Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

---

| | |
|---|---|
| Receipt No | : **925295377461592** |
| Received from | : ANDREWSON SINZ FARMACY |
| Amount | : 200,000.00 |
| Amount in Words | : Two Hundred Thousand TZS And Zero Cent(s) Only |
| Outstanding Balance | : 0.00 |

| **In respect of** | **Item Description(s)** | **Item Amount** |
|---|---|---|
| : *142202540104 - Application for change of name/ ownership - 0* | | **200,000.00** |
| | **Total Billed Amount :** | **200,000.00 (TZS)** |

| | |
|---|---|
| Bill Reference | : 16210294251849493777 |
| Payment Control Number | : ***991620338587*** |
| Payment Date | : **2025-10-22 09:57:17** |
| Issued by | : Zena Mango |
| Date Issued | : 2025-10-22 11:32:06 |
| Signature | : ..... |

PHARMACY COUNCIL

9916203325 87

Alipie 200,000/-
Change of name and ownership

PCF.14

21/10/2025

# 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: ANDREWSON SINZA PHARMACY PIN 0100397.

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

PHYSICAL ADDRESS:

Plot No. ..... Street: NZASA. Ward SINZA.

District/Municipal KINONDONI Region: DAR ES SALAAM.

POSTAL ADDRESS: P.O BOX 78376 Contact. No. 0766467731

E-mail: .....

**OWNERSHIP:**

Directors (Names): 1. KAY IDRISA SUDI. Qualification: BUSINESS MAN

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

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

**SUPERINTENDANT INFORMATION:**

Full Name: MARTINA SEVERIN UISSO PIN: 0103344.

Residential Address: ..... Tel: 0692685522 Email: tinnahuisso@gmail.com.

Contract commencement date: 01/01/2025 Cessation date 01/01/2026.

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: JORAGE CARE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street ..... Ward .....

District/Municipal KINONDONI Region DAR-ES-SALAAM.

POSTAL ADDRESS: ..... CONTACT. No. 0622225278

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. JOYCE RAYMOND WOISSO Qualification: BUSINESS WOMAN.
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. Previous owner opened another business other than Pharmacy.
2. .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: JOYCE RAYMOND WOISSO.

(Contact/email if different from the above)

Address: ..... Tel: 0722225278 E-mail: catherinesang6@gmail.com.

Signature of Applicant..... Date 03/09/2025

**SECTION E: APPLICANT DECLARATION**

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

Signature of Applicant..... Date 03/09/2025

**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)

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..AGAPE .E. MSUYA.... PIN ....0403596....
2. Namba ya simu....0685492526..... barua pepe IBANS.....
3. Tarehe ya mwisho kuhuisha jina *(Retention)*..DECEMBER 2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☐ NDIYO, Stakabadhi Na. ..... ☐ HAPANA

**SEHEMU YA PILI:** - KUKIRI KWA MWANATAALUMA:

Mimi.....AGAPE .E. MSUYA..... mwenye taaluma ya dawa ngazi ya ....FUNDI DAWA SANIFU nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ....JORAGE CARE PHARMACY..... FIN .0100735.... lililopo katika Wilaya ya .KINONDONI..... Mkoani .....DAR ES SALAAM.....

Sahihi .....IBANS..... Tarehe .29/07/2025.....

**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** .....OSWIN SANGA/A.e.d.o 03..... **Tarehe**.02/09/25.....

**SEHEMU YA TATU:** - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata)..B.B. MASAKILA..... Kata ya..KINYEREZI.....

Nathibitisha kwamba Ndugu..AGAPE E. MSUYA.....anaishi

langu mtaa/kijiji.....NZASA.....,kuanzia mwaka...2024.....

**Muhuri Mtendaji**

**Sahihi Afisamtendaji** **Tarehe** 08/08/2025

.....

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

**AGAPE E MSUYA**

**PIN NO: 0403596**

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:**22 April 2021**

Expires on:**31 December 2025**

***Registrar***
***Pharmacy Council***

# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 01 day of 01 2025.

**BETWEEN**

JOYCE RAYMOND WAISSO (Name) of P.O.BOX _____ Region DAR ES SALAAM.

(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

**AND**

AGAPE . E. MSUYA 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 RETAIL. Pharmacy.

**AND NOW WHEREFORE THIS AGREEMENT WITNESSED AS FOLLOWS;**

1. **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 01 day of 01 2025 to 01 day of 01 2026.

3. **Commencement of Supervision**

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 01 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. 400,000/= 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 01 day of 01 2025.

SIGNED and DELIVERED
By the said JOYCE RAYMOND WOISSO
Who is known to me personally/~~known to me personally~~
Introduced to me by EDWARD FELICIAN NJAU
the latter known to me personally
This 01 day of 01 2025.
In the presence of.
Name: WINIVA KAROLI BENEDICTO
Designation: ADVOCATE
Signature:
Date: 01st January 2025

PROPRIETOR

Winiva Karoli Benedicto
Box 70230 Dar es Salaam
Advocate, Notary Public & Commissioner for Oaths

SIGNED and DELIVERED
By the said AGAPE E. MSUYA
Who is ~~known to me personally~~/
Introduced to me by EDWARD FELICIAN NJAU
the latter known to me personally
This 01 day of 01 2025

PHARMACEUTICAL TECHNICIAN

In the presence of.
Name: WINIVA KAROLI BENEDICTO
Designation: ADVOCATE
Signature:
Date: 01st January 2025

Winiva Karoli Benedicto
Box 70230 Dar es Salaam
Advocate, Notary Public & Commissioner for Oaths

# PHARMACY COUNCIL

# PREMISES REGISTRATION CERTIFICATE

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

*FIN: 0100397*

This is to certify that the premises owned by M/S ***Andrewson Sinza Pharmacy*** of ***P.O. Box 78376, Dar es Salaam*** located at ***Sinza Mapambano, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100397***

Issued in: ***July 2012***

21-10-2018

***DATE:***

***SIGNATURE OF REGISTRAR AND STAMP***

**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*

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

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

Tax Certificate Number: **131-0246-1759**

Issuing Office: Kinondoni
Telephone: 022-2771841
Date of issue: 28 July 2025
Expiry Date: 31 December 2025

| | | | |
|---|---|---|---|
| Taxpayer Name | **JOYCE RAYMOND WOISSO** | | |
| Trading Name | | | |
| Taxpayer Identification Number | **180-488-375** | Vat Registration Number | |
| Company Registration Number | | | |

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

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 | Medical consultation and treatment in the field of general and specialized medicine by general practitioners and medical specialists and surgeons |

**Alfred T. Mregi**
**COMMISSIONER FOR DOMESTIC REVENUE**
28 July 2025

**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.

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 603828

# Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **JORAGE CARE PHAMARCY** this **5th** day of **MAY** year **2025** 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 **603828** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this **5th** day of **MAY TWO THOUSAND AND TWENTY FIVE.**

REGISTRAR OF BUSINESS NAMES ★TANZANIA★

***Deputy Registrar Business Names***

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 603828

# Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **JORAGE CARE PHAMARCY** this **5th** day of **MAY** year **2025** 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 **603828** in the Index of Registration.

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REGISTRAR OF BUSINESS NAMES
TANZANIA

*Deputy Registrar Business Names*

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.

**MKATABA WA MAUZIANO YA BIASHARA YA DUKA LA DAWA**

**MKATABA** huu umefanyika leo tarehe 01 Mwezi 04, Mwaka 2025

**KATI YA**

**KAY IDRISA SUDI** wa S.L.P_____Dar es Salaam na mwenye kitambulisho cha NIDA chenye namba 19781104141300000224 (Ambaye katika Mkataba huu atajulikana kama ``MUUZAJI'') Kwa upande Mmoja.

**NA**

**JOYCE RAYMOND WOISSO** wa S.L.P_____ Kinondoni, Dar es Salaam na mwenye namba ya NIDA 20031028141200001111 (Ambaye katika mkataba huu atajulikana kama ``MNUNUZI'') kwa upande mwingine.

**AMBAPO** Muuzaji ni mmiliki halali a biashara ya Duka la dawa (Pharmacy) iitwayo ANDREWSON inayofanyikia jengo la……. Sinza Mapambano, Mtaa wa Nzasa, Wilaya ya Kinondoni.

**NA AMBAPO** Muuzaji anatamani kumuuzia Mnunuzi biashara tajwa kwenye mkataba huu kwa hiari yake mwenyewe bila kulazimishwa na mtu yoyote na akiwa na akili zake timamu.

**NA AMBAPO** Mnunuzi yupo tayari kununua biashara tajwa katika mkataba huu kwa makubaliano na masharti tajwa kwenye mkataba huu.

**HIVYO BASI MKATABA HUU UNASHUHUDIA YAFUATAYO.**

1. **GHARAMA**

   Kwamba Muuzaji akiwa na akili timamu na kwa hiari yake anamuuzia Mnunuzi biashara ya Duka la Dawa iitwayo ANDREWSON inayofanyika jengo la_____ kwa bei ya **Shilingi Milioni Ishirini na Tano za Kitanzania**

**(TZS.25,000,000/-)** ambazo zitalipwa kwa mkupuo mmoja kwenye Benki yenye taarifa zifuatazo siku ya kusaini mkataba huu.

Account Number: 20506600219
Jina la Account: ANDREWSON PHARMACY
Jina la Benki: NMB

## 2. UMILIKI WA JENGO

a) Muuzaji na Mnunuzi wanakubaliana kwamba jengo ambalo biashara tajwa kwenye mkataba huu inafanyika halimilikiwi na Muuzaji bali limekodishwa kutoka kwa Mmiliki halali wa jengo hilo.

b) Muuzaji atawasilisha nakala ya mkataba wa upangishaji wa jengo hilo la Biashara kwa Mnunuzi na atamjulisha Mmiliki halali wa jengo hilo kuhusu uhamisho huu wa biashara ili Mnunuzi aweze kuendelea na upangaji kwa masharti ya awali au kwa masharti mapya yatakayokubaliwa kati ya Mnunuzi na Mmiliki mwenye jengo kabla ya kusaini mkataba huu.

## 3. MAUZIANO

Muuzaji na Mnunuzi wanakubaliana kwamba mauziano ya biashara tajwa katika mkataba huu yamajumuisha yafuatayo

a) Nyaraka zote zinazoonyesha uhalali wa biashara hiyo ikiwemo Leseni ya Biashara n.k
b) Bidhaa zote zilizomo.
c) Wateja waliopo na jina la biashara
d) Vifaa vyote na samani za biashara hiyo.
e) Kodi ya jengo la biashara ya miezi..... iliyobaki.

## 4. MAKABIDHIANO

Muuzaji na Mnunuzi wanakubaliana kwamba mara baada ya malipo kukamilika Muuzaji atamkabidhi rasmi biashara pamoja na vifaa vyote na stakabadhi zote muhimu za biashara

hiyo na Mnunuzi atakuwa na umiliki halali wa kuendesha biashara hiyo bila usumbufu wowote kutoka kwa Muuzajia au wafanyakazi wake.

5. **MASHARTI YA ZIADA**

   Muuzaji anamuuzia Mnunuzi biashara tajwa kwenye mkataba huu bila biashara hiyo kuwa na deni lolote kutoka taasisi za serikali au taasisi binafsi au watu binafsi.

6. **MIGOGORO**

   Endapo kutakua na mgogoro wowote utakaojitokeza wakati wa utekelezaji wa mkataba huu basi pande zote mbili zitasuluhishwa mgogoro huo kwa njia ya mazungumzo kwanza na upande usioridhishwa utakua na uhuru wa kutafuta haki katika vyombo vya kisheria.

**MKATABA** huu umeshuhudiwa na kutiwa saini na Muuzaji na Mnunuzi kwa namna inavyoonekana hapa chini.

**IMETOLEWA** na **KUSAINIWA** hapa Dar es Salaam
na **KAY IDRISA SUDI**
ambaye ninamfahamu/nmetambulishwa na
CATHERINE SONGI
Mbele yangu leo tarehe 01 Mwezi 01, 2025.

**MUUZAJI**

**MBELE YANGU**
SAHIHI: _____
JINA: WIVINA KAROLI BENEDICTO
ANWANI: 70230 DAR ES SALAAM
CHEO: **WAKILI**

Wivina Karoli Benedicto
Box 70230 Dar es Salaam
Advocate, Notary Public & Commissioner for Oaths

**IMETOLEWA** na **KUSAINIWA** hapa Dar es Salaam
Na **JOYCE RAYMOND WOISSO**
ambaye ninamfahamu/nmetambulishwa na

_____

Mbele yangu leo tarehe 01 Mwezi 01, 2025.

_____
**MNUNUZI**

**MBELE YANGU**
SAHIHI: _____
JINA: WINNA KAROLI BENEDICTO
ANWANI: 70230 DAR ES SALAAM
CHEO: **WAKILI**

Wivina Karoli Benedicto
Bot: 70230 Dar es Salaam
Advocate, Notary Public
& Commissioner for Oaths

# MKATABA WA PANGO

Mkataba huu umefanyika leo tarehe 8/8/2025..... Kati ya,

PROFIL BEDA MASSAWE... wa S.L.P 33683 Dar es salaam,atakayetambulika kama 'MWENYE NYUMBA'.

NA

JOYCE RAYMONA WOISSO..., namba ya simu 0622225278... ambaye katika makubaliano haya anatambulika kama 'MPANGAJI'.

## MAKUBALIANO:

1. MWENYE NYUMBE atampatia MPANGAJI eneo la fremu moja kwa ajili ya matumizi ya duka, katika nyumba iliopo plot no ..... block no ..... katika eneo la SINZA MAPAMBANO, Wilaya ya KINONDONI....., mkoani Dar es salaam

Ambapo

2. KODI itakuwa ya ni Tsh 700,000...../= (LAKI SABA KWA MIEZI.....) kwa mwezi mbayo italipwa kwa kipindi cha MIEZI SITA (6)..... kuanzia tarehe 10...../06...../2025... na kumalizika tarehe 31...../11...../2025

3. MPANGAJI ataruhusiwa kuingia na kuanza shughuli zake katika eneo tajwa mara tu baada ya kukamilisha makubaliano haya kwa kutia sahihi mkataba huu. Malipo haya hayatarejeshwa kwa namna yoyote pale itakapobainika kuwa vipengele vya mkataba huu havijazingatiwa.

4. MPANGAJI atapaswa kulipa malipo na kodi zote stahiki katika ENEO tajwa kwa kipindi chote ambacho mkataba huu utadumu.

5. MPANGAJI hatorohusiwa kufanya mabadiliko yoyote ya kudumu katika ENEO tajwa pasi na makubaliano ya kimaandishi kati yake na MWENYE NYUMBA.

6. MPANGAJI hatoruhusiwa kupangisha ENEO tajwa wala sehemu ya ENEO tajwa kwa mtu yoyote pasi na makubaliano ya kimaandishi kati yake na MWENYE NYUMBA.

7. MPANGAJI atatakiwa kutumia ENEO tajwa kwa shughuli za biashara halali tu.

8. MPANGAJI anakubali kuwa matumizi yake katika ENEO tajwa hayataleta madhara yoyote hatarishi kwa ENEO na mazingira yanayoizunguka.

7.MPANGAJI atatakiwa kutumia ENEO tajwa kwa shughuli za biashara halali tu.

8.MPANGAJI anakubali kuwa matumizi yake katika ENEO tajwa hayataleta madhara yoyote hatarishi kwa ENEO na mazingira yanayoizunguka.

9.MPANGAJI atapaswa kuwajibika kuchukua na kuweka vifaa bya tahadhari, vikiwemo vifaa vya kuzima moto, na vinginevyo kulingana na maelekezo ya mamlaka na taratibu za usalama, ili kutunza usalama wa ENEO tajwa.

10.MWENYE NYUMBA ana haki ya kutaka kukagua nyumba na ENEO lake siku yoyote, katika masaa rasmi ta kazi.

11.Makubaliano haya yanadumu kwa wahusika waliokubaliana pamoja na warithi na/ au waendelezaji wa pande zote mbili.

12.Mpangaji anapaswa kutoa taarifa miezi mitatu kabla ya mkataba wake kuisha kwamba ataendelea na pia anapaswa kulipia mkataba mpya mwezi mmoja kabla ya mkataba wake kuisha ili kuondoa usumbufu baada ya mkataba wake kuisha.

13.MPANGAJI amekubali na kuridhika na hali ya ENEO na anakubali kuwajibika kwa uharibifu wowote utakaojitokeza katika ENEO kwa kipindi chote ambacho mkataba huu utadumu.

14.MPANGAJI atapaswa kugharamia ulinzi katika ENEO tajwa kadhalika, MPANGAJI atapaswa kulipia bili za umeme, maji, taka pamoja na gharama za namna hii aidha kwa makubaliano watakayowekeana na wapangaji wenzake, au kwa binafsi yake mwenyewe.

15.Pande zote za mkataba huu zinaweza kuamua kuongeza muda wa mkataba huu, kwa makubaliano watakayowekeana baadae, na makubaliano hayo yataanza mara tu baada ya mkataba huu kusitishwa.

IMEKUBALIWA KATI YA MWENYE NYUMBA NA MPANGAJI KUWA:

a. MWENYE NYUMBA ana mamlaka ya kusitisha mkataba huu mara tu baada kuwasilisha taarifa ya kimaandishi kwa MPANGAJI siku thelathini(30) kabla. Ambapo MPANGAJI hatapaswa kufanya malipo mengine ya ziada kwa MWENYE NYUMBA tofauti na kodi yake aliyolipa awali.
b. MWENYE NYUMBA anaweza kusitisha mkataba huu pale itakapobainika kuwa MPANGAJI amevunja sehemu yoyote ya makubaliano haya.

**MWENYE NYUMBA**

JINA: Stephen Kapil

SAHIHI: Sing

SIMU: 0623378902

WADHIFA: Mchimvuvi

**MPANGAJI**

JINA: CATHERINE D. SAUGI

SAHIHI: Saug.

SIMU: 0622 225278

WADHIFA: Medical Disp.

**IMEKUBALIWA NA KUTIWA SAHIHI MBELE YANGU**

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