

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 | <input type="checkbox"/> |
| 2. BUSINESS NAME | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input checked="" type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: THEOPHANY HIAN PHARMACY FIN. D102896

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

PHYSICAL ADDRESS:

Plot No. 204 Street: DOT MIWIVILA A Ward: MIWIVILA

District/Municipal: IRINKA CBD Region: IRINKA

POSTAL ADDRESS: 147 IRINKA Contact No. 0752 448 699

E-mail:

OWNERSHIP:

Directors (Names): 1. DEODRATIUS MWIMBA Qualification:

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: ANASTAZIA MKA-YA BISEKO PIN: D103944

Residential Address: KIHESA Tel: 0762425195 Email: bisekoanastazia83@gmail.com

Contract commencement date: 01/06/2025 Cessation date: 31/05/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MUFFADAL53 PHARMACEUTICAL

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

PHYSICAL ADDRESS:

Plot No. 204 Street: MIWIVILA A Ward: MIWIVILA

District/Municipal: IRINKA CBD Region: IRINKA

POSTAL ADDRESS: 69 IRINKA CONTACT No. 0785 460141

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ABBAS S. HASSANALI Qualification:
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date:

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. The New owner wants to change the name of the B. business
-
-
2.
-
-

SECTION D: APPLICANT INFORMATION

Name of Applicant: ABBAS S. HASSANALI

(Contact/email if different from the above)

Address: 69 IRINHA Tel: 0785460141 E-mail: abbashassanali52@gmail.com

Signature of Applicant: Abassanali Date: 03/06/2025

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: Abassanali Date: 03/06/25

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)



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: MUFFADAL SB PHARMACEUTICAL Facility Identification Number (FIN): 0102896
 Physical address: KIHESA Ward: KIHESA District/Municipal: IRINGA Region: IRINGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ANASTAZIA MAKAYA BISEKO PIN: 0103914 Phone: 0762 425195
 Address: 260 IRINGA Email: biseko.anastazia3@gmail.com

A.3. REASON(S) FOR CHANGE NEW CHANGE OF MANAGEMENTTime frame of notification: (As per Contract) 1 YEAR Signature: [Signature] Date: 20/05/2025

A.4. OWNER'S DETAILS

Full Name: ABBAS SHABIR HASSANALI Phone Number: 0785460141
 Remarks: [Blank]
 Signature: [Signature] Date: 20/05/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: ANASTAZIA MAKAYA BISEKO PIN: 0103914 Phone Number: 0762 425195 Email: biseko.anastazia3@gmail.com
 Physical address: KIHESA Ward: KIHESA District/Municipal: IRINGA Region: IRINGA
 Details of Previous pharmacy:
 Name of Pharmacy: MUFFADAL SB PHARMACEUTICAL FIN: 0102896 District/Municipal: IRINGA Region: IRINGA

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

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

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: [Blank]
 Full Name: [Blank] Designation: [Blank] Signature: [Blank] Date: [Blank]

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.



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 ANASTAZIA MKAYA BISEKO PIN 0102944
2. Namba ya simu 0762-425195 barua pepe bisekoanastasia@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31 DEC 2025
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. 0103944 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ANASTAZIA MKAYA BISEKO mwenye
taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MUSTADRAK S3 PHARMACEUTICAL FIN 0102896 lililopo katika
Wilaya ya IRINGA Mkoani IRINGA
Sahihi Mkaya Tarehe 20/05/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi Helen Bambas Bambas Tarehe 28/5/2025

Muhuri KNY
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ROSEMARY MBANGWA Kata ya MTWIVILA

Nadhibitisha kwamba Ndugu ANASTAZIA MKAYA BISEKO anaishi

langu mtaa/kiji Dosoma 2009 C kuanzia mwaka 2021

Sahihi Afisamtendaji AFISA MTENDAJI Tarehe 21/05/2025

Muhuri
Mtendaji

KATA YA MTWIVILA
IRINGA - MANISFAA



THE UNITED REPUBLIC OF TANZANIA

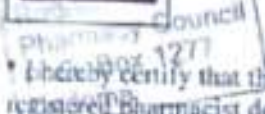
THE PHARMACY COUNCIL 00002668

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, Cap. 311)



Full Name Anastazia Mhaya Biseko



I hereby certify that the following is a true extract from the entry in the Register relating to fully registered Pharmacist details in respect of whom are set out below

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN	Date					
0103944	27th March, 2025	7th November, 2000	Tanzanian	P.O. Box 1501 Iringa	Bachelor of Pharmacy	Kampala International University in Tanzania 2023

Date 24th April, 2025

REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist 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.



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

ANASTAZIA MKAYA BISEKO

PIN NO: 0103944

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: 27 March 2025

Expires on: 31 December 2025

Registrar
Pharmacy Council



MKATABA WA MAUZIANO YA FAMASI

Kati ya

DELEGATIVA ALBERTO MWIHAVA.

MUUZAJI

Na

ABRAS. SHABBIR HASSANALI

MNUNUZI

MIKATABA WA MAUZIANO YA FAMASI

MIKATABA HUU umefanywa Leo tarehe 22 mwezi 05 2025

Baina ya

Ndugu DEGURXTI UJA ALBERT NIMHARA, wa UWILUWU, kata
ya UWILUWU wilaya ya IRINUA, mkoa wa IRINUA, S.L.P
147 IRINUA.

(Ambaye katika Mkataba huu atajulikana na kutambulika kisheria kama
"MUUZAJI") Kwa upande mmoja;

Na
Ndugu ABBAS SHABIR HASSANALI, wa MTWILA, kata ya
wilaya ya IRINUA MJINI, mkoa wa IRINUA, S.L.P, GA IRINUA.

(Ambaye katika Mkataba huu atajulikana na kutambulika kisheria kama
"MNUNUZI") Kwa upande mwingine.

AMBAPO

Bila shuruti wala vitisho pande zote mbili zime ridhiana kwa masharti ya mkataba
huu kwamba MUUZAJI ana nia thabiti ya kuuza Famasi hicho, na MNUNUZI ana
nia thabiti ya kununua Famasi hicho.

AMBAPO SASA INASHUHUDIWA KUWA:-

1. MUUZAJI ni mmiliki halali wa Famasi hii ilichopo eneo la KIHESA, kata ya KIHESA, balmashauri IRINKA MJI NI, Mkoa wa IRINKA Chenye usajili Na 0102896 kutoka baraza la famasi Tanzania.
2. MUUZAJI anakubali kumuuzia Famasi hiyo MNUNUZI kwa bei ya shilingi zakitanzania 18,000,000/- (sema MILIONI Kumi na Nane Tu) ambapo mnunuzi analipa leo shilingi 12,000,000/- kwa mara moja, na anadaiwai shilingi 5,000,000/- ambazo atalipa KILA MWEZI KWAZIA JULY na MUUZAJI anakiri kupokea MPAKA DECEMBER MILIONI MOJA KILA MWEZI, fedha zote zilizotolewa, kutoka kwa MNUNUZI.
3. MUUZAJI anaahidi kuwa katika kutekeleza matakwa ya mkataba huu, kuanzia leo na kuendelea famasi hiyo na vilivyomo vyote ni mali ya MNUNUZI.
4. MUUZAJI anamhakikishia MNUNUZI kuwa famasi hiyo hakina madai yoyote wala mgogoro wowote.
5. Kwamba makubaliano haya ni ya kudumu na yatazibana pande zote mbili.
6. Kwamba mkataba huu unalindwa na sheria za Tanzania zinazohusu mikataba pamoja na mabadiliko yake yatakayojitokeza kwa mujibu wa sheria za Tanzania.

7. Kwamba endapo mgogoro wowote utajitokeza kati ya pande mbili basi mgogoro huo utatatuliwa kwa sheria za nchi zitakazo kuwepo wakati huo.

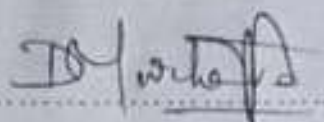
KWA KUSHUHUDIA pande zote mbili zinaweka sahihi zao Leo tarehe, mwezi na mwaka kama inavyoonekana hapa chini:

UMESAINIWA na KUWASILISHWA

Hapa _____ na DELRATINI MUTHANA

Ambaye ninamfahamu Leo tarehe 22

Mwezi 05 2025.



MUUZAJI



MBELE YANGU:

Jina: Innocent Bonface

Saini: 

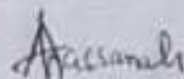
WAKILI

UMESAINIWA na KUWASILISHWA

Hapa _____ na ABBAS SHABIR HASSANALI

Ambaye ninamfahamu Leo tarehe 22

Mwezi 05 2025.



MNUNUZI



MBELE YANGU:

Jina: Innocent Bonface

Saini: 

WAKILI

MAKATABA HUU UMESHUHUDIWA PIA NA:

MASHAHIDI WA MUUZAJI:

1. LUSAJU MOSES Sahihi:
2. RAMADHAM MBOLU Sahihi:
3. Sahihi:

MASHAHIDI WA MNUNUZI:

1. SHABBIR HASSANALI Sahihi:
2. MUSTAFA HASSANALI Sahihi:
3. Sahihi:

MBELE YANGU:

Jina: Innocent Boniface
WAKILI

Saini:



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

ABBAS. SHABOIZ MASSANALI .

(PROPRIETOR)

AND

ANASTAZIA MIKAYA BISEKO .

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST This Agreement is made on this 20 day
of 05 2025

BETWEEN

ABDAS SHABIR HASSANALI (Name) of P.O. BOX
69 Region IRINKA

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

AND

ANASTAZIA MIKAYA BISEKO 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 RETAIL PHARMACY BUSINESS - 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 ~~three~~, ~~six~~, ~~nine~~, twelve months, commencing from the 01-06-2025 day of 06 20 25 to 01 day of 06 20 26.

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of 06 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 SEVEN HUNDRED THOUSAND 700,000/- TZS 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.
- 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 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

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 05 2025

SIGNED and DELIVERED at IRINGA by the said
ABBAS SHABIM HASSANALI who is known
to me personally/identified to me by OWNER
.....the latter being
personally known to me this 20 day of MAY 2025

Assandh
PROPRIETOR

In the presence of:

Name: DOROTHEA G KAUNDAMA
Designation: ADVOCATE
Signature: Dkaundama
Address: P.O. BOX 445 IRINGA
Date: 20th MAY 2025



SIGNED and DELIVERED at IRINGA by the said
ANASTAZIA MKAMA BISELO who is known
to me personally/identified to me by
PHARMACIST the latter being
personally known to me this 20 day of MAY 2025

Mkama
SUPERINTENDENT

In the presence of:

Name: DOROTHEA G KAUNDAMA
Designation: ADVOCATE
Signature: Dkaundama
Address: P.O. BOX 445 IRINGA
Date: 20th MAY 2025





TANZANIA

Form 5



No. 606952

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **MUFFADAL 53**
PHARMACEUTICAL this 3rd day of **JUNE** 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 **606952** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 3rd day of **JUNE 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.

CTIN: 1344528



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2019)

THIS IS TO CERTIFY THAT

ABBAS SHABBIR HASSANALI

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

131-028-458

WITH EFFECT FROM: **31 AUGUST 2016**

TRA LOCATION: **IRINGA**

TAX OFFICE: **IRINGA**

PHYSICAL LOCATION:

STREET / AREA: **DODOMA ROAD "C"**



**ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE**

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

MINUTE SHEET

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

Dokero
No.



BARAZA LA FAMASI



**FORMU 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 MAKINA EDWARD KIGODI PIN 0406383

2. Namba ya simu 0742 858152 barua pepe -

3. Tarehe ya mwisho kuhuisha jina (Retention) 31-12-2025

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 MAKINA EDWARD KIGODI mwenye
taaluma ya dawa ngazi ya DIPLOMA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
MUFFADAL SS PHARMACEUTICAL FIN 0102896 lililopo katika
Wilaya ya IRINGA Mkoani IRINGA
Sahihi Hagbi Tarehe 05/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY:
DMO

Jina na Sahihi Helen Bamalwa, Bamalwa Tarehe 06/06/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) THAAB B. MTHANGA Kata ya MTWIVILA

Nadhibitisha kwamba Ndugu MAKINA EDWARD KIGODI anaishi

langu mtaa Ukwana Rongwe C' kuanzia mwaka 2022

Sahihi Afisamtendaji

Tarehe

06/06/2025

Muhuri
Mtendaji

AFISA MTENDAJI
KATA YA MTWIVILA
IRINGA - MANTIPAA

MINUTE SHEET

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

Dokexo
No.

This Agreement is made on this 05 day of JUNE 2026

BETWEEN

ABDUS-S-HAKSANALI (Name) of P.O.BOX 69 Region IRINFA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

MAKINA EDWARD KIRADI 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 MUTADAL S3 PHARMACEUTICAL 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 05 day of 06 2025 to 04 day of 06 2026.

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 05 day of 06 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 salary/emoluments of TZS. 500,000 = 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.

- 4.1.7 Follow up and implement on matters advised by a Pharmaceutical Technician and approved by Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 Shall ensure pharmaceutical services are provided with due care.
- 4.1.9 Shall ensure all proper records are maintained and managed well.
- 4.1.10 Shall ensure the use of reference and other relevant materials whenever 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.
- 4.1.11 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.12 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.13 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.14 Perform any other duty as the Council may determine from time to time.

4.2 The Pharmaceutical Technician;

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 establish and efficiently perform the duties according to their scope of practice to the said pharmacy, dealing in Pharmaceuticals.

**The Pharmaceutical Technician under personal supervision of a pharmacist
Shall have the following duties and obligations: -**

- 4.2.1 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.2 Shall ensure services are provided are provided under his/ her physical supervision.
- 4.2.3 Shall manage and undertake all technical and professional matters in the pharmacy under supervision of a pharmacist.
- 4.2.4 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.5 Shall provide pharmaceutical service with due care.



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licensing Authority; TIN: 101-957-322
IRINGA DISTRICT COUNCIL
GANGILONGA-OLD DODOMA RD
108
IRINGA

Tax Certificate Number:

171-0225-1309

Issuing Office: Iringa

Telephone: 026 2702142

Date of Issue: 24 January 2025

Expiry Date: 31 December 2025

Taxpayer Name	DEOGRATIUS ALBERTO MWIHAVA		
Trading Name			
Taxpayer Identification Number	103-433-023	Vat Registration Number	
Company Registration Number			

Business Premises located at:
REGION: IRINGA,
DISTRICT: MUFINDI,
STREET: MKOMBWE

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	Other activities of human health
2	Other activities auxiliary to financial service activities

Alfred T. Mregi

COMMISSICKER FOR DOMESTIC REVENUE

24 January 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.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925167339800374
Received from : THEOPHANYGIAN 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 - CHANGE OF NAME & OWNERSHIP		200,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16209167250641178884

Payment Control Number : 991620309908

Payment Date : 2025-06-16 09:12:11

Issued by : Zena Mango

Date Issued : 2025-06-16 09:35:03

Signature