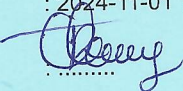




Jamhuri ya Muungano wa Tanzania
United Republic of Tanzania
Pharmacy Council
Exchequer Receipt
Stakabadhi ya Malipo ya Serikali

Receipt No : 924306287574899
Received from : MEDICARE 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 - 1		200,000.00
Total Billed Amount :		200,000.00 (TZS)

Bill Reference : 16213306244752367310
Payment Control Number : 991620279273
Payment Date : 2024-11-01 14:12:26
Issued by : Zena Mango
Date Issued : 2024-11-01 14:18:17
Signature : 

PHARMACY COUNCIL

991620279273

Alpie 200,000/-
Alteration of name and
ownership

PCF.14

1/11/2024

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: MEDICARE PHARMACY FIN. 0103112TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 129 Street: Uhuru Road Ward: Ilala BomaDistrict/Municipal: Ilala Region: Dar es SalaamPOSTAL ADDRESS: Contact No. 0763410038E-mail: ronaldamani02@gmail.com

OWNERSHIP:

Directors (Names): 1. Ronald T. Amari Qualification: Pharmacist

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: HAMIDA YAHAYA MBURA PIN: 0100257Residential Address: PUGU Tel: 0713-488400 Email: hamidambura@gmail.comContract commencement date: 13/03/2024 Cessation date: 13/02/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: FAA PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 129 Street: Uhuru Road Ward: Ilala BomaDistrict/Municipal: Ilala Region: Dar es SalaamPOSTAL ADDRESS: CONTACT No. 0758899871

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. FARHA Habbibullah Khan Qualification: Pharmtech
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. I bought the pharmacy from the previous owner
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: Ronald Madese Amarr
 (Contact/email if different from the above)
 Address: TEGETA Tel: 071 3 41038 E-mail: ronaldm02@gmail.com
 Signature of Applicant:  Date: 28/10/24

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: 28/10/24

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

PCF. 17



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... MEDICARE PHARMACY Facility Identification Number (FIN) 0103112

Physical address:

Street Uhuru Road Ward Ilala boma District/Municipal Ilala Region Dar es Salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Felix Leonard Barongo PIN 0408032 Phone 0622-669947

Address Mbezi Makabe Email calvinmim25@gmail.com

A.3. REASON(S) FOR CHANGE

Change of business ownership

Time frame of notification: (As per Contract) 7 days Signature Kard Date 29/10/2024

A.4. OWNER'S DETAILS

Full Name Ronald Madise Amani Phone Number 0763410038

Remarks Excellent

Signature [Signature] Date 28/10/24

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name FARHA KHAN PIN 0400709 Phone Number 0758899871 Email farhablossom@gmail.com

Physical address:

Street Shariq Street Ward Ilala Bungeni District/Municipal Ilala Region Dar es Salaam

Details of Previous pharmacy:

Name of Pharmacy..... FIN..... District/Municipal..... Region.....

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.....

Full Name..... Designation..... Signature..... Date

D. NOTE;

Failure to acquire the services of another superintendent / Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL
(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☐ Pharm. Technician ☒ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☒

I Farha Habibullah Khan with Personal Identification Number
(PIN) 0400709 of Year 2012, residing at Ilala district, in Dar es Salaam
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named Faa Pharmacy
with Facility Identification Number (FIN) _____ of year 2024, located at Ilala
District, Dar es Salaam Region with a Business Tax Identification Number (TIN) 124-376-04
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 0758 899871 Email Address: farhablossom@gmail.com

Signature: [Signature] Date: 28/10/2024

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory

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

19890928-12101-00001-15

JINA : FARHA HABIBTULLAH
Given Name


JINA LA MWISHO : KHAN
Last Name

TAREHE YA KUZALIMA : 23 JUL 1989
Date of Birth

JINSI : F
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 05 SEP 2029
Expiry Date

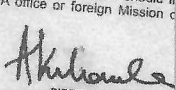


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19890928121010000115

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kufanyia mabadiliko ya aina yoyote wala kumpata mtu ambaye hanuhusiwi kikutumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima ilielewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

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


DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD



19980210-16105-00001-24

JINA : RONALD THADEUS
Given Name

JINA LA MWISHO : AMANI
Last Name

TAREHE YA KUZALIWA : 10 FEB 1998
Date of Birth

JINSI : M
Sex

SAINI:

Signature

MWISHO WA MATUMIZI : 01 JUN 2028
Expiry Date



MKATABA WA KUPANGISHA NYUMBA/VYUMBA/CHUMBA

Mimi mwenye nyumba NASSOR SULEIMAN SAID Nina mpangisha Nyumba/Vyumba/Chumba

Ndugu SAID SULEIMAN SAID wa S.I.P. 71572 Dar es Salaam.

Nampangisha Nyumba/Vyumba/Chumba kwa Tshillings Laki Tano (500,000) kwa Mwezi.

Na mpangaji amelipa kiasi cha TShillings 9,600,000/2 ambayo ni kodi ya miezi 24 mkataba huu unaanza tarehe 1/1/2024 hadi tarehe 1/1/2026

MASHARTI YA MKATABA HUU NI HAYA YAFUATAYO

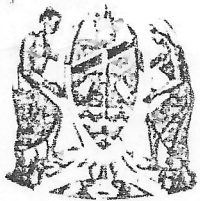
1. Malipo ya umeme hayaingiliani na mkataba wa nyumba.
2. Endapo mpangaji atavunja mkataba kwa hiari yake fedha huzito rudishwa.
3. Mpangaji anaruhusiwa kufanya marekani isho ya kukidhi makazi yake kwa makubaliano na mwenye nyumba.
4. Ushirikiano na upendo, Amani nitabia njema kwa wote.

MAKUBALIANO YA MKATABA HUU YAMEFANYIKA MBELE YA WAFUATAO:-

1. Jina kamili la Mwenye Nyumba
NASSOR SULEIMAN SAID Sahihi [Signature]
2. Jina kamili la Shahidi wa Mwenye Nyumba
FATMA NASSOR SULEIMAN Sahihi [Signature]
3. Jina kamili la Mpangaji
SAID SULEIMAN SAID Sahihi [Signature]
4. Jina kamili la Shahidi wa Mpangaji
MAHIR SULEIMAN SAID Sahihi [Signature]
5. Sahihi na Muhuri wa Mwenyekiti wa serikali za mtaa/Afisa mtendaji wa mtaa
Sahihi [Signature]

OFFICE IN CHARGE OF THE MAAWBAHA
NO. 11/1/2023





TANZANIA

Form 5



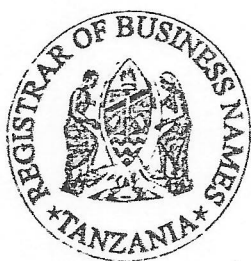
No. 562295

Certificate of Registration


The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **ONLINE MEDICARE PHARMACY & COSMETICS** this 9th day of **JANUARY** year **2024** 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 **562295** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 9th day of **JANUARY**
TWO THOUSAND AND TWENTY FOUR.



Having Seen the Original
I Certify that this is a true Copy of the Original
6th January 2024
J. K. SARASARA
Advocate


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.



TANZANIA



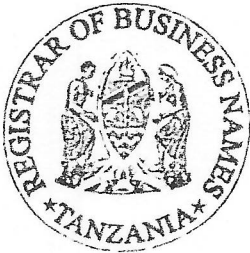
Extract date and time: 09/01/2024 12:44:25

Registration date and time: 09/01/2024 12:42:34

The Business Names (Registration) Act (Cap 213)

Extract from Register

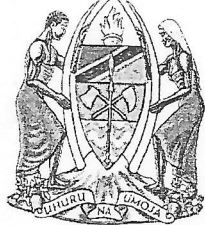
1. Name of Business: **ONLINE MEDICARE PHARMACY & COSMETICS**
2. Registration number: **562295**
3. Principale Place of Business: **Region Dar Es Salaam District Ilala CBD, Ward Kisutu, Postal code 11104, KISUTU KAR BU NA KISUTU SECONDARY SCHOOL**
4. Contacts: **Email rspharmacycosmetics@gmail.com, Phone 0763410038, P.O.Box 71572**
5. Business activity: **4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores, Main activity**
6. Propriator/Partners: **RONALD THADEUS AMANI
SAID SULEIMANI SAID**
7. Authorized to Operate Bank Account etc: **RONALD THADEUS AMANI
SAID SULEIMANI SAID**



Having Seen the Original
I Certify that this is a true Copy of the Original
[Signature]
J. K. SIBASABA
Advocate

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.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01F/140

29th April, 2024

Director,
Medicare Pharmacy,
P.O.Box 71131,
Dar es Salaam.

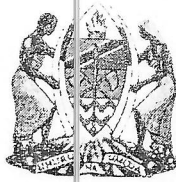
Re: **APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN
A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of the premises located at Plot No.129, Uhuru street, Ilala, Ilalaregion to conduct a **Retail Business of a Pharmacist** has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.
3. You are hereby directed to comply with the stipulated conditions as follows:-
 - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
 - (ii) In addition to (i) above, you shall be obliged to acquire the following documents;
 - a) Pharmacy Act, 2011, Pharmacy Practice Regulations, 2020 and Pharmacy Prescription Handling and Control Regulations, 2020 (available at www.pc.go.tz);
 - b) Standard Treatment Guidelines and National Essential Medicine List of 2021 (available at www.moh.go.tz);
 - c) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015* (available at www.tmda.go.tz);
 - d) Pharmacist Duty Business Register; and
 - e) Pharmacy Logo to be displayed at the entrance of the pharmacy.
4. Your premises registration certificate and business permit shall be issued to superintendent pharmacist upon fulfillment of the above stipulated conditions.
5. This letter does not represent either the Premises Registration Certificate or a Business Permit.
6. I anticipate your cooperation in this matter.


Boniface Magige
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Eastern Zone
TMDA – Zone Manager- Eastern Zone



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF ENROLLMENT

(Section 24 of the Pharmacy Act, 2002)



Full Name

Farha A. Khan

*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled Pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
No.	Date					
0709	21 st Sept. 2012	28 th July, 1989	Tanzanian	P.O. Box 480 Korogwe- Tanga	Diploma in Pharmaceutical Sciences	Kilimanjaro School of Pharmacy 2012

Date 13/03/2013

REGISTRAR

PHARMACY COUNCIL

NOTES: 1) This certificate affords immediate evidence of enrollment. In due courses the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

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.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

FARHA H. KHAN

PIN NO: 0400709

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: 21 September 2012

Expires on: 31 December 2024

Registrar
Pharmacy Council



Sales Contract

This Sales Contract (hereinafter referred to as the "Contract") is made and entered into on this 28/08/24 between:

Seller:

Name of Seller RONALD THADEUS AMANI

Address of Seller KIMARA TEMBOJI

Contact Information of Seller 0763 410038

National ID Number 19980210161050000124

Buyer:

Name of Buyer Farha Habibullah Khan

Address of Buyer Shanj Street, Ilala, Dsm

Contact Information of Buyer 0758899871

National ID Number 19890928-12-01-00001-15

Location of Pharmacy Shop: Ilala Boma Street Plot no 129, near NSSF Building.

Purchase Details:

The Buyer agrees to purchase the Pharmacy shop located at Ilala Boma Street Plot no 129, near NSSF Building (hereinafter referred to as the "Pharmacy") from the Seller at the price of 10,000,000 Tanzanian Shillings (Tsh 10,000,000). This price includes all assets, including medicines, associated with the Pharmacy.

Payment Terms:

The Buyer has made the full payment of 10,000,000 Tanzanian Shillings (Tsh 10,000,000) on this Day 28/08/2024

Terms and Conditions:

1. The total purchase price is 10,000,000 Tanzanian Shillings (Tsh 10,000,000). This price includes all assets, including medicines, associated with the Pharmacy.
2. Upon payment of the full amount, the transfer of ownership of the Pharmacy will commence.
3. A physical count of the Pharmacy's assets will be conducted, and any discrepancies found between the agreed-upon value and the actual value shall be addressed accordingly.
4. This Contract is governed by and shall be construed in accordance with the laws of the United Republic of Tanzania.

Witnesses:

Seller's Witness:

Name of Seller's Witness THADEUS MLOYCE AMANI
Signature [Signature]

Buyer's Witness:

Name of Buyer's Witness ZAINABU JUMA
Signature [Signature]


Attorney:

Name of Attorney BEATRICE BEDA CHACHA
Signature [Signature]

Stamp of Attorney:



In Witness Whereof, the Parties hereto have executed this Contract as of the date first above written.

Seller's Signature 

Date 28/08/24

Buyer's Signature 

Date 28/08/2024