



NELSON MHARIRI FUNGA,
S.L.P 1594,
IRINGA-TANZANIA.
25.07.2025.

MSAJILI WA,
BARAZA LA FAMASI TANZANIA,
S.L.P 1277,
DODOMA.

**YAH: OMBI LA KUBADILISHWA MMILIKI WA MAKORONGONI PHARMACY
KUTOKA KWA DR.ROMANI B.MOMBURI KWENDA KWA MR.NELSON MHARIRI FUNGA**

1

Kichwa cha habari hapo juu cha husika sana.

Mimi Nelson Mhariri Funga ambaye ni fundi sanifu dawa mwenye namba ya usajili wa baraza la famasi 0403601 ya mwaka 2021 ambae ndiye mmiliki halali wa makorongoni pharmacy iliyopo katika mkoa wa iringa,manispaa ya iringa mjini yenye jengo la usajili wa baraza la famasi Tanzania namba 1103010057 ya mwaka 2012.

Aidha,ninaomba kubadilishwa kwa umiliki wa famasi ya makorongoni kutokana na ukweli kwamba aliyekuwa mmiliki wa awali Dr.Romani B.Momburi aliniuzia kwa hiali yake mwenyewe na kwa kufata sheria,kanuni na taratibu zote tukiwa chini ya usimamizi wa mwanasheria ambaye aliandika mkataba wote wa ununuzi wa famasi hii ambao ulifanyika tarehe 11.08.2022.

Nimekuwa nikituma maombi ya kubadilisha umiliki kwa njia ya baruapepe bila mafanikio kwani maombi haya nimeanza kuyafanya toka tarehe 16.5.2024, hivyo imenilazimu kuandika barua iliniweze kusaidiwa kuhusu hayo mabadiliko.Nimeambatanisha nyaraka zote zinazohitaji.

Mwisho,Napenda kutoa shukurani zangu za dhati kwa baraza la famasi kwa kuendelea kunipatia ushirikiano wa kweli pale ninapohitaji kupata msaada wa kiuendeshaji wa famasi.Naamini ombi langu litafanyiwa kazi ilikunirahisishia utendaji wa kazi kwani taarifa muhimu zimekuwa zikitumwa kwenda kwa mmiliki wa zamani kitu ambacho kinapa ungumu wa kupata taarifa kwa wakati.

Wako katika ujenzi wa taifa,

Nelson mhariri funga.

0759-800491

nelgfunga@gmail.com

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: MAKORONKORI PHARMACY PIN: 0100590 H03010057

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

PHYSICAL ADDRESS:

Plot No. 156, Block "P" Street MAKORONKORI STREET Ward MAKORONKORI

District/Municipal IRUNGA Region: IRUNGA

POSTAL ADDRESS: P.O. Box 1594, IRUNGA Contact No. 0759-800491

E-mail: nelgfunga@gmail.com

OWNERSHIP:

Directors (Names): 1. NERSON MTHAURI FUNKA Qualification: PHARMACEUTICAL TECHNICIAN
 2. _____ Qualification: _____
 3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: MARGRETH W. MTHAURI PIN: 0101797
 Residential Address: P.O. Box 774, IRUNGA Tel: 0753598252 Email: margrethmthauri@gmail.com
 Contract commencement date: 01/07/2023 Cessation date: 30/06/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MAKORONKORI PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 156, Block "P" Street MAKORONKORI STREET Ward MAKORONKORI

District/Municipal IRUNGA Region: IRUNGA

POSTAL ADDRESS: P.O. Box 1594, IRUNGA CONTACT No. 0759-800491

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Nelson Mhauru Funga Qualification: PHARMACEUTICAL TECHNICIAN
2. _____ Qualification: _____
3. _____ Qualification: _____

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: MAGRETH W. MHAURE PIN: 0101797

Residential Address: P.O. Box 774, Irumu Tel: 0753598252 Email: magrethmhaure@gmail.com

Contract commencement date: 01/07/2023 Cessation date: 30/06/2024

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. TRANSFER OF OWNERSHIP
2. _____
3. _____
4. _____

SECTION D: APPLICANT INFORMATION

Name of Applicant: Nelson Mhauru Funga

(Contact/email if different from the above)

Address: P.O. Box 1594, Irumu Tel: 0759-800491 E-mail: nelgfunga@gmail.com

Signature of Applicant: [Signature] Date: 16/05/2024

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: [Signature] Date: 16/05/2024

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)



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, NELSON MHARUM FURUKA with Personal Identification Number
(PIN) 0403601 of Year 2021, residing at IRUNGA district, in IRUNGA MC
Region, Hereby declares that:

I am a Sole proprietor/~~shareholder~~ of pharmaceutical business named MAFORONGONI PHARMACY
, with Facility Identification Number (FIN) 110340057 of year 2012, located at IRUNGA
District, IRUNGA MC Region with a Business Tax Identification Number (TIN) 132-879-389
(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: 0759-800491 Email Address: nelgfung@gmail.com

Signature: [Signature] Date: 26/7/2025

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

MKATABA WA MAUZIANO YA DUKA LA DAWA

KATI YA

DR. ROMANI BONIFACE MOMBULI

NA

Bw. NELSON MHARIRI FUNGA

MKATABA WA MAUZIANO YA DUKA LA DAWA

Makubaliano ya mkataba huu yamefanyika Leo tarehe 11 Mwezi 08 Mwaka 2022.

KATI YA

DR. ROMANI BONIFACE MOMBULI Mkazi wa Iringa Mwenye S.L.P 467 Iringa (ambaye hapa ni **"MMILIKI WA DUKA LA DAWA"** Kwa upande mmoja.

NA

Bw. NELSON MHARIRI FUNGA Mkazi wa Iringa Mwenye S.L.P 1542 Iringa (ambaye hapa atakuwa **"MNUNUZI WA DUKA LA DAWA"** Kwa upande mwingine).

MAKUBALIANO HAYA NI KAMA IFUATAVYO:

- A. **MMILIKI WA DUKA LA DAWA** ni mmiliki halali wa Duka la Dawa lililopo Plot No. 156 Makorongoni Street lenye Jina la **MAKORONGONI PHARMACY**
- B. **MMILIKI WA DUKA LA DAWA** Kwa hiari yake mwenyewe amependa kuuza Duka la Dawa Hilo na **MNUNUZI WA DUKA LA DAWA** amekubali kununua Duka hilo
- C. **MNUNUZI WA DUKA LA DAWA** amejitokeza kununua na **MMILIKI WA DUKA LA DAWA** amekubali kumuuzia duka hilo, dawa na vitu vyake vyote vilivyomo ndani ya duka hilo

MMILIKI WA DUKA LA DAWA NA MNUNUZI WA DUKA LA DAWA Kwa pamoja wamekubaliana na kufunga mkataba Kwa masharti yafuatayo:-

1. Gharama za ununuzi wa duka hilo ni Shilingi za Kitanzania Milioni Tatu na Laki tano tu (TZS 3,500,000/-) mbazo kiasi chote kitmelipwa kwa awamu moja tu
2. **MMILIKI WA DUKA LA DAWA** anahamisha pia umiliki wa jina **MAKORONGONI PHARMACY** Jina ambalo limesajiliwa na **BRELA** nakupewa namba 226394 kutoka kwake nakuwa mali ya **MNUNUZI WA DUKA LA DAWA (NELSON MHARIRI FUNGA)** na Mmiliki wa Duka la dawa atawezesha taratibu zote za uhamishwaji wa umiliki toka **BRELA**
3. **MMILIKI WA DUKA LA DAWA** anahamisha pia umiliki wa Leseni ya Biashara yenye Na. 00465814 iliyotolewa kwa Makorongoni Pharmacy na Kibali cha uendeshaji wa duka la madawa chenye No. 00590-2018 iliyotolewa kwa Makorongoni Pharmacy na Usajiri wa jengo wenye No. FIN:1103010057 ulio tolewa kwa Makorongoni Pharmacy kuja kwa **MNUNUZI WA DUKA LA DAWA** ambaye

ataendeleza biashara hiyo ya duka la dawa kwa jina hilo hilo la **MAKORONGONI PHARMACY**

4. **MMILIKI WA DUKA LA DAWA** amehakikisha kwamba duka hilo la dawa alilomuuzia **MNUNUZI WA DUKA LA DAWA** halina matatizo yoyote na wala halijawekwa rehani kwa deni lolote.
5. **MNUNUZI WA DUKA LA DAWA** atakuwa huru kubadilisha jina au namna ya uendeshaji wa duka hilo la madawa kwa mujibu wa Sheria za Jamuhuri ya Muungano wa Tanzania
6. Gharama za kuhamisha miliki ni juu ya **MNUNUZI WA DUKA LA DAWA**.

MAKUBALIANO HAYA kati ya **MUUZAJI WA DUKA LA DAWA** na **MNUNUZI WA DUKA LA DAWA** yametiwa saini na wahusika leo tarehe.11 mwezi 08 mwaka 2022 mbele ya mashahidi kama ifuatavyo:

IMETIWA SAINI na

DR. ROMANI BONIFACE MOMBULI Ambaye
ni **MUUZAJI WA DUKA LA DAWA** ambaye
ninamfahamu binafsi leo tarehe 11.mwezi August,2022

[Signature]

MUUZAJI WA DUKA LA DAWA

IMETIWA SAINI na

Bw. NELSON MHARIRI FUNGA Ambaye
ni **MNUNUZI WA DUKA LA DAWA** ambaye
Nina mfahamu binafsi leo tarehe 11.mwezi August 2022

[Signature]

MNUNUZI WA DUKA LA DAWA

MBELE YA SHAHIDI:

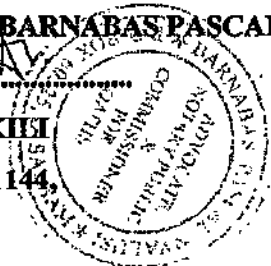
Jina la shahidi: BARNABAS PASCAL NYALUSI

Saini.....

Wadhifa : WAKILI

Anwani: S.L.P 1144,

IRINGA



START OF LEGAL RECEIPT

ROMANI BONIFACE MOMBURI

P.O. BOX IRINGA

ST. MAKURONGONI

0755 883908

TIN 100588986

VKN =NOTREGISTERED=

SERIAL NUMBER 03T2043018524

UTN 0113:41
11070151210058898603T2043018524

TAX OFFICE IRINGA

RECEIPT NUMBER 1/0343
DATE 22-08-2022 TIME 13:02:56

ECR: 01 OP: 01

DATA 3*500*000.00 A

TOTAL EXCLUSIVE OF TAX
3*500*000.00

TOTAL TAX 0.00

TOTAL INCLUSIVE OF TAX
3*500*000.00

CASH 3*500*000.00
ITEMS NUMBER 1

RECEIPT VERIFICATION CODE
874CF3841

*** END OF LEGAL RECEIPT ***

START OF LEGAL RECEIPT

ROMANI BONIFACE MOMBURI

P.O. BOX IRINGA

ST. MAKURONGONI

0755 883908

TIN 100588986

VKN =NOTREGISTERED=

SERIAL NUMBER 03T2043018524

UTN 0113:41
11070151210058898603T2043018524

TAX OFFICE IRINGA

RECEIPT NUMBER 1/0343
DATE 22-08-2022 TIME 13:02:56

ECR: 01 OP: 01

DATA 3*500*000.00 A

TOTAL EXCLUSIVE OF TAX
3*500*000.00

TOTAL TAX 0.00

TOTAL INCLUSIVE OF TAX
3*500*000.00

CASH 3*500*000.00
ITEMS NUMBER 1

RECEIPT VERIFICATION CODE
874CF3841

*** END OF LEGAL RECEIPT ***

START OF LEGAL RECEIPT
BLS ATTORNEYS AND PARTNER
P.O BOX 1144
STR:MIYOMADNI
MOB:+255 757 316 729
TIN 136096338
URN 400359821
SERIAL NUMBER 03T2443017502
01101M
70151213609633803T2443017502

TAX OFFICE IRINGA
CUSTOMER NAME MCKORNGONI PHANCY
CUSTOMER ID TYPE BUYER'S TIN
CUSTOMER ID 100580986
CUSTOMER URN 0
CUSTOMER MOBILE 0755803900

RECEIPT NUMBER 7
DATE 11-08-2022 TIME 20:17:13
ECR: 01 OP: 01
LEGAL SERVICE 210*000.00 H
TOTAL EXCLUSIVE OF TAX 177*966.10
TAX A-10.00% 32*033.90
TOTAL TAX 32*033.90
TOTAL INCLUSIVE OF TAX 210*000.00
CASH 210*000.00
ITEMS NUMBER 1

RECEIPT VERIFICATION CODE
2140987

END OF LEGAL RECEIPT

START OF LEGAL RECEIPT
BLS ATTORNEYS AND PARTNER
P.O BOX 1144
STR:MIYOMADNI
MOB:+255 757 316 729
TIN 136096338
URN 400359821
SERIAL NUMBER 03T2443017502
01101M
-11070151213609633803T2443017502

TAX OFFICE IRINGA
CUSTOMER NAME MCKORNGONI PHANCY
CUSTOMER ID TYPE BUYER'S TIN
CUSTOMER ID 100580986
CUSTOMER URN 0
CUSTOMER MOBILE 0755803900

RECEIPT NUMBER 7
DATE 11-08-2022 TIME 20:17:13
ECR: 01 OP: 01
LEGAL SERVICE 210*000.00 H
TOTAL EXCLUSIVE OF TAX 177*966.10
TAX A-10.00% 32*033.90
TOTAL TAX 32*033.90
TOTAL INCLUSIVE OF TAX 210*000.00
CASH 210*000.00
ITEMS NUMBER 1

RECEIPT VERIFICATION CODE
2140987

END OF LEGAL RECEIPT

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 1103010057

This is to certify that the premises owned by M/S Makorongoni Pharmacy of P.O.Box 467, Iringa located at Plot No. 156, Makorongoni Street, in Iringa region have been registered for Retail Pharmacy for Selling Pharmaceutical Products, with Facility Identification Number (FIN) **1103010057**

Issued on: July 2012

01st September 2014

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

Centralente@pc.go.tz.

0736 222 527.



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269

PHARMACY COUNCIL

MALAPA

31818

DAR ES SALAAM

Tax Certificate Number:

171-0204-2658

Issuing Office: Iringa

Telephone: 026 2702142

Date of issue: 17 May 2024

Expiry Date: 31 December 2024

Taxpayer Name	NELSON MHARIRI FUNGA		
Trading Name	MAKORONGONI PHARMACY		
Taxpayer Identification Number	132-879-389	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : IRINGA,

DISTRICT : IRINGA,

STREET : MAKORONGONI

This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1 Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

17 May 2024



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.

CTIN:

939913



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

NELSON MHARIRI FUNGA

T/A MAKORONGONI PHARMACY
HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

132-879-389

WITH EFFECT FROM: **22 FEBRUARY 2017**

TRA LOCATION: **IRINGA**

TAX OFFICE: **IRINGA**

PHYSICAL LOCATION:

STREET / AREA: **MAKORONGONI**




Certified as True Copy of the Original
Erick Nyato
Advocate, Notary Public & Commissioner
for Oaths
Sign: 
Date: **1/07/2017**

HERBERT M.T KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

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



TANZANIA



Extract date and time: 25/05/2023 16:55:51

Registration date and time: 10/08/2011 00:00:00

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. Name of Business: MAKORONGONI PHARMACY
2. Registration number: 226394
3. Principale Place of Business: Region Iringa, District Iringa CBD, Ward Makorongoni, Postal code 51104, MAKORONGONI NEAR MWEMBETOGWA PRIMARY SCHOOL
4. Contacts: Email nelgfunga@gmail.com, Phone 0759800491, P.O.Box 1542
5. Business activity: 8620 - Medical and dental practice activities, Main activity
8610 - Hospital activities
8810 - Social work activities without accommodation for the elderly and disabled
6. Propriator/Partners: NELSON MHARIRI FUNGA
7. Authorized to Operate Bank Account etc: NELSON MHARIRI FUNGA




Certified as True Copy of the Original
Erick Nyato
Advocate, Notary Public & Commissioner
for Oaths
Sign: 
Date: 1/07/2023


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.



Form 5

No : 226394

THE UNITED REPUBLIC OF TANZANIA

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **MAKORONGONI PHARMACY**

this **10TH** day of **AUGUST** **2011** 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 **226394** in the Index of
Registration.

GIVEN under my hand at Dar es salaam this **8TH** day of **SEPTEMBER**
TWO THOUSAND AND ELEVEN

Deputy Registrar of 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.



Certified as True Copy of the Original
Erick Nyato
Advocate, Notary Public & Commissioner
for Oaths

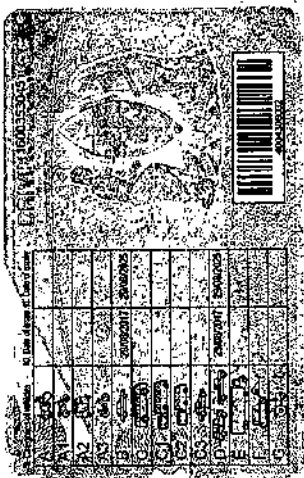


Sign:

Date:

1/07/2023





Dr. Romani B. Momburi,
Makorongoni Pharmacy,
S.L.P 467,
IRINGA.
11.08.2022

Kumb. Na. 004/2022.

Baraza la Famasi

S.L.P. 31818

Dar Es Salaam

Email: registrar@pc.go.tz

dodomahq@pc.go.tz

YAH: KUBADILI UMILIKI WA BIASHARA YA FAMASIA (MAKORONGONI PHARMACY) IRINGA.

Mimi Dr. Romani B. Momburi nilikuwa mmiliki wa famasia ya Makorongoni iliyoko Manispaa ya Iringa. Kibali cha Famasia hii ilifikia tamati mnamo tarehe 30.06.2022.

Kutokana na sababu zilizokuwa nje ya uwezo wangu nimeamua kutoendelea na biashara hii kwa sasa. Hata hivyo nimeingia mkataba na Bw. Nelson Mhariri Funga Mkazi wa Iringa kuendelea kuendesha biashara hii kwa mwaka 2022/2023.

Mmiliki wa sasa amekubali pia kuendelea kutumia jina la biashara "Makorongoni Pharmacy" kwa sasa hivi. Kwa kipindi cha sasa hivi anafuatilia taratibu zote za kuomba usajili kutoka Baraza la Famasia kwa mwaka 2022/2023. Hali kadhalika anaendelea kukamisha taratibu za TRA ili aweze kuanza biashara rasmi.

Ni matumaini yangu kwamba kwa taarifa hii mmiliki mpya ataruhusiwa kuanza biashara baada ya kukamilisha taratibu zinazotakiwa.

Ahsante

R. B. Momburi

Dr. Romani B. Momburi

Romani B. Momburi,
P.O. Box 467,
IRINGA
Mob: 0755 883 908

22.08.2022

Kumb: TIN: 100-588-986

Meneja,
Mamlaka Ya Mapato Tanzania,
S.L.P. 372,
IRINGA.


**YAH: KUREJESHA TIN YANGU YA BIASHARA YA MAKORONGONI
PHARMACY YENYE NAMBA 100-588-986.**

Tafadhali husika na somo tajwa hapo juu.

Kufuatia kufunga biashara yangu ya Makorongoni Pharmacy, Iringa umenishauri nirudishe
TIN yangu ya biashara.

Kwa barua hii, ninarudisha ofisini kwako TIN hiyo ya biashara ili uweze kuifuta kwenye
biashara

Ahsante.



Romani B. Momburi
Mkurugenzi,
Makorongoni Pharmacy, Iringa.



MAMLAKA YA MAPATO TANZANIA

KUMB 100-588-986

22/08/2022

Roman B, Momburi,
S.L.P 467,
IRINGA.

Ndugu,

YAH: KUBADILI UMILIKI WA BIASHARA

Kichwa cha barua hapo juu chahusika.

Rejea barua yako ya tarehe 11/08/2022 iliyopokelewa tarehe 18/08/2022 inayohusu maombi ya kubadili umiliki wa biashara yako.

Tuna kutaarifu kuwa barua yako imepokelewa na kufanyiwa kazi, na pindi ukitaka kufungua biashara usisite kutoa taarifa.

Tafadhali Zingatia,

"Pamoja Tunajenga Taifa Letu"



Regina Nhwagi

K.n.y Meneja wa Mkoa.

IRINGA

R. Blumberg
Roman B. Momburi

22-08-2022

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

NELSON MHAARI FURUKA
(PROPRIETOR)

AND

Mageeth Nihaluk
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A

PHARMACIST

This Agreement is made on this 27 day of 7 20 25

BETWEEN

Nelson Mhamiri Funda (Name) of P.O. BOX 1594 Region Mwanza (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

Magrell Mhalule 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 Makeongu Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

"Act" means the Pharmacy Act, [Cap 311 R: E 2002] Laws of Tanzania.

"Agreement" means this Agreement between the parties to establish and operate a business of Pharmacist.

"Business of pharmacy or pharmacist" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

"Council" means the Pharmacy Council established under section 3 of the Act.

Pharmacy means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Pharmacist" means a person registered as such under section 16 of the Act.

"Proprietor" means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

"Registrar" means Registrar of the Council appointed under Section 11 of the Act

"Superintendent" means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing or transferring power of authority of owning of pharmacy to a third person during existence of its operation

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 27 day of 7 2025 to 30 day of 6 2026

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above-named Pharmacy on the 01 day of 8 2025

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities;

4.1.1 The PROPRIETOR shall pay monthly allowance/emoluments of TZS 800,000/- 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.

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.

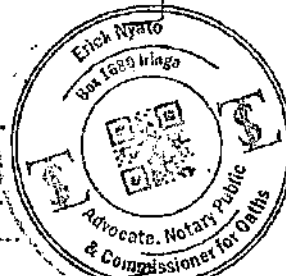
Signed and delivered by the parties at this 27 day of 7 20 25

SIGNED and DELIVERED at 1916A by the said
NELSON MATHIA FUGA who is known
to me personally/identified to me by
.....the latter being
personally known to me this 27 day of 07 2025.


PROPRIETOR

In the presence of:

Name: ERICK NYATO
Designation: ADVOCATE
Signature: 
Address: 1680-1916A
Date: 27/07/2025

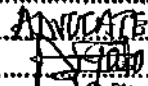


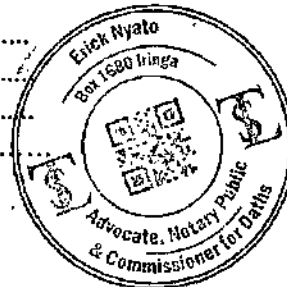
Signed and delivered by the parties at this 27 day of July 2025

SIGNED and DELIVERED at 1916A by the said
Magreth Mhaluh who is known
to me personally/identified to me by
.....the latter being
personally known to me this 27 day of 07 2025


SUPERITENDENT

In the presence of:

Name: ERICK NYATO
Designation: ADVOCATE
Signature: 
Address: 1680-1916A
Date: 27/07/2025



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... Magreth Mhalule PIN 0101797
2. Namba ya simu 0753598252 barua pepe magrethmhalule@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 21/12/2024
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... Magreth Mhalule mwenye
taaluma ya dawa ngazi ya mfamasi nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
MALORONGOM PHARMACY FIN 1103010057 lililopo katika
Wilaya ya RINJA MSIM Mkoani RINJA
Sahihi [Signature] Tarehe 25/07/2025

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 DEONNIUS LUYA Tarehe 24/07/2025

MOANDAZI
IF-NEA = MAMBA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) VERONICA MUANDA Kata ya KITANZINI
Nadhibitisha kwamba Ndugu MAGRETH W. MHALULE anaishi
langu mtaa/kijiji JAMOTI kuanzia mwaka 2022

Sahihi Afisa mtendaji

Tarehe

25/07/2025

Muhuri
Mtendaji

AFISA MTENDAJI WA MTA
KATA WA JAMOTI
JAMOTI
JAMOTI

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 26 day of 7 2025

BETWEEN

Nelson M. Furley (Name) of P.O. BOX 1594 Region 12/MTA
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

CHRISTINE GERVAZ 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 MAKORONKORI Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;

I. 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 26 day of 7 2025 to 30 day of 6 2026

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 8 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.
- 4.2.6 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.7 Shall ensure all availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.8 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.9 Shall ensure all availability of all necessary tools for pharmacy operations are in place.
- 4.2.10 Must ensure that whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.11 Shall ensure all certificates (Business permit, premise registration, copy of certificates of pharmaceutical personnel any other certificates from other are conspicuously displayed in the premises.
- 4.2.12 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.13 Shall perform any other duty as the council may determine.

5. Termination

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

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract

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

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

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

6. Dispute Settlement

6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

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 Pharmaceutical Technician from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

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

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

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

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 26 day of 7 2025

SIGNED and DELIVERED

By the said Nelson M. Furuta

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 26 day of 7 2025

[Signature]
PROPRIETOR

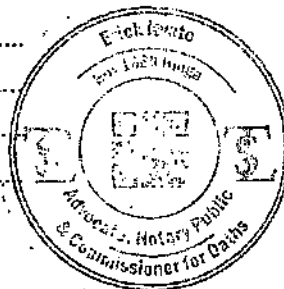
In the presence of:

Name: FRANK NYATO

Designation: ADVOCATE

Signature: [Signature]

Date: 26/07/2025



SIGNED and DELIVERED

By the said CHRISTINE GERVOIS

Who is known to me personally/

Introduced to me by

.....the latter known to me personally

This 26 day of 7 2025

[Signature]
PHARMACEUTICAL
TECHNICIAN

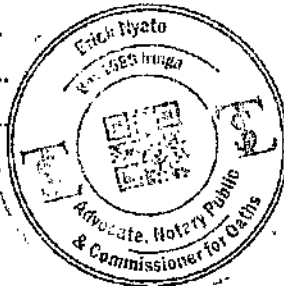
In the presence of:

Name: FRANK NYATO

Designation: ADVOCATE

Signature: [Signature]

Date: 26/07/2025





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 CHRISPINE GERVAS PIN 0404428
2. Namba ya simu 0764-615061 barua pepe Chaspinegervas@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 29/6/2025
4. Je, umehuisisha 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 EC102634161159 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi CHRISPINE GERVAS mwenye taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo MAKONONKONI PHARMACY FIN 1103010057 lililopo katika Wilaya ya ILUMA NGINI Mkoani ILUMA
Sahihi [Signature] Tarehe 23/7/2025

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 DEONOTUS SUESZ Tarehe 27/07/25

MGANGA MKUU
IFUKA - MANDARA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) VERONICA MWENDA Kata ya KITANDINI
Nadhibitisha kwamba Ndugu CHRISPINE GERVAS anaishi langu mtaa/kijiji JAMATI kuanzia mwaka 2020

Sahihi Afisa mtendaji

Tarehe 25/07/2025

Muhuri
AFISA MTENDAJI WA MTAA
KATA YA KITANDINI
MANG'AAVA ININGA



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925209352389256
Received from : MAKORONGONI 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
: 142201611644 - Miscellaneous - RE- REGISTRATION FEE & CHANGE OF OWNERSHIP		200,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214209252335676180

Payment Control Number : 991620324994

Payment Date : 2025-07-28 14:30:56

Issued by : Zena Mango

Date Issued : 2025-07-28 14:42:50

Signature : 