



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925086320128881

Received from : BHUKEBHUKE PHARMACY

Amount : 100,000.00

Amount in Words : One Hundred Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201270421 - Inspection of Premises - INSPECTION FEE		100,000.00
Total Billed Amount :		100,000.00 (TZS)

Bill Reference : 16210085250812096681

Payment Control Number : 991620301263

Payment Date : 2025-03-27 12:22:10

Issued by : Zena Mango

Date Issued : 2025-05-28 09:36:55

Signature 



PHARMACY COUNCIL

Form 3(a)



APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant ESSAU SHABANI MATALE
2. Physical Address of the Applicant P.O BOX 162 KASUU
3. Contacts (mobile phone) 07566 33438
4. Email address (if any) _____

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street MISSION Plot No. _____
Ward MURUBONA District KASUU Region RIGOMA
6. Name and distance from the Public Health Facility in metres
KASUU TC HOSPITAL 2000M
7. Name and distance from the nearby outlets (Pharmacy, DDM, LABS) in metres
HAVANA PHARMACY 300M
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
TANGANYIKA OIL 200M
9. Proposed Business Name (BRELA Certificates if any) BHUKEBHUKI PHARMACY
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)
RETAIL

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

ESSAU SHABANI MATALE [Signature] 06/03/2025
Name and Signature of the Applicant Date of Application

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) 26.03.2025 and I/We have found that the said premises location ~~does not~~ does meet the required standards.

Reasons for rejection NIL

ERIC J. MWISAGE [Signature] MUSHAQZI BATHA [Signature]
Name, Signature of Inspector (1) Name, Signature of Inspector (2)

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION



OBSERVATION FORM FOR NEW PREMISES (FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant: ESSAU SHABANI MBATAI
2. Physical Address of the Applicant: MISHANI STREET - MURUBONA WARD
3. Contacts (Phone): 0756633438 Email Address: bhukibhukembatali@gmail.com
4. Proposed Business name BHUKIBHUKI Type of Business: RETAIL PHARMACY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

Date of inspection:

	Criteria: Name and Distance from nearby:	Name of premises/facility/area	Distance (Meters)
a)	Name and distance in meters from a nearby Pharmacy	<u>PAUL PHARMACY</u>	<u>150M</u>
b)	Name and distance in meters from nearby public health facility	<u>KIGANAO HEALTH CENTRE</u>	<u>900M</u>
c)	Name and distance in meters from unsuitable or risky premises.	<u>NONE</u>	<u>—</u>

SIZE OF THE BUILDING (IF AVAILABLE)

Criteria	Measurement in metres	Area of the building(LxW)
Length (L)	<u>10.2 M</u>	
Width (W)	<u>10 M</u>	<u>102M²</u>

SECTION C: OTHER OBSERVATIONS

SECTION D: INSPECTOR'S RECOMMENDATIONS

WE RECOMMEND THE PREMISE BE GRANTED THE PERMIT TO CONTINUE WITH THE RENOVATION AS REQUESTED

SECTION E: INSPECTOR'S DECLARATION

	Name	Designation	Signature
i.	<u>ERIC J. MWINGA</u>	<u>PHARM</u>	<u>[Signature]</u>
ii.	<u>MUSHOBI BATAKI</u>	<u>PHARMACIST</u>	<u>[Signature]</u>
iii.	<u>DONALD KIRIA</u>	<u>Lab Tech</u>	<u>[Signature]</u>

I, hereby declare that, the information provided here is true and correct to the best of my knowledge. I also know that if eventually it is proved that the information I have given is false, fictitious, fraudulent or based on inadequately verified information, may result in disciplinary or legal action.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) ESSAU SHABANI MBATAI, Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

[Signature]

Signature of Owner/ In charge

26.03.2025

Date



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4.5 & 6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020)

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: FLAU SHABANI MBATA Type of Ownership: SOLE PROPRIETOR
2. Physical Address of the Applicant: MISHENI ST-MURUBONA Geo Code: _____
3. Postal Address: P.O. BOX 162 KACHU
4. Contacts (Phone): 0756623438 Email Address: bhukebhukembatali@gmail.com
5. Proposed/Existing Business name: BHUKA BHUKA PHARMACY
6. Type of Business: RETAIL PHARMACY

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category	<u>FAMLO PHARMACY</u>	<u>150M</u>
2.	Name and distance from nearby Medical laboratory	<u>ASANTE LABORATORY</u>	<u>600M</u>
3.	Name and distance from nearby public health facility	<u>KICANAND HL</u>	<u>900M</u>
4.	Name and distance from unsuitable or risky premises.	<u>NONE</u>	<u>-</u>

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M²) _____ (At least 30M² with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)

a) Display area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	<u>YES</u>	
Ceiling Fan & Air Condition	<u>YES</u>	
Waiting chair(s) for customers	<u>YES</u>	
Presence of source of water and a hand- washing basin/sink	<u>YES</u>	
Installed Fire Extinguisher	<u>YES</u>	

b) Consultation room (Superintendent Office): (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	<u>YES</u>	
Table and chairs in consultation/Record keeping room	<u>YES</u>	
Cupboard for files storage	<u>YES</u>	

c) Dispensing room: (Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	<u>YES</u>	
Lockable shelves for Prescription drugs and controlled substances	<u>YES</u>	
Dispensing window with sliding glasses	<u>YES</u>	
Open shelves	<u>YES</u>	
Working room thermometer	<u>YES</u>	

d) Store room: (Available/Not available) _____

Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Open shelves/pallets	YES	
Strong and secured windows	YES	
Refrigerator	YES	
Working room thermometer	YES	

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSESize of the Building in Square meters (M²) _____. (At least 60M² with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)a) Display&Dispatch area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses	YES	
Ceiling Fan & Air Condition	YES	
Waiting chair(s) for customers	YES	
Reception Desk	YES	
Presence of source of water and a hand- washing basin/sink	YES	
Working room thermometer	YES	
Installed Fire Extinguisher	YES	

b) Sales/Record keeping: (Available/Not available) _____

Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Provision for sitting desk and working table for superintendent	YES	
Lockable shelves for keeping document	YES	

c) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Strong door toward storeroom	YES	
Strong grided window	YES	
Open shelves/pallets	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Confined area for recalled and expired drugs	YES	
Refrigerator	YES	
Working room thermometer	YES	

SECTION E: PRESCRIBED STANDARDS FOR RETAIL & WHOLESALE PHARMACYSize of the Building in Square meters (M²) _____. (At least 90M² with five rooms i.e. Separate Display&Dispatch area, dispensing room for retail section, Consultation/Sales Record keeping room and Store room)a) Display for Retail Section: Available/Not available) AVAILABLE Size (M²) 16

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	YES	
Fan & Air Condition	YES	
Presence of source of water and a hand washing basin/sink	YES	
Waiting chair(s) for customers	YES	
Installed Fire Extinguisher	YES	

b) Display & Dispatch area for Wholesale Section: Available/Not available) AVAILABLE Size (M2) 26

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses	YES	
Ceiling Fan & Air Condition	YES	
Waiting chair(s) for customers	YES	
Reception Desk	YES	
Presence of source of water and a hand- washing basin/sink	YES	
Working room thermometer	YES	
Installed Fire Extinguisher	YES	

c) Dispensing room: (Available/Not available) AVAILABLE Size (M2) 18

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition	YES	
Lockable shelves for Prescription drugs and controlled substances	YES	
Presence of source of water and a hand washing basin/sink	YES	
Dispensing window with sliding glasses	YES	
Open shelves	YES	
Working room thermometer	YES	

d) Consultation (Superintendent Office): /Record Keeping room: (Available/Not available) 20 Size (M2) 20

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition	YES	
Table and chairs in consultation/Record keeping room	YES	
Cupboard for files storage	YES	

e) Storage room: Size (M²) 20

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Strong door toward storeroom	YES	
Strong grilled window	YES	
Open shelves/pallets	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Confined area for recalled and expired drugs	YES	
Refrigerator	YES	
Working room thermometer	YES	

SECTION F: SECURITY OF PREMISES

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier	YES	
Presence of strong grilled windows	YES	
Provision of main entrance double doors; Grilled door outside and glass door inside	YES	
Presence of only one main entrance door	YES	

SECTION G: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system & Bin Cards	YES	
Prescription only Medicines Register & Dispensing register	YES	
Controlled drugs Ledger and /or Register	YES	
General dispensing register	YES	
Expired drugs Book (Unservicable Goods Ledger)	YES	
Complaints Handling Book	YES	
Visitors Book	YES	
Inspection Reports Register	YES	
Written procedures for maintenance of cold chain products	YES	



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)
(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

- i. WE INSPECTED THE PROPOSED CHUKWATHIKE PHARMACY
- ii. APPLYING FOR PERMIT AND REGISTRATION OF RETAIL
- iii. PHARMACY
- iv. THE PHARMACY IS LOCATED 2000m FROM KASHU
- v. TOWN HOSPITAL AND 300m FROM KIRAWANO HC
- vi. THE AREA OF THE PHARMACY IS 101m² WHICH IS
- vii. SUITABLE FOR WHOLESALE AND RETAIL PHARMACEUTICAL
- viii. THE PHARMACY HAS SIX ROOMS WHICH ARE SUITABLE FOR
- ix. WHOLESALE AND RETAIL PHARMACEUTICAL BUSINESS

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

- i. WE RECOMMEND THE PHARMACY BE GRANTED THE
- ii. REGISTRATION AND PERMIT FOR RUNNING RETAIL BUON.
- iii. CURRENTLY THE BUSINESS IS UNDER WHOLESALE PERMIT
- iv. UNLESS THE PREMISE IS SUITABLE FOR BOTH WHOLESALE
- v. AND RETAIL PHARMACEUTICAL BUSINESS

Inspector's declaration

Name	Designation	Signature	Date
(i) <u>ERIC J. NUSIRAGE</u>	<u>TOXARM</u>	<u>[Signature]</u>	<u>2.4.2025</u>
(ii) <u>MUSHABOU BATAKI</u>	<u>PHARMACIST</u>	<u>[Signature]</u>	<u>2.4.2025</u>

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is true and correct. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner) ESSAU SHABANI MBATIA certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

Date 2.4.2025

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only inspectors as recognized by the Pharmacy Act, 2017 shall fill in this form.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925147334743203

Received from : BHUKEBHUKE PHARMACY

Amount : 450,000.00

Amount in Words : Four Hundred Fifty Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201410183 - Registration Retail Pharmacy - REGISTRATION FEE RETAIL PHARMACY	450,000.00	
Total Billed Amount :		450,000.00 (TZS)

Bill Reference : 16215147250023241734

Payment Control Number : 991620306327

Payment Date : 2025-05-27 19:49:22

Issued by : Zena Mango

Date Issued : 2025-05-28 09:36:16

Signature 

PHARMACY COUNCIL



APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council, P.
O. Box 31818, Dar
es Salaam.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

1. The proposed name of the premises is BHUKEBHUKÉ PHARMACY
2. Have you registered your Business name with BRELA? YES / NO provide registration No.
3. Type of ownership: Sole proprietorship SOLE PROPRIETOR Partnerships /
/ Corporations / / Joint Ventures /
4. Name of contact person ESSAU SHABANI MBATAI
5. Postal address 162 KASHU Tel, No 0756633438 Fax / email /
6. Full name(s) of Partner(s) and Directors(s)

Name: Qualification: I.D No.
Name: Qualification: I.D No.
Name: Qualification: I.D No.

7. Physical address of the proposed area: Street MISSION Ward MURUBONA
District KASHU Region KIGOMA Plot No.

8. Premises to be registered for the business of RETAIL PHARMACEUTICALS

9. The business will be under the supervision of a registered superintendent

(Full Name) NEEMA TUMAINI

Whose qualification is PHARMACIST and his /her Reg.No./

PIN 0102527 of Year 2021

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical

personnel (Full name) AGNES DAVIS LAMBECK

Whose qualification is PHARMACEUTICAL TECHNICIAN And his / her

Enroll/List.No./PIN 0407002 of Year 2023

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business

Commencement

Date.....

12. Required attachment to be submitted with this form are:

- Memorandum
- A copy of lease agreement/ title deed
- Certificate of Registration from BRELA (if available)
- Copy of contract agreement from superintendent pharmacist
- Copy of contract agreement from either enrolled/enlisted or dispenser
- Copy of Directors/ Partners ID

13. If my/~~our~~ premises is registered and licensed I/~~We~~ shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/~~we~~ have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date 2/4/2025Signed Mushoboti
Applicant**SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS**

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof. ERIC J. MWISAGE District/Municipal/Regional/PC
Inspector of Postal address 475 KASULU hereby certify that, I have inspected the
above mentioned premises in Section A as per attached inspection checklist and found that it
complies/does not comply with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

NIL

Name of Inspectors(s)

Signatures & stamp

Date

1. ERIC J. MWISAGE2.4.20252. MUSHOBOTI BATIKA2.4.2025**FOR OFFICIAL USE ONLY**

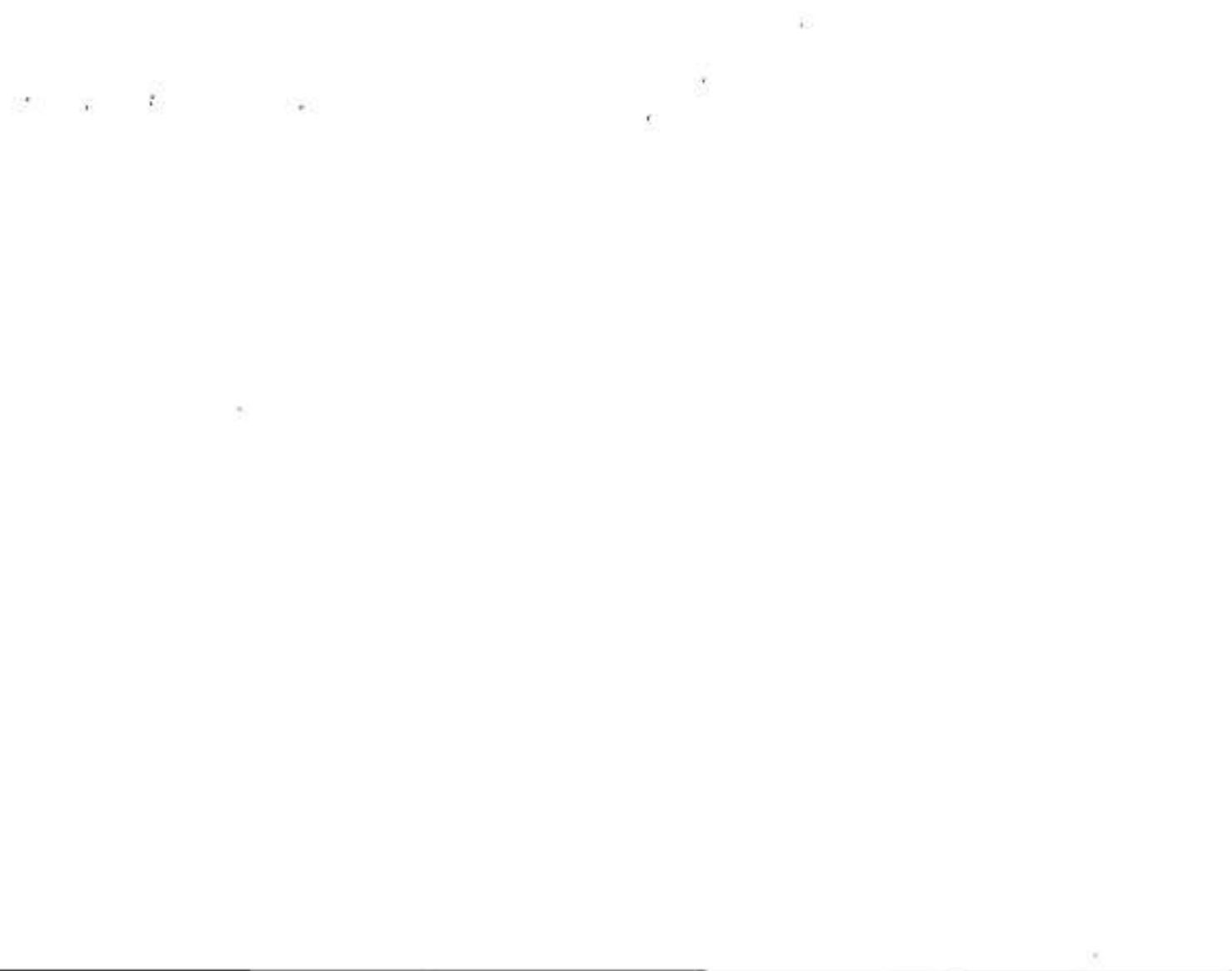
Fees TZS.....

Receipt No.....of.....

Registration granted/not granted because.....

Registration No..... Approved by Name:

Signature:



Designation:

I.D Number:

Date:

.....
Date.....
Signature of Registrar and stamp .

PHARMACY COUNCIL



APPLICATION FOR PERMIT (Section 36 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council, P.
O. Box 31818,
DAR ES SALAAM.

PART A: APPLICANT INFORMATION *ESSAU SHABANI MBATIAI*

- Name of the contact person.....
- Postal Address of the owner..... *S.E.P 162*
- Tel./Mobile..... *0756 63 3438* Email.....

- Full name(s) of Partner(s) and Director(s) and their profession.

Name:..... Qualification:..... ID NO. :.....
Name:..... Qualification:..... ID NO. :.....
Name:..... Qualification:..... ID NO. :.....

I/We hereby apply for renewal/a new permit of selling the following:

RETAIL PHARMACEUTICALS

PART B: PREMISES INFORMATION

- Name of the premises..... *BHUKU BHUKU PHARMACY*

2. Premises situated at/lying between Plot
- No. Street/Village/Ward MISSION, MURUBONA
- District/Municipality/City KASULU TOWN COUNCIL
3. Premises category: retail pharmacy/wholesale pharmacy /retail and wholesale pharmacy/Godown
4. Facility Identification Number (FIN)..... Of (year).....
5. Existing Permit No..... Dated..... Expiring on.....

PART C: SUPERINTENDANT INFORMATION

1. Full Name NEENA SUMAINI Person Identification Number (PIN) 0102527
2. Residential Address: MURUSI - KASULU
- Telephone/Mobile No. 0768093843 E-mail address: neenatumaini847@gmail.com
3. Employment status: Employed/Self-employed
4. Designation & Address of present working place.....
5. Date of last renewal of Pharmacist registration for the year..... and receipt No. 27.12.2024 EC/24/2330912
6. Signature of Superintendent Pharmacist N. Tumaini Date 2.4.2025

PART D: OTHER PHARMACEUTICAL PERSONNEL

1. Full Name: AGNES DAVIS LAMED Person Identification Number (PIN) 0407002
- Residential Address: MURUSI - KASULU Tel/Mobile No. 0628054769
2. Full Name:..... Person Identification Number (PIN).....

Residential Address:.....Tel/Mobile No.....

3. Full Name:.....Person Identification Number (PIN).....

Residential Address:.....Tel/Mobile No.....

PART E: REQUIRED ATTACHMENT

1. A copy of expired business permit
2. A copy of valid license to practice of superintendent pharmacist
3. A copy of valid license of either enrolled/enlisted or dispenser personnel
4. A copy of signed contract of agreement of superintendent pharmacist
5. A copy of signed contract of agreement of enrolled/enlisted or dispenser

PART F: APPLICANT DECLARATIONS

1. If my/~~our~~ premises is registered and licensed I/we shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.
2. I/~~we~~ have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have disqualified from holding a license/certificate and my/our license is/ is not suspended

N.B. False declaration constitutes an offence

Amulab

SIGNATURE OF APPLICANT

02/04/2025

DATE

NOTE: INCOMPLETE FILLED APPLICATION SHALL NOT BE PROCESSED

PART F: FOR OFFICIAL USE ONLY

Fees Tshs..... Receipt No.....of.....

Permit granted/not granted; Reason(s) for rejection.....

Permit No. Approved by Name:
Designation:
I.D Number:
Signature:
Date:



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

NEEMA TUMAINI

PIN NO: 0102527

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:22 April 2021

Expires on:31 December 2025

*Registrar
Pharmacy Council*





**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)

(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 mwanataaaluma..NEEMA TUMAINI..... PIN 0102527.....
2. Namba ya simu...0768093843... barua pepe neematumaini284@gmail.co
3. Tarehe ya mwisho kuhuisha jina (Retention)20-12-2023
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 EC102036466204 ☐ HAPANA

2. Namba ya simu...0768093843... barua pepe neematumaini284@gmail.co

3. Tarehe ya mwisho kuhuisha jina (*Retention*) 20.12.2023

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 EC102036465204 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi, NEEMA TUMAINI mwenye

taaluma ya dawa ngazi ya MFAMASIA..... nakiri kwamba nitafanya

kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo

BHUKEBHUKB FIN 0200181 lililopo katika

Wilaya ya KASULU Mkoani KIGOMA

Sahihi N. Tumaini Tarehe 21.06.2024

Uthibitisho wa Mfamasia wa Halmashauri

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

wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi: ANITA MATHIAS LINDA Tarehe: 25/07/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..... Rose @ Timothy Kata ya..... Kuminyika

Nathibitisha kwamba Ndugu NKOMA TUMAINI analishi

langu mtaa/kijiji.....MWNYI.....kuanzia mwaka...2024.....

Sahihi Afisamtendaji

Tarehe

21-06-2024



sh
Muhuri
Mtendaji
AIHSA MTENDAJI KATI
KUMINYIKA
KASULO MUHI

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

This Agreement is made on this 01 day of 06 20 24

BETWEEN

ESSAU SHABAN MBATAI (Name) of P.O.BOX 162 Region KIGOMA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees,
agents or his legal representative of his business.

AND

NEEMA TUMAINI a registered pharmacist in charge
who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

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

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,

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;

WHEREAS the proprietor and superintendent are desirous to enter into an agreement, to
establish and operate a business of a pharmacist at the terms and conditions as hereinafter
appearing;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled
as BHUKU BHUKU 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.

"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.

"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 01 day of JUNE 20 24 to 31 day of MAY 20 25

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 01 day of JUNE 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 salary/emoluments of TZS. 900,000/= payable monthly to the **SUPERINTENDENT** 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 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 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.



**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

AGNESS DAVIS LAMECK

PIN NO: 0407002

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 10 July 2023

Expires on 31 December 2025

**Registrar
Pharmacy Council**





**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 AGNESS DAVIS LAMECKPIN 0407002
2. Namba ya simu 0628054769 barua pepe Agness.Lameck42@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 20.12.2023
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi AGNESS DAVIS LAMECK mwenye
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
BHUKEBHUKU FIN 0200181 lililopo katika
Wilaya ya KASULU Mkoani KIGOMA
Sahihi Agness Tarehe 21.06.2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi MUNIR MOHI LULANDA Ali Tarehe 21/06/2024



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) RACHA B. Timothy Kata ya Kumayi KA

Nadhibitisha kwamba Ndugu AGNESS DAVIS LAMECK anaishi

langu mtaa/kijiji MWIKI kuanzia mwaka 2024

Sahihi Afisa Mtendaji

Tarehe



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

ESSAU SHABANI NIBATALI

(PROPRIETOR)

AND

AGNESS DAVIS LAMECK

(PHARMACEUTICAL TECHNICIAN)

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 _____ day of _____ 20____

SIGNED and DELIVERED

By the said ESSAU SHABANI MBATALI

Who is known to me personally/

Introduced to me by _____

_____ the latter known to me personally

This 01 day of JUNE 2024

In the presence of:

Name: HAMIS KIMUNIRO

Designation: ADVOCATE

Signature: _____

Date: 25/6/2024



E. Mbatali

PROPRIETOR

SIGNED and DELIVERED

By the said AGNESS DAVIS LAMECK

Who is known to me personally/

Introduced to me by _____

_____ the latter known to me personally

This 01 day of JUNE 2024

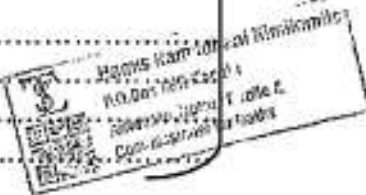
In the presence of:

Name: HAMIS KIMUNIRO

Designation: ADVOCATE

Signature: _____

Date: 25/6/2024



Agness Davis Lameck

**PHARMACEUTICAL
TECHNICIAN**