Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924122247243989**
Received from	: KAM DSM PHARMACY (ROIDA & Co. 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 - 0*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16209116241947089437
Payment Control Number	**: *991620243920***
Payment Date	**: 2024-05-01 09:40:23**
Issued by	: Zena Mango
Date Issued	: 2024-05-10 14:29:16
Signature	: .....

PHARMACY COUNCIL

Change of management and name of pharmacy

PCF.14

204000 Dothwe

PHARMACY COUNCIL

99162024 3920

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: ~~KAM DSM PHARMACY~~ KOIDA XCO FIN. ~~07D1010863~~ 0100790

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. ..... Street: TEGETA KIBAONI Ward TEGETA WAZO

District/Municipal KINONDONI Region: DAR-ES-SALAAM

POSTAL ADDRESS: 65158 Contact. No. 0714011045

E-mail: .....

OWNERSHIP:

Directors (Names): 1. KELVIN RWEZAULA Qualification: .....

2. ..... Qualification: .....

3. ..... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: PENDO MUGANHIRI PIN: 0101546

Residential Address: PWANI Tel: 0689599593 Email: plmuganhi-i@gmail.com

Contract commencement date: 01/04/2023 Cessation date 01/04/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: CARECREST PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. ..... Street TEGETA KIBAONI Ward TEGETA WAZO

District/Municipal KINONDONI Region DAR-ES-SALAAM

POSTAL ADDRESS: P.O.BOX 19876 CONTACT. No. 0768411394

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. GODLISTEN E. GADIEL ..... Qualification: LAB TECHNOLOGIST
2. LOVENESS W. KISOMBO ..... Qualification: PHARMACEUTICAL TECHNICIAN
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JOANESS JOSHUA NTIMBA ..... PIN: 0102825

Residential Address: TEGETA ..... Tel: 0758112016 ..... Email: joanessjoshua5566@gmail.com

Contract commencement date: 02/04/2024 ..... Cessation date 02/04/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. The premise (pharmacy) was sold to us

2. The previous superintendent lives in another region and thus we need to have another superintendent.

SECTION D: APPLICANT INFORMATION

Name of Applicant: LOVENESS KISOMBO

(Contact/email if different from the above)

Address: TEGETA ..... Tel: 0768411394 ..... E-mail: Snevelatz@gmail.com

Signature of Applicant ..... Date 02-04-2024

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant ..... Date 02-04-2024

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

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

MKATABA WA MAUZIANO YA PHARMACY

Mimi Mimi KELVIN RWEZAULA nikiwa na akili zangu timamu bila kushawishiwa na mtu yeyote nimemuuzia nduguGODLISTEN GADIEL frame yangu ya duka la Dawa (Pharmacy) iliyopo Tegeta kwa Makubaliano ya **Tshs.** 19,000,000/=

Makubaliano haya yamefanyika mbele ya mashahidi wafuatao:

Jina la mwenye Frame KELVIN RWEZAULA MJUNWA.

Sahihi..... Tarehe 20/10/2023

Jina la shahidi wa mwenye frame AVITUS DEUS

Sahihi ..... Tarehe 20/10/2023

Jina la Mnunuzi GODLISTEN E. GADIEL

Sahihi..... Tarehe 20-10-2023

Jina la shahidi wa Mnunuzi LOVENESS W KISOMBO

Sahihi..... Tarehe 20-10-2023

MBELE YANGU:

JINA : EMILY LAUS CHRISTANT

CHEO: Wakili

WADHIFA: Mwanasheria.

SAHIHI:

TAREHE: 20/10/2023

EMILY LAUS CHRISTANT
ADVOCATE, NOTARY PUBLIC & COMMISSIONER FOR OATHS
P.O.BOX 11288, DAR ES SALAAM

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-186-555
HALMASHAURI YA MANISPAA YA KINONDONI
MWANANYAMALA/ MWINJUMA ROAD
31902
DAR ES SALAAM

Tax Certificate Number: **581-0166-4870**
Issuing Office: Tegeta
Telephone:
Date of issue: 08 May 2023
Expiry Date: 31 December 2023

Taxpayer Name	KELVIN RWEZAULA NJUNWA		
Trading Name	ROIDA & Co.Pharmacy		
Taxpayer Identification Number	127-294-615	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : Tegeta

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	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy

HERBERT M.T. KAYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
08 May 2023

Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0701010863

This is to certify that the premises owned by M/S ***KAM DSM Pharmacy - Tegeta Branch*** of P.O.Box ***65158, Dar es Salaam*** located at ***Tegeta Kibaoni, Kinondoni*** Municipality/ District in ***Dar es Salaam*** region have been registered for ***Retail Pharmacy*** for ***Selling Pharmaceutical Products*** with Facility Identification Number (FIN) ***0701010863***

Issued on: ***April, 2015***

05th April 2018
DATE:

SIGNATURE OF REGISTRAR AND STAMP

CONDITIONS

1. ***The premises and the manner in which the business is to be conducted must conform to requirements of the Pharmacy Act Cap. 311 or any other written law relating to the premises registration at all times, failure of which will cause this certificate be suspended, revoked or cancelled***
2. ***The Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act***
3. ***Any Change in the ownership, business name 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. ***This certificate shall be displayed conspicuously in the registered premises***

Form 21

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 08/11/2023 14:55:02
Registration date and time: 08/11/2023 14:55:00

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	**Name of Business:**	**CARECREST PHARMACY**
2.	**Registration number:**	**557911**
3.	**Principale Place of Business:**	Region Dar Es Salaam, District Kinondoni, Ward Kunduchi, Postal code 14122, Kibo Street Nearby Kibo Bus Stand Tegeta, Kinondoni - Dar Es Salaam.
4.	**Contacts:**	Email snevelatz@gmail.com, Phone 0758248415, P.O.Box 123
5.	**Business activity:**	8610 - Hospital activities 8690 - Other human health activities 4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
6.	**Propriator/Partners:**	GODLISTEN ELIREHEMA GADIELI LOVENESS WILSON KISOMBO
7.	**Authorized to Operate Bank Account etc:**	GODLISTEN ELIREHEMA GADIELI LOVENESS WILSON KISOMBO GODLISTEN ELIREHEMA GADIELI LOVENESS WILSON KISOMBO

REGISTRAR OF BUSINESS NAMES *TANZANIA*

Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

LOVENESS W. KISOMBO

(PROPRIETOR)

AND

JOANESS JOSHUA NTIMBA

(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST This Agreement is made on this 2nd day of APRIL 2024

BETWEEN

LOVENESS KISOMBO **(Name) of P.O. BOX** 19876 **Region** DAR-ES-SALAAM (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

JOANESS JOSHUA NTIMBA 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 CARECREST 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 where 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 2nd day of APRIL 20 24 to 2ND day APRIL of APRIL 20 25

3. **Commencement of Supervision**
   The superintendent shall commence management and supervision of the above named Pharmacy on the 2nd day of APRIL 20 24

4. **Obligation of the Parties:**

   4.1 The Proprietor:

   The proprietor shall have the following duties and responsibilities;

   4.1.1 The **PROPRIETOR** shall pay monthly allowance/emoluments of TZS 700000/= 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 treaty such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.

4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the Council and other relevant authorities.

4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.

4.1.5 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.

4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and 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 2ND day of APRIL 20 24

SIGNED and DELIVERED at TEHETA by the said ..... who is known to me personally identified to me by ....the latter being personally known to me this 2 day of April 20 24

PROPRIETOR

In the presence of:
Name: EMILY LAUS CHRISTANT
Designation: Advocate Notary Public and commissioner for Oaths
Signature: .....
Address: P.O. Box 11288 DSM
Date: 2nd April 2024

Signed and delivered by the parties at this 2nd day of April 20 24.

SIGNED and DELIVERED at TEHETA by the said ..... who is known to me personally identified to me by ....the latter being personally known to me this.....day of .....20.....

SUPERITENDENT

In the presence of:
Name: EMILY LAUS CHRISTANT
Designation: Advocate, Notary Public and commissioner for Oaths
Signature: .....
Address: P. O. Box 11288 Dsm
Date: 2nd April 2024

EMILY LAUS CHRISTANT
ADVOCATE
NOTARY PUBLIC
&
COMMISSIONER
FOR OATHS
P.O.BOX 11288, DAR ES SALAAM

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..JOANESS JOSHUA NTIMBA PIN ..0102925.....
2. Namba ya simu...0753118016..... barua pepe joanesjoshua556@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*...31/12/2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☑ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi...Joaness Joshua Ntimba..... mwenye taaluma ya dawa ngazi ya .....Shahada..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo .....CARE CREST PHARMACY... FIN ..... lililopo katika Wilaya ya ...KINONDONI..... Mkoani .....DAR ES SALAAM.....

Sahihi .....[signature]..... Tarehe ...07/05/2024.....

Uthibitisho wa Mfamasia wa Halmashauri

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

[illegible] MUHURI WA MFAMASIA WA HALMASHAURI YA MANISPAA YA KINONDONI

Jina na Sahihi ...OSWIN SAKUA... **Tarehe**...9/5/24...

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)...S. NTONGA..... Kata ya...WAZO.....

Nathibitisha kwamba Ndugu.JOANESS J. NTIMBA.....anaishi

langu mtaa/kijiji...WAZO.....,kuanzia mwaka...2021.....

Sahihi Afisamtendaji

.....[signature].....

Tarehe
10/05/2024

Muhuri Mtendaji

HALMASHAURI YA MANISPAA YA KINONDONI

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0701010863

This is to certify that the premises owned by M/S ***KAM DSM Pharmacy - Tegeta Branch*** of P.O.Box ***65158, Dar es Salaam*** located at ***Tegeta Kibaoni, Kinondoni*** Municipality/ District in ***Dar es Salaam*** region have been registered for ***Retail Pharmacy*** for ***Selling Pharmaceutical Products*** with Facility Identification Number (FIN) ***0701010863***

Issued on: ***April, 2015***

05th April 2018

DATE:

SIGNATURE OF REGISTRAR AND STAMP

CONDITIONS

1. ***The premises and the manner in which the business is to be conducted must conform to requirements of the Pharmacy Act Cap. 311 or any other written law related to the premises registration at all times, failure of which will cause this certificate be suspended, revoked or cancelled***
2. ***The Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act***
3. ***Any Change in the ownership, business name 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. ***This certificate shall be displayed conspicuously in the registered premises***

Muganibiro