



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No

: 923306212246163

Received from

: HABATRINA 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

200,000.00

: 142202540317 - Application for
change of premises-Location - 0

Bill Reference

: 16212306230628310442

Payment Control Number

: 991620223132

Payment Date

: 2023-11-02 13:22:11

Issued by

: Zena Mango

Date Issued

: 2023-11-02 13:29:36

Signature



Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

200,000.00 (TZS)

Total Billed Amount :

9916202215603

991620223132

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: Herbert's Pharmacy PIN: 010 2389
TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐
PHYSICAL ADDRESS:

Plot No. 1 Street: Mt Kenya Rd Ward: Kor'ho
District/Municipal: Kisumu Region: Kenya Contact No. 0712464880
E-mail: herberts@kenya.com

OWNERSHIP:

Directors (Names): 1. Justice Lukum Qualification: Businessman
2. Justice Lukum Qualification: Businessman
3. Justice Lukum Qualification: Businessman

SUPERINTENDANT INFORMATION:

Full Name: Dr. Justice I. Lukum PIN: 010 3123
Residential Address: Herbert's Pharmacy
Contract commencement date: 30 June 2023 Cessation date: 30 June 2024
Tel: 0662-44615 Email: d.rykum@5mail.com

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: Herbert's Pharmacy
TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐
PHYSICAL ADDRESS:

Plot No. 1 Street: Mt Kenya Rd Ward: Kor'ho
District/Municipal: Kisumu Region: Kenya Contact No. 0712464880

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Qualification:
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: PIN:
 Residential Address: Tel: Email:
 Contract commencement date: Cessation date:

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. *Business difficulty*
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: *J. Lukwago*

(Contact/email if different from the above)

Address: *30435 - Kabala*Tel: *0712464880*E-mail: *lukwago@gmail.com*Signature of Applicant: *J. Lukwago*Date: *2/11/2023*

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: *J. Lukwago*Date: *2/11/2023*

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)

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.

Disclaimer :

18 October 2023
COMMISSIONER FOR DOMESTIC REVENUE
 Michael T. Muhoja

1 Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores	
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):	
Business Premises located at:	
REGION : DAR ES SALAAM,	
DISTRICT : CHAKE,	
STREET : Msigani	
Taxpayer Name	JUSTINA JAMES LUKUMAY
Trading Name	HABATRINA PHARMACY
Taxpayer Identification Number	101-805-751
Company Registration Number	
Vat Registration Number	

Tax Certificate Number: **131-0183-5196**

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 18 October 2023

Expiry Date: 31 December 2023

Licencing Authority: TIN : 133-591-451

HALMASHAURI YA MANISPAA YA UBUNGO

KIBAMBA

55068

DAR ES SALAAM

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

TAX CLEARANCE CERTIFICATE

ISO 9001: 2015 CERTIFIED

TANZANIA REVENUE AUTHORITY

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102389

This is to certify that the premises owned by M/S Habatrina Pharmacy of P.O.Box 30435, Pwani located at Mtembe Saba Street, Kongowe, Kibaha Mji Municipality/District in Pwani Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102389

Issued in: November 2022

Expires on: 30 June 2027

DATE:
29-11-2022

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address 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. Both certificate and business permit shall be displayed conspicuously in the registered premises



SIGNATURE OF REGISTRAR
AND STAMP

[Signature]

Registrar
Pharmacy Council
P.O. Box 1277
Dodoma

MKATABA WA MAKAZI (PANGO)

Mimi Benson Nitus Chengula

nampanagisha

Justina James Lukumay/eneo la makazi (pango) lililopo eneo la

08

Mbezi Msigani Chama. Nyumba no.

kwa mwezi na jumla tsh 600,000/=

kwa miezi/ mwaka 6

kwa hiyo kuanzia leo tarehe 01/10/2023. Na mtambua 01/03/2024

Justina Lukumay/kua ni mpanagaji wangu.

MASHARTI

- > Mpanagaji anatakiwa kulipa kodi ya serikali kwa mujibu wa sheria za kodi za serikali.
- > Mpanagaji haruhusiwa kumpangisha mtu mwingine au kukabidhi nyumba/chumba kwa mtu yeyote bila idhini ya mwenye nyumba.
- > Mpanagaji anatakiwa kusimamia mazingira pamoja na usafi wote wa eneo pamoja na nyumba/chumba anachoishi.
- > Ukitaka kuongeza mkataba toa tarifa mwezi mmoja kabla ya mkataba wako kuisha muda wake.
- > Uharibifu wowote utakaojitokeza wa rasili mali mpanagaji atahusika moja kwa moja.
- > kuvunjiwa kwa mkataba huu hauta rudisha kodi kwa mpanagaji ikiwa yeye ndiye atakua amevunja au kuusitisha.

MAKUBALIANO NA SAHIMI

Mwenye Nyumba BENSON V. CHENGULA

Sahimi

Jina la shahidi wa mwenye nyumba ELIZABETH MICHAEL

sahimi

Tarehe 09/09/2023

Mpanagaji Justina James Lukumay

Sahimi

Jina la shahidi wa mpanagaji

HAPPYNER JAMES

Sahimi

Tarehe 09/09/2023

Mbele ya Wakili

Jina LILIAN WILLIAM



Cheo HAKILI

Anuani 3072

Sahimi

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



COMMISSIONER FOR DOMESTIC REVENUE
HERBERT M.T KABEMELA

[Signature]

STREET / AREA: MSIGANI

PHYSICAL LOCATION: PLOT No. 0 BLOCK No. 0

TRA LOCATION: KINONDONI
TAX OFFICE: KIMARA

WITH EFFECT FROM: 08 APRIL 2003

101-805-751

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

JUSTINA JAMES LUKUMAY

THIS IS TO CERTIFY THAT

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

TAXPAYER IDENTIFICATION NUMBER (TIN)

FOR

CERTIFICATE OF REGISTRATION

TANZANIA REVENUE AUTHORITY



CTIN: 1162165

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.

Deputy Registrar Business Names



[Handwritten signature]

GIVEN under my hand at Dar es Salaam this 4th day of OCTOBER TWO THOUSAND AND TWENTY ONE.

I HEREBY CERTIFY THAT HABATRINA PHARMACY this 4th day of OCTOBER year 2021 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 501020 in the Index of Registration.

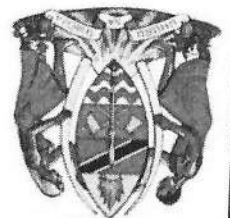
The Business Names (Registration) Act (Cap 213)
Certificate of Registration

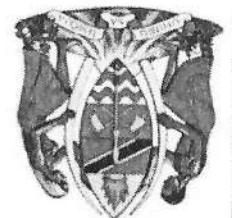
No. 501020

BBRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Form 5

TANZANIA





TANZANIA



Form 21

Extract date and time: 04/10/2021 09:46:16
 Registration date and time: 04/10/2021 09:45:56

The Business Names (Registration) Act (Cap 213)

Extract from Register

HABATRINA PHARMACY

501020

Region Pwani, District Kibaha CBD, Ward Kongowe, Postal code
 61108, Mimbabasa Street near Mimbabasa Primary & Secondary
 School

Email habatrina@gmail.com, Phone 255763444458, P.O.Box 30402

4772 - Retail sale of pharmaceutical and medical goods, cosmetic and
 toilet articles in specialized stores

8620 - Medical and dental practice activities

4789 - Retail sale via stalls and markets of other goods

2100 - Manufacture of pharmaceuticals, medicinal chemical and
 botanical products

JUSTINA JAMES LUKUMAY

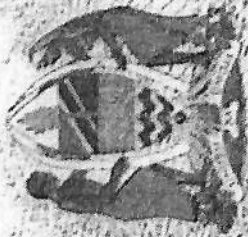
JUSTINA JAMES LUKUMAY

1. Name of Business:
2. Registration number:
3. Principal Place of Business:
4. Contacts:
5. Business activity:
6. Proprietor/Partners:
7. Authorized to Operate Bank Account etc:



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.

Deputy Registrar Business Names



JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19680828-61108-00002-13

JINA : JUSTINA JAMES
Given Name

JINA LA MWISHO : LUKUMAY
Last Name

TAREHE YA KUZALIWA : 28 AUG 1968
Date of Birth

JINSI : F
Sex

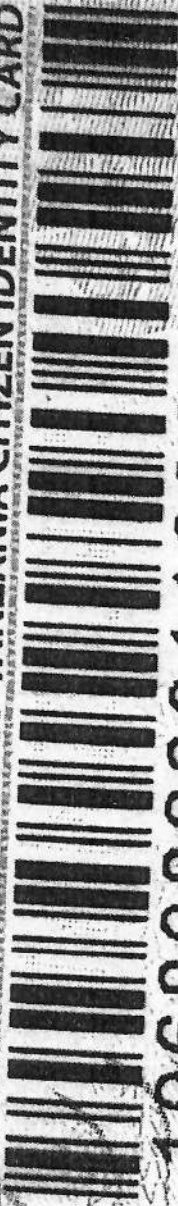
SAINI:

Signature

MWISHO WA MATUMIZI : 16 JUN 2026
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19680828611080000213

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalizi 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 tempered 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

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No

: 923241198846128

Received from

: HABATRINA 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 - 0

100,000.00

Total Billed Amount :

100,000.00 (TZS)

Bill Reference

: 16213241230959656837

Payment Control Number

: 991620214529

Payment Date

: 2023-08-29 14:30:24

Issued by

: Zena Mango

Date Issued

: 2023-11-02 14:04:11

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No

: 923241198846128

Received from

: HABATRINA 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 - 0

100,000.00

Total Billed Amount :

100,000.00 (TZS)

Bill Reference

: 16213241230959656837

Payment Control Number

: 991620214529

Payment Date

: 2023-08-29 14:30:24

Issued by

: Zena Mango

Date Issued

: 2023-08-29 15:04:52

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES (Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)



PCF 5(a)

SECTION A: APPLICANT INFORMATION

- Name of Applicant: JUSTINA JAMES LUKUMAY
- Physical Address of the Applicant: MIEMBEZABA - KIBAHHA
- Contacts (mobile phone): 0719 464880 / 0752 931896
- Email address (if any): _____

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

- Physical address of the proposed location. Street: MUGANI Ward: MBEJI District: UBUNGU Region: DAR ES SAALAAM
- Name and distance from the Public Health Facility in meters _____
- Name and distance from the nearby outlets (Pharmacy) in meters _____
- Name and distance from the unsuitable areas (Fuel station, Bar, Damp, laboratory) in meters _____
- Proposed Business Name (BRELA Certificates if any) HABATIRIYA PHARMACY
- Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention) A.

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.

Name and Signature of the Applicant _____

Date of Application 29/08/2023

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____

Pay slip/Receipt No. _____

Signature _____

Inspection Section

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

Reasons for rejection _____

Name, Signature of Inspector (1) _____

Name, Signature of Inspector (2) _____

9916200214529

JAMHURI YA MUNGANO WA TANZANIA



WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo).
Tangazo la serikali Na.269, 2020)SEHEMU A: TAARIFA ZA MWOMBaji
(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

1.

Jina la Mwombaji: JUSTINA LYCUMA

2.

Anwani ya Makazi ya Mwombaji: MBB1, MIBANI

3.

Mawasiliano (Simu): 0712 764380

4.

Jina la Biashara linalopendekezwa HABARINA PHARMACY

5.

Aina ya Biashara: Pharmacy

SEHEMU B: UHAKIKI WA TAARIFA ZA ENO LINALOPENDEKEZWA

Kigezo		Jina la jengo/kituo/eneco		Umbali (Mita)		
a)	i) Famasi ya Rejareja Jina na umbali kutoka;	REU	PHARMACY	560M		
	ii) Famasi ya Jumla					
	iii) Famasi ya Jumla na Rejareja					
b)	Maabara ya afya iliyo karibu					
c)	Kituo cha kutolea huduma za afya					
d)	Maajengo/maeneo yasiyofaa au hatarishi					
SEHEMU 2: Ukubwa wa jengo						

SEHEMU 2: Ukubwa wa jengo

Kigezo		Kipimo katika Mita (M)		Eneo la jengo (LxW)	
a)	Urefu (L)	5.2	5.2	30.16m ²	
b)	Upana (W)	5.2	5.2		
c)	Kimo (H)	2.5	2.5		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Jengo hii ukubwa wa mita za mwa
Jengo hii ukubwa wa mita za mwa

(Zingatia: Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa jamasi ya rejareja, chini ya 60m² kwa jamasi ya jumla, umbali kutoka jamasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)

Kumbuka:

Majengo yasiyofaa au hatarishi muana yake ni majengo au shughuli zinazotia uchafu wa vitu vya kuchukiza kama vile harufu mibaya za majuta, vichaguzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotaa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza kutafaa kutafaa kwa biashara ya duka la dawu kufanywa katika eneo hilo.

Kumbuka:

an hatarishi usiwe chini ya 50m)

SEHEMU D: MAPENDEKEZO

Enkel na matunggenzo kufika kwanja
 wa familia ya kuuji
 - itikamila to ya kuuji
 kwa ukaguzi wa pili ndani ya mwezi
 sita

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Mkaguzi wa kwanza: Tunatamka kwamba, taarifa zilizotolewa hapa ni za kwele na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	1	Jina la Mkaguzi	Chao/Wadhifa	Sahibi
	2	Fazio Bogani	Mtshali	
	3	Anna Mallya	Mkaguzi	

SEHEMU F: UTHIBITISHO WA MAMILIKI/WAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi)

~~SALE OF~~

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na nina kubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi!

Tarehe

04/09/2028

JAMHURI YA MUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FORMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020)

SEHEMU A: TAARIFA ZA MWOMBaji

1. Jina la Mwombaji: YUKTINA
2. Anwani ya Makazi ya Mwombaji: LUKUMAY
3. Mawasiliano (Simu): 0763444458
4. Jina la Biashara linalopendekezwa: HABATILINA PHARMACY
5. Aina ya Biashara: REJAREJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

Kigezo	Jina na umbali kutoka:	Jina la jengo/kituo/eneo	Umbali (Mita)	WGM
a)	i) Famasi ya Rejareja			
	ii) Famasi ya Jumla			
	iii) Famasi ya Jumla na Rejareja			
b)	Mabara ya afya iliyo karibu			
c)	Kituo cha kutolea huduma za afya			
d)	cha umma kilicho karibu			
	Majengo/maeneo yasiyofaa au hatarishi			

SEHEMU 2: Ukubwa wa jengo

Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a) Urefu (L)	5.8M	
b) Upana (W)	5.1M	
c) Kimo (H)	2.5M	
		29.5M ²

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- Eneo ina ukubwa wa takribani mita za MRABA 29.5 (29.5M²). IPO KATIKA DENGU LA RBC PLAZA -
- MEFANYA UKARABATI KUPUKIA VIGIZO YA FAMASI YA REJAREJA



(Zingatia: Ukabwa wa jengo hapaaswi kuwa chini ya 30m² kwa jamasi ya rejareja, chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa umbali kutoka jamasi ya rejareja hadi nyingine usiwe chini ya 50m)
 Kumbuka:
 Majengo yasiyofaa au hatarihi maana yake ni majengo au shughuli zinazotoa uchafu wa viti vya kuchukiza kama vile harufu mabaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linaoona kutangaza kutofaa kwa biashara ya duka la dawa kusanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

- AMEKAMILIHA UKARABATI KUFIKA VIGIZO YA
 FAMA YA REJAREJA.
 - TUPENDEKEZA OFISI YA MAFUJI MCHICIRI
 KUMPATIA VIBATI BAADA YA KUMASILISHA MATIBALI
 BARAZA LA FAMA.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kamuni husika.

Jina la Mikaguzi

Na	Jina la Mikaguzi	Cheo/Wadhifa	Sahihi
1	Grace Borembu	Mkaguzi	(Signature)
2	Anna	Mkaguzi	(Signature)
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (jina kamili la Mmiliki/Mwakilishi)

HAPPYNEE JAMES

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninaakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saimi ya Mmiliki/Mwakilishi

04/10/2023

Tarehe