mkoani Dodoma
Sahihi [Signature] Tarehe 27th June, 2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Handigwa Tarehe 27/6/2025
CITY MEDICAL OFFICE
P.O. BOX 1249, DODOMA
CITY MEDICAL OFFICE
GE HEALTH

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BAHATI MAGUWO Kata ya NKUHUNGU
Nadhibitisha kwamba Ndugu HERMAN JOHN anaishi
langu mtaa/kijiji Amani kuanzia mwaka 2023

Sahihi Afisamtendaji

Tarehe 27/06/2025





AGREEMENT FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN SERVICES

BETWEEN

**WINIFRIDA ALEX MKAMA
(PROPRIETOR)**

AND

**ADELINE VICENT MCHAU
(PHARMACEUTICAL TECHNICIAN)**

**AGREEMENT FOR EMPLOYMENT TO PHARMACETICAL TECHNICIAN TO
PROVIDE PHARMACEUTICAL SERVICES**

This Agreement is made on this 07th day of May, 2025

BETWEEN

WINIFRIDA ALEX MKAMA of P.O.BOX 1249, DODOMA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

ADELINE VICENT MCHAU of P.O Box 3040, DODOMA, an enrolled pharmaceutical technician who provides pharmaceutical services

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

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 a pharmaceutical technician are desirous to enter into an agreement, for a pharmaceutical technician to provide pharmaceutical services at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree that the pharmaceutical technician will be providing pharmaceutical services to a business of a pharmacist styled as **AJD Pharmacy**.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the 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;

"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.

"Pharmaceutical technician" means a person enrolled as such under section 24 of the Act.

Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from **the 10th day of March, 2025 to 09th day of March, 2026.** *AE: 16/09/2025*

2. Commencement of Services

A. Mchani 16/09/2025
The pharmaceutical technician shall commence the provision of pharmaceutical services of the above-named Pharmacy on **the 10th day of March, 2025.**

3. Obligation of the Parties:

4. The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of **TZS.400,000/=**, payable monthly to the **Pharmaceutical technician** upon discharging his duties and functions as per this Agreement and 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 Apply the adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.6 Shall ensure pharmaceutical services are provided with due care.
- 4.1.7 Shall ensure all proper records are maintained and managed well.

- 4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the pharmaceutical technician.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e PC logo, dispensing register, ledgers etc.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items is signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

4.2 The Superintendent;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the pharmaceutical technician shall, with all commitment and professional diligence, take the necessary steps to provide pharmaceutical care and services to clients of the said pharmacy

The pharmaceutical technician shall have the following duties and obligations: -

- 4.2.1 Shall provide pharmaceutical service with due care.
- 4.2.2 Maintain proper records and manage them in accordance to good pharmacy practice.
- 4.2.3 Shall keep medicines, medical supplies and other pharmacy items are properly in compliance with good pharmacy practice
- 4.2.4 Shall perform any other duty as the Council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement may be terminated upon expiry of the contract.

This agreement may be terminated by either party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

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. If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.2 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or pharmaceutical technician from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

The **Proprietor** shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.
9. The Pharmacy 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 **07th** day of **May, 2025**

SIGNED and DELIVERED at Dodoma by the said
WINIFRIDA ALEX MKAMA who is known to me
personally/identified to me by
.....the latter being personally known to me
this **07th** day of **May, 2025**


PROPRIETOR

In the presence of:

SIGNATURE: 
NAME: **FLORA S. SAGIRE**
ADRESS: P.O BOX 2806, DODOMA
DESIGNATION: NOTARY PUBLIC & COMMISSIONER FOR OATHS



SIGNED and DELIVERED at Dodoma by the said
ADELINE VICENT MCHAU who is known to me
personally/identified to me by
the latter being personally known to me
this **07th** day of **May, 2025**


PHARMACEUTICAL
TECHNICIAN

In the presence of:

SIGNATURE: 
NAME: **FLORA S. SAGIRE**
ADRESS: P.O BOX 2806, DODOMA
DESIGNATION: NOTARY PUBLIC & COMMISSIONER FOR OATHS





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 Herby Certify that

ADELINE VICENT MCHAU

PIN NO: 0407616

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: 16 October 2023

Expires on: 31 December 2025

Registrar
Pharmacy Council





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 ADELINE V. MCHAU PIN 0407616
2. Namba ya simu 0629509102 barua pepe 3040 DODOMA
3. Tarehe ya mwisho kuhuisha jina (Retention) 30/12/2024
4. Je, umehuisa 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 ADELINE VICENT MCHAU mwenye taaluma ya dawa ngazi ya MTERNOLOGIA DAWA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo LESHOMU INVESTMENT LTD PHARMACY FIN 0102018 lililopo katika Wilaya ya DODOMA MJINI Mkoani DODOMA
Sahihi A. Mchau Tarehe 27/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Honji Tarehe 27/06/2025

Muhuri KNY
DMO
P.O. Box 1249, DODOMA
CITY MEDICAL OFFICE

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) FIDELIS MASINDE ANTHONY

Nadhibitisha kwamba Ndugu ADELINE V. MCHAU

langu mtaa/kiji IPAGALA

Sahihi Afisa Mtendaji made

Tarehe 26/06/2025



MKATABA WA MAUZIANO YA DUKA

(LILILOPO KATIKA KIWANJA NA 19, KITALU "K" ENEO LA IPAGALA, MTAA WA
MERIWA - CENTRE, NDANI YA JIJI LA DODOMA)

BAINA YA

LESHOW INVESTMENT LTD

NA

WINIFRIDA ALEX MKAMA

UMEANDALIWA NA:-

FLORA S. SAGIRE (WAKILI),
S.L.P 2806,
DODOMA.

0763- 147601



MKATABA WA MAUZIANO YA DUKA LA DAWA

Mkataba huu umeingiwa leo hii tarehe **11 mwezi Aprili, 2025.**

KATI YA

Ndugu **LESHOW INVESTMENT LTD** wa S.L.P 1062, Dodoma - Tanzania, ambaye katika Mkataba huu atajulikana kama **muuzaji.**

NA

Ndugu **WINIFRIDA ALEX MKAMA** wa S.L.P 1249, Dodoma - Tanzania, ambaye katika Mkataba huu atajulikana kama **mnunuzi.**

KWAKUWA Muuzaji ni mmiliki halali wa **DUKA LA DAWA** Lililopo katika Kiwanja Na 19, Kitalu "K" Eneo la Ipagala, Mtaa wa **MERIWA - CENTRE**, ndani ya Jiji la Dodoma.

KWAKUWA Muuzaji anayo nia ya kuliuza Duka la Dawa kwa mnunuzi,

KWAKUWA Mnunuzi anayo nia ya kununua Duka la Dawa kutoka kwa muuzaji.

HIVYO BASI PANDE ZOTE MBILI ZINA KUBALIANA NA KUSHUHUDIA KAMA IFUATAVYO:

1. **KWAMBA; MUUZAJI** anamuuzia **MNUNUZI Duka la Dawa** lililoelezewa hapo juu kwa gharama ya **TSh. 19,000,000.00 (Milioni Kumi na Tisa Tu)** na si vinginevyo.
2. **KWAMBA, MNUNUZI** amemlipa **MUUZAJI** kiasi tajwa hapo juu ikiwa ni malipo kamili ya Duka la Dawa hilo, na kwamba malipo hayo yamefanyika kwa Awamu Mbili kama ifuatavyo:
 - I. Malipo ya Awamu ya Kwanza ni kiasi cha **Tzs. 10,000,000/= (Milioni Kumi tu)**, na malipo hayo yalifanyika tarehe **06/03/2025.**
 - II. Malipo ya Awamu ya Pili ni kiasi cha **Tzs. 9,000,000/= (Milioni Tisa tu)**, na malipo hayo yalifanyika tarehe **31/03/2025**, ikiwa ni malipo ya mwisho kukamilisha mauziano haya.
3. **KWAMBA**, kwa kusaini makubaliano haya, **MUUZAJI** anathibitisha kuwa amepokea kiasi cha **Tzs. 19,000,000/=** kutoka kwa **MUUZAJI** ikiwa ni malipo kamili ya Duka la Dawa.

4. KWAMBA, MUUZAJI anamuuzia MNUNUZI Duka la Dawa likiwa halina aina yoyote ya mgogoro, baada ya kupokea Malipo kamili ya Duka la Dawa hilo MUUZAJI atamkabidhi MNUNUZI Duka la Dawa, na kuacha kufanya shughuli zozote ama kujihusisha kwa namna yoyote ile na Duka hilo.
5. KWAMBA, Bila kuathiri vifungu vya mkataba huu, MUUZAJI atawajibika kuzilipa gharama za Tshs. 19,000,000.00 na riba 50% ya bei ya mauziano kwa MNUNUZI ikiwa itangundulika kuwa Duka la Dawa hilo lina utata wa kisheria au kifamilia.

HIVYO BASI PANDE ZOTE MBILI ZINA SHUHUDIA NA KUTILIANA SAINI KAMA IFUATAVYO:-

UMESAINIWA na KUTOLEWA hapa DODOMA na
LETARE SINDA SHOO kwa Niaba ya
LESHOW INVESTMENT LTD
Leo tarehe **11 Mwezi Aprili, 2025**



MBELE YANGU:-

SAINI:
JINA: **FLORA S. SAGIRE**
ANWANI: S.L.P 2806, DODOMA
WADHIFA: WAKILI/KAMISHNA WA VIAPO

UMESAINIWA na KUTOLEWA hapa DODOMA na
WINIFRIDA ALEX MKAMA
Ninayemfahamu binafsi/alietambulishwa
Kwangu na.....
Leo tarehe **11 Mwezi Aprili, 2025**



MBELE YANGU:-

SAINI:
JINA: **FLORA S. SAGIRE**
ANWANI: S.L.P 2806, DODOMA
WADHIFA: WAKILI/ KAMISHNA WA VIAPO



**MKATABA WA UPANGISHWAJI NYUMBA/CHUMBA CHA
BIASHARA (FREMU)**

KATI YA

ROSE TIMOTH MTONO

MWENYE NYUMBA

0713 497 425

NA

WINIFRIDA ALEX

MILAMA (0756735513)

IMETAYARISHWA NA :

ROSE TIMOTH MTONO

MMILIKI WA NYUMBA/CHUMBA CHA BIASHARA (FREMU)

P.O.BOX.....

DODOMA.

MKATABA WA UPANGISHWAJI NYUMBA/CHUMBA CHA BIASHARA (FREMU)

Mimi ROSE TIMOTH MTONO Mwenye nyumba hii, nimempangisha
Nyumba/Chumba cha biashara (Fremu)

Ndugu WINIFRIDA ALEX MKAMA nimepokea kiasi cha
Tsh... 600000/= ikiwa ni kodi ya nyumba/chumba cha Biashara (Fremu) kwa
muda wa miezi 06..... na gharama ya Nyumba/chumba cha Biashara (Fremu)
kwa mwezi ni Tsh. 100000/= Malipo haya yataanza tarehe 1/7/2025.....
hadi tarehe 1/1/2026.....

MASHARTI YA MKATABA

1. Mpangaji atawajibika kufanya usafi wa Mazingira anatakiwa kulizingatia hilo
2. Mpangaji anatakiwa kulipa kodi ya Nyumba/Chumba cha biashara (Fremu)
kwa wakati sahihi kama umepatwa na dharura toa taarifa mwezi mmoja kabla
ya kulipa kodi.
3. Mpangaji haruhusiwi kufanya uharibifu wowote katika Nyumba/Chumba cha
biashara (Fremu), Ulivyoingia ndivyo utavyo kabidhi .
4. Mpangaji haruhusiwi kupangisha mtu mwingine bila kuwasiliana na mwenye
nyumba/msimamizi wa nyumba/yani kufaulishana
5. Mpangaji endapo atafanya uharibifu wowote utawajibika kulipa ulivyo
viharibu katika Nyumba/Chumba cha biashara (Fremu).
6. Mpangaji endapo atahama bila kodi yake kuisha utakuwa umevunja mkataba
wako mwenyewe na hatarudishiwa kodi yako.
7. Nitasitisha mkataba wako endapo hutatimiza masharti ya Nyumba/Chumba
cha biashara (Fremu).

MAKUBALIANO HAYA YAMEFANYIKA NA KUKUBALIWA NA PANDE ZOTE HUSIKA KWA MAELEWANO

Jina la mwenye nyumba... ROSE TIMOTH MTONO.....

Saini... Rose Timoth..... simu namba... 0713-497-425.....

Jina la mpangaji... WINIFRIDA A. MKAMA.....

Saini... Winifrida..... simu namba... 0756735513.....

Jina la shahidi wa mwenye nyumba... Morgan Nambachia.....

Saini... Morgan Nambachia..... simu namba... 0761-642326.....

Jina la shahidi wa mpangaji... ADEUNE -v. MCHAU.....

Saini... A. Mchau..... Simu namba... 0629509102.....



ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licensing Authority; TIN : 101-221-490

MKURUGENZI WA JIJI DODOMA

MTAA WA CDA

1249

DODOMA

Tax Certificate Number:

161-0244-6110

Issuing Office: Dodoma

Telephone: 026 23222912

Date of issue: 10 July 2025

Expiry Date: 31 December 2025

Taxpayer Name	WINIFRIDA ALEX MKAMA		
Trading Name			
Taxpayer Identification Number	178-193-007	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : MERIWA-IPAGALA

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	Mobile Money Agents (Wakala Mobile money)
2	Retail sale of pharmaceuticals in Accredited Drug Dispensing Outlet (ADDO) (ie. Duka la Dawa Muhimu (DLDM))

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
10 July 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.

CY08



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

ISSUED UNDER SECTION 25 OF THE TAX ALIENATION ACT 2004

THIS IS TO CERTIFY THAT
LESHOWS INVESTMENT LIMITED

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

154-162-372

WITH EFFECT FROM **18 NOVEMBER 2021**

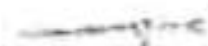
TRA LOCATION **DODOMA**

TAX OFFICE **DODOMA**

PHYSICAL LOCATION:

STREET / AREA **ILAZO**

OFFICIAL SEAL


HERBERT M.T. KASYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REVENUE AUTHORITY WILL BE THE CRAFTSMAN OF THIS SEAL AND IT WILL BE VALID FOR 10 YEARS



ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-221-490

MKURUGENZI WA JIJI DODOMA

MTAA WA CDA

1249

DODOMA

Tax Certificate Number:

161-0244-6110

Issuing Office: Dodoma

Telephone: 026 23222912

Date of issue: 10 July 2025

Expiry Date: 31 December 2025

Taxpayer Name	WINIFRIDA ALEX MKAMA		
Trading Name			
Taxpayer Identification Number	178-193-007	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : MERIWA-IPAGALA

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	Mobile Money Agents (Wakala Mobile money)
2	Retail sale of pharmaceuticals in Accredited Drug Dispensing Outlet (ADDO) (ie. Duka la Dawa Muhimu (DLDM))

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

10 July 2025



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3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.


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

19941128-30301-00001-10

JINA: WINIFRIDA ALEX
 Given Name
JINA LA MWISHO: MKAMA
 Surname
TAREHE YAKUZAJINA: 23 NOV 1994
 Date of Birth
JINSI: F
 Sex
SABHI:
 Signature
MWISHO WA MATUMIZI: 18 DEC 2028
 Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19941128303010000110

Kitiambulishi hiki ni rasmi ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hukumu
 hii ni ya kazi na inayotumika kwa ajili ya kufanya kazi za kawaida za kutambuliwa. Kitiambulishi
 hiki ni ya kazi na inayotumika kwa ajili ya kufanya kazi za kawaida za kutambuliwa. Kitiambulishi
 hiki ni ya kazi na inayotumika kwa ajili ya kufanya kazi za kawaida za kutambuliwa.

This Identity Card is the property of the Government of The United Republic of Tanzania.
 It should not be removed with or without its use into the possession of any other person.
 If lost or destroyed the fact and circumstances should immediately be reported to the Local
 Police and the nearest NIDA office or Foreign Affairs of The United Republic of Tanzania.


 HUKUMU
 NATIONAL IDENTIFICATION AUTHORITY



TANZANIA

Form 5



No. 600032

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **AJD PHARMACY** this **18th** day of **MARCH** year **2025** 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 **600032** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **18th** day of **MARCH**
TWO THOUSAND AND TWENTY FIVE.



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.



ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 100-971-380
BUSINESS REGISTRATION LICENSING AGENCY (BRELA)
LUMUMBA
9393
DAR ES SALAAM

Tax Certificate Number:

161-0242-4577

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 17 June 2025
Expiry Date: 31 December 2025

Taxpayer Name	LESHOWS INVESTMENT LIMITED		
Trading Name			
Taxpayer Identification Number			
Company Registration Number	154-162-372	Vat Registration Number	
	154162372		

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : ILAZO

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 |
|---|---|

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
17 June 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.