



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **924323291333317**

Received from : ADEDI PHARMACY

Amount : 200,000.00

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

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142202540104 - Application for change of name/ ownership - CHANGE OF NAME		200,000.00

Total Billed Amount :

200,000.00 (TZS)

Bill Reference : 16213323244127520458

Payment Control Number : **991620280599**

Payment Date : **2024-11-18 14:04:01**

Issued by : Zena Mango

Date Issued : 2024-11-18 14:07:17

Signature : 

Please issue CN
for 200,000/-
(1) Change of Name 100,000/-
(2) Change of Owner 100,000/-

991620280599 → 200,000/-

PCF.14

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: ADEDI PHARMACY FIN. 0300574

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

PHYSICAL ADDRESS:

Plot No. TM/CH/PT/1270 Street: Miamini Ward: Charambe

District/Municipal: Tembeke Region: Dar-es-Salaam

POSTAL ADDRESS: P.O. box 22124 Contact No. 0754-482729

E-mail: Info@adedi.co.tz

OWNERSHIP:

Directors (Names): 1. Adella Stanislaus Assey Qualification: Director

2. Debra Mlaki Qualification: Director

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: Castory G. Munishi PIN: 0102087

Residential Address: Tel: 0745-856635 Email:

Contract commencement date: March 2022 Cessation date: 30th June 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: GRNITALIFE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 19325 Street: Ward:

District/Municipal: MBAGALA RANGI TAFU Region: DAR-ES-SALAAM

POSTAL ADDRESS: P.O. box 80512 CONTACT No. 0686-088052

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Yassir Sheriff Qualification: Director
2. Ali Youssef Qualification: Director
3. Mohamed Azab Qualification: Director

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ALOYCE ADAM PIN: 0103441
 Residential Address: MBAGALA Tel: ⁰⁷⁶⁵950161 Email: aloyceadam@gmail.com
 Contract commencement date: 01/11/2024 Cessation date 31/10/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Sold over
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: Yassir Sheriff
 (Contact/email if different from the above)
 Address: Vingunguti Tel: 0886-088050 E-mail: Yassir.sheriff@grinda.ai
 Signature of Applicant: [Signature] Date: 31 Oct - 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 31 Oct - 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)

LEASE AGREEMENT

THIS LEASE AGREEMENT made on 02 day of October 2024

BETWEEN

AMIRI MOHAMED MGALLA a male natural person of P.O Box 242, Dar es Salaam (hereinafter called the "Lessor" which expression shall, where the context so requires, include the Lessor's successors in title and assigns);

AND

GRINTALIFE LIMITED, a private company incorporated with limited liability in the United Republic of Tanzania and having its registered office situate at Dar es Salaam of P.O Box 80512 Dar es Salaam (hereinafter called the "Lessee" which expression shall, where the context so requires, include the Lessee's successors in title and assigns).

WHEREAS the Lessor is the lawful owner of the landed property situated at MBAGALA RANGI TATU, TEMEKE District within Dar es salaam Region (hereinafter referred to as the "Demised Premises")

WHEREAS the Lessor is desirous of renting the said leased premises to the lessee and the Lessee is desirous of leasing the Leased Premises.

AND WHEREAS the Lessor has agreed to lease the demised premises to the lessee to hold and enjoy the same for *Commercial purpose* on terms and conditions hereinafter appearing.

NOW THIS AGREEMENT WITNESSETH as follows:

1. The Lessor hereby demises unto the Lessee all that demised premises together with the right of access, to hold to the Lessee for a term of Two (2) years commencing from the 01st Day of January 2025 up to 31st Day of December 2027.
2. The Lessor and Lessee has agreed that as the consideration of leasing the said demised premises, the Lessee shall pay a sum of Tanzanian Shillings One Million Five Hundred Thousand only (Tshs. 1,500,000.00) per month inclusive of all taxes for the first year.

The rent from 1st January 2026 will be increased to a sum of Tanzanian Shillings One Million Eight Hundred Thousand only (Tshs. 1,800,000.00) per month inclusive of all taxes.

Payment of 6 months in advance should be paid - on provision of providing fiscal receipt on payment- on the following dates

- 30th Dec 2024
- 27th Jun 2025
- 30 Dec 2025
- 27th Jun 2026

3. The parties herein have agreed at any such time not later than one month before this lease expires, the lessee may serve a notice to the Lessor signifying his intention to renew the lease term at the time of expiry of this lease if she so wishes.

4. THE LESSEE HEREBY COVENANTS with the LESSOR:

- (i) Pay Government Taxes (with-holding tax) and Charges for the use of water and electricity in respect of the demised premises during the said term, payable in respect of the demised property.
- (ii) At all times to keep the interior of the demised premises and appurtenances thereof including doors, windows and other fixtures, fittings, electrical wires and fittings, water drains and other pipes and sanitary water apparatus herein, painting and decorations thereof in good repair and fair condition.
- (iii) To permit the Lessor and her agents and other persons authorized in writing by the Lessor to enter the demised premises at all reasonable times during day time with prior consent, such consent not to be unreasonably withheld, for the purposes of viewing the demised premises and undertaking any repairs necessary under the covenants herein before or hereinafter contained.
- (iv) Not to assign, sublet or part with the possession of the demised premises hereby demised without the written consent and permission of the lessor.
- (v) Not to use the demised premises in a way this would create nuisance or any damage to the public neighbour s.

10 OCT 2024

- (v) On the expiration of the lease term to deliver up the demised premises to the lessor with all keys, locks and fasteners in good repair and condition, reasonable wear and tear excepted.

5. THE LESSOR COVENANTS WITH THE LESSEE AS FOLLOWS:

- (i) To pay all the site rates, land rents and other imposition during the said term.
- (ii) The lessee paying the rent hereby agrees upon observing and performing the covenants and stipulations herein on the part of the lessee contained shall peacefully hold and enjoy the demised premises during the term created without interruption by the lessor.

6. PROVIDED ALWAYS and it is hereby agreed as follows;

- (i) That the tenancy hereby created shall be determinable at the option of either party by giving the other party a one month's notice in writing.
- (iii) That any demand for payment or notice requiring to be made upon or given to the lessee shall be sufficiently made or given if sent by the lessor or her agents through the post by registered letter addressed to the lessee at the demised premises or delivered by hand, and that notice requiring to be given to the lessor shall be sufficiently given if sent by the lessee through the post by registered mail addressed to the lessor at her usual or last known place of residence or delivered by hand AND that any demand or notice sent by post in either case shall be assumed to have been delivered in the usual course of post.
- (iv) The rent agreed upon may be revised after the expiry of the lease term.

IN WITNESS WHEREOF the parties herein have hereto signed this deed on the day, month, year and the manner as hereinafter appearing.

SIGNED and DELIVERED by the said AMIRI MOHAMED

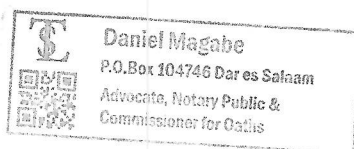
MGALLA who is known to me personally

been identified to me by _____ the LESSOR latter

known to me personally in my presence this 15 day of Oct 2024

BEFORE ME:

COMMISSIONER FOR OATHS



STAMP DUTY

Shs: 1500/= Collected
Receipt No: 9984118878170 Date: 29/10/2024


Regional Manager - Ilala Tax Region

TIN:

Copy: 1500

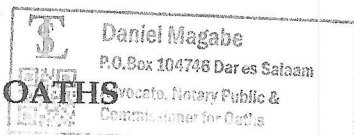
15/10/2024

SIGNED and DELIVERED by the said
on behalf of GRINTALIFE LIMITED who is known to me personally
..... /has been identified to me bythe
LESSEE latter known to me personally in my presence this 15 day of
Oct. 2024

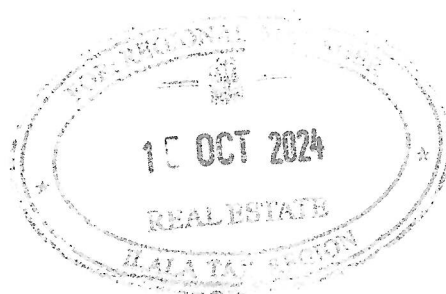
} 

BEFORE ME:





COMMISSIONER FOR OATHS





ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licensing Authority; TIN : 101-372-650

ILALA MUNICIPAL COUNCIL

MISSION STREET

20950

DAR ES SALAAM

Tax Certificate Number:

571-0182-1832

Issuing Office: Kariakoo

Telephone:

Date of Issue: 15 November 2024

Expiry Date: 31 December 2024

Taxpayer Name	ADEDI PHARMACY LIMITED		
Trading Name			
Taxpayer Identification Number	164-646-629	Vat Registration Number	
Company Registration Number			

Business Premises located at:

REGION : DAR ES SALAAM,

DISTRICT: ILALA,

STREET: KIPATA/CONGO

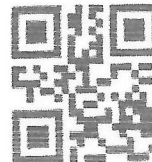
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Wholesale on a fee or contract basis
2	Wholesale of other machinery and equipment
3	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi

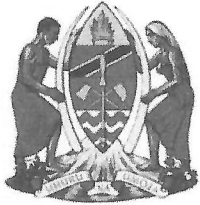
COMMISSIONER FOR DOMESTIC REVENUE

15 November 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.



TANZANIA

C.1



Certificate of Incorporation of a Company

Section 15

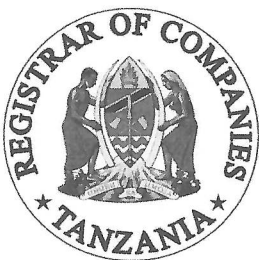
No: 166197201

I HEREBY CERTIFY THAT

GRINTALIFE LIMITED

is this day incorporated under the Companies Act, 2002
and that the Company is Limited.

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



PRINC ASST. REGISTRAR OF COMPANIES

THE COMPANIES ACT (ACT NO. 12 OF 2002)

Scan / Certified as an authentic document / copy of the original document.

Signed: *Mumwi Sadock*
For PERMANENT SECRETARY
MINISTRY OF FOREIGN AFFAIRS
& EAST AFRICAN COOPERATION
Date: *31/8/2023*

COMPANY LIMITED BY SHARES

MEMORANDUM

AND

ARTICLES OF ASSOCIATION

OF

GRINTALIFE LIMITED

Incorporated this day of 2023

DRAWN BY:
CLYDE & CO TANZANIA
11TH FLOOR GOLDEN JUBILEE TOWERS
OHIO STREET
P.O. BOX 80512
DAR ES SALAAM
TANZANIA

Certified as True Copy of the Original
Mumwi Sadock
Advocate, Notary Public & Commissioner
for Oaths
Signature: *Mumwi Sadock*
Date: *30/8/23*

THE COMPANIES ACT 2002

PRIVATE COMPANY LIMITED BY SHARES

MEMORANDUM OF ASSOCIATION

OF

GRINTALIFE LIMITED

 Certified as True Copy of the Original
Mumwi Sadock
Advocate, Notary Public & Commissioner
for Oaths
Date: 31/05/2025

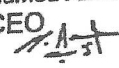


THE COMPANIES ACT 2002
COMPANY LIMITED BY SHARES

Memorandum of Association
of
GrintaLife Limited




- 1 The name of the Company is GrintaLife Limited.
- 2 The registered office of the Company is to be situated in the United Republic of Tanzania.
- 3 The purpose for which the Company is established is the transaction of any and all lawful business for which companies may be incorporated in the United Republic of Tanzania and the Company shall have powers, and the objects for which the Company is established shall include the powers, (without limitation):
 - 3.1 to carry on the business of managing and operating medical warehouses;
 - 3.2 to carry on the business of selling and distributing pharmaceutical products through direct sales or through an online platform;
 - 3.3 to carry on the business of general trade and distribution;
 - 3.4 to carry on business as a general commercial company;
and, without limitation to the generality of the foregoing;
 - 3.5 to enter into any arrangements and contracts with any Government or authorities supreme, municipal, local or otherwise or any corporations, companies or persons (including quasi-governmental bodies and bodies owned by any government) and to obtain from any such Government, authority, corporation, company or persons any contracts, decrees, rights, privileges and concessions;
 - 3.6 to buy, own, hold, subdivide, lease, sell, rent, prepare building sites, construct, reconstruct, alter, improve, decorate, furnish, operate, maintain, reclaim or otherwise deal with and/or develop land and buildings and otherwise deal in real estate in all its branches, to make advances upon the security of land or houses or erection and whether on first mortgage or charge or subject to a prior mortgage or mortgages or charge or charges, and to develop land and buildings as may seem expedient but without prejudice to the generality of the foregoing;
 - 3.7 to improve, manage, develop, exchange mortgage, let or rent or in consideration of share of profits, either in money or kind otherwise grant license, easements and other rights of and over and in any manner dispose of the property and rights of the Company;
 - 3.8 to carry on the business of an investment company and for that purpose to acquire (by original subscription, contract, tender, purchase or exchange

WE, the persons whose names and addresses are subscribed, desire to be formed into a company, in pursuance of this Memorandum of Association, and we respectively agree to take the number of shares in the capital of the Company set opposite our respective names:

Names and Addresses of Subscribers	Number of shares (Ordinary shares of TZS 100 Each)	Signatures
Name: Grinta Inc. Address: 121 Terrace Road, Levittown, PA 19056, United States of America	200	Name: Mohamed Azab Position: CEO Signature:  Name:  Position: Signature: Name: Ali Youssef Position: Vice-president Stamp/Seal
Name: Yassir Ali Sheriff Address: Plot no 401/77B, Mali Zanaki Street, Ilala, Dar es Salaam, Tanzania	1	
TOTAL	201	

Dated at DAR ES SALAAM this 18 day of MAY, 2023.

Witness to the above signatures:


Signature: 

Name: HADIA MGAYA

Address: P.O. Box 4302, DAR ES SALAAM

Qualification: Advocate / Notary Public / Commissioner for Oaths

Certified as True Copy of the Original
Mumwi Sadock
Advocate, Notary Public & Commissioner
for Oaths
Signature: 
Date: 3/05/2023

 **Hadia Mgaya**
P.O. Box 4302 Dar es Salaam
Advocate, Notary Public &
Commissioner for Oaths

THE COMPANIES ACT 2002
PRIVATE COMPANY LIMITED BY SHARES

ARTICLES OF ASSOCIATION

of

GRINTALIFE LIMITED

3
Certified as True Copy of the Original
Mumwí Sadock
Advocate, Notary Public & Commissioner
for Oaths
Sign: *[Signature]*
Date: *21/06/2025*

THE COMPANIES ACT 2002
COMPANY LIMITED BY SHARES

Articles of Association
of

GrintaLife Limited



PRELIMINARY

1 Table A

The Regulations contained in Table A shall not apply to the Company. The Articles set out below shall constitute the articles of association of the Company to the exclusion of any other regulations or articles of association.

2 Interpretation

2.1 In these Articles, the following words have the following meanings:

Act	the Companies Act (Act No. 12 of 2002) as amended from time to time;
Articles	these articles of association as amended from time to time;
Business Day	a day (other than a Saturday or Sunday) when banks in Dar es Salaam, Tanzania are open for business;
Company	GrintaLife Limited;
Table A	Table A in the Schedule to the Act; and
TZS	Tanzanian Shillings.

2.2 References in these Articles to writing shall be construed as including references to any method of representing or reproducing words in a legible and non-transitory form (including by email).

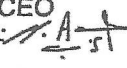
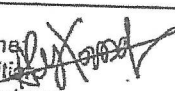
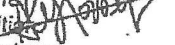
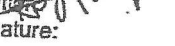

2.3 Words denoting the singular shall include the plural and vice versa. Words denoting the masculine shall include the feminine. Words denoting persons shall include bodies corporate and unincorporated associations.

2.4 Headings in these Articles are for convenience only and shall not affect the interpretation hereof.

2.5 Any conflict between this Memorandum of Association and the Shareholders' Agreement, the Shareholders' Agreement shall supersede/take precedence.


3 Liability of Members

WE, the persons whose names and addresses are subscribed, desire to be formed into a company, in pursuance of these Articles of Association, and we respectively agree to take the number of shares in the capital of the Company set opposite our respective names:

Names and Addresses of Subscribers	Number of shares (Ordinary shares of TZS 100 Each)	Signatures
Name: Grinta Inc. Address: 121 Terrace Road, Levittown, PA 19056, United States of America	200	Name: Mohamed Azab Position: CEO Signature:  Name:  Position:  Signature:  Name: Ali Youssef Position: Vice- President Stamp/Seal
Name: Yassir Ali Sheriff Address: Plot no 401/77B, Mali Zanaki Street, Ilala, Dar es Salaam, Tanzania	1	
TOTAL	201	

Dated at DARES SALAAM this 18 day of MAY 2023.

Witness to the above signatures:

Signature: 

Name: HADIA MGAYA

Address: P.O. BOX 4302, DARES SALAAM.

Qualification: Advocate / Notary Public / Commissioner for Oaths





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



19850119-11104-00001-26

JINA : YASSIR ALI

Given Name

JINA LA MWISHO : SHERIFF

Last Name

TAREHE YA KUZALIWA : 19 JAN 1985

Date of Birth

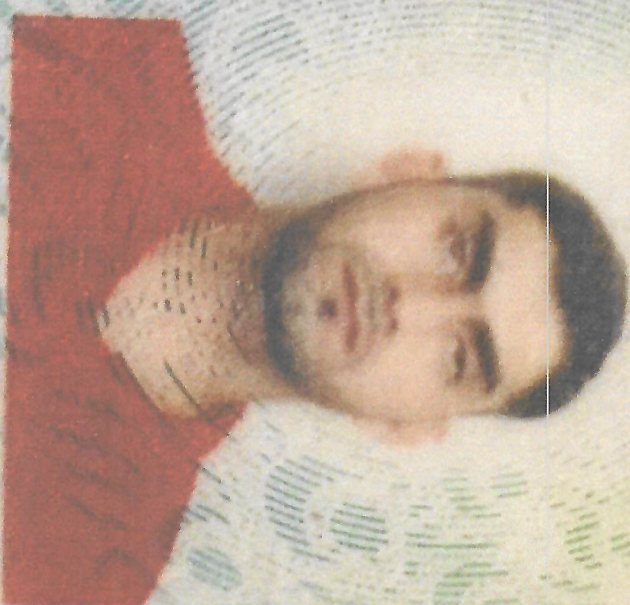
JINSI : M

Sex

SAANI:

Signature

MWISHO WA MATUMIZI : 24 SEP 2028
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19850119111040000126

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote 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 tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

**DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY**



Type / النوع	Country code / رمز البلد	Passport No / رقم الجواز
P	EGY	A22576605

Ḥ. 11. 1. 1. 1. 1. 1.

ALI MOHAMED YOUSSEF EZZELDIN

Date of Birth	Place of Birth
04/07/1982	GIZA

1987/07/03

**Nationality
EGYPTIAN**



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DATE OF ISSUE	DATE OF EXPIRY
02/04/2018	01/04/2025

تاریخ الار تاریخ الاینها
۲۰۲۵/۰۴/۰۱ ۲۰۱۸/۰۴/۰۲

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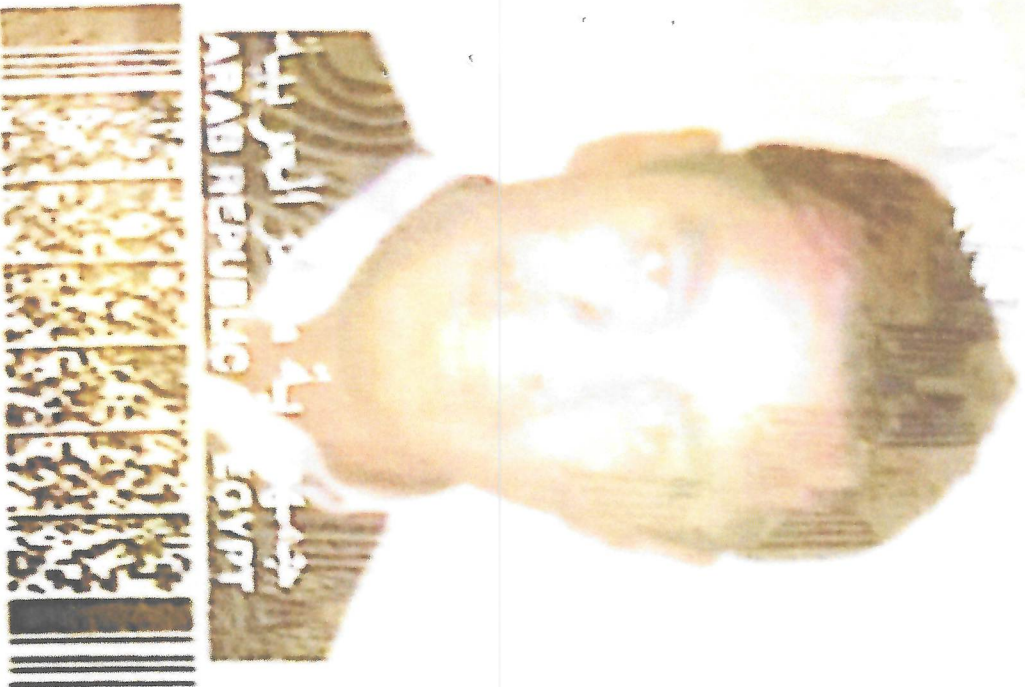
الرقم الطرسي: ٢٩٣٧.٠٧٤٧١.٠٧٨٢.٧٠٢٨٢

الوطنية / السيد : طه ابو عمرو

Profession: PHYSICIAN

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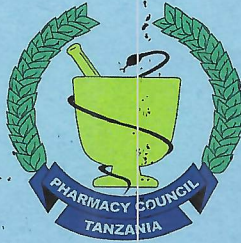
الطريق إلى



PYEGYEZZELDIN<ALI<MOHAMED<YOUSSEF<<<<<<<<<

AZ225766057EGY8207045M2504018<<<<<<<<<<<<<08

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300574

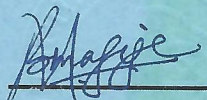
This is to certify that the premises owned by M/S Adedi Pharmacy of P.O. Box 22124, Dar es Salaam located at Plot No. TMK/CHB/RTT/22/20, Mianzini, Charambe, Tempeke Municipality/District in Dar es Salaam Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300574

Issued in: March 2022

Expires on: 30 June 2029

24-09-2024

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



Registrar
Pharmacy Council
P.O. Box 1077
Dar es Salaam

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00574-2024

This Permit is hereby granted to M/S Adedi Pharmacy of P.O. Box 22124, Dar es Salaam to operate a Retail and Wholesale Business at the premises situated/lying between Plot No. TMK/CHB/RTT/22/20, Mianzini, Charambe, Temeke Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0300574 under a superintendent Pharmacist Castory G Munishi with Personal Identification Number (PIN) 0102687

Issued in: March 2022

Expires on: 30 June 2025

14-08-2024

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated





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... ALOYCE ADAM PIN 0103441
2. Namba ya simu... 0785950161 barua pepe aloyceadam@gmail.com
3. Tarehe ya mwisho kuhuisha jina (*Retention*).....
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. 9243032867 ☐ HAPANA
1277

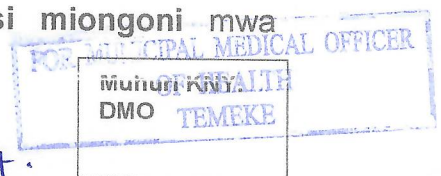
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... ALOYCE ADAM mwenye
taaluma ya dawa ngazi ya MFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
GRINIALIFE PHARMACY FIN lililopo katika
Wilaya ya TEMEKE Mkoani DAR-ES-SALAAM
Sahihi [Signature] Tarehe 1/11/2023

Uthibitisho wa Mfamasi wa Halmashauri

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

Jina na Sahihi GLORIUS JOHN Tarehe [Signature]



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ASHURA H. MATHWA Kata ya CHARAMBE
Nadhibitisha kwamba Ndugu ALOYCE ADAMU anaishi
langu mtaa KIJI RAUZI TATU kuanzia mwaka 12

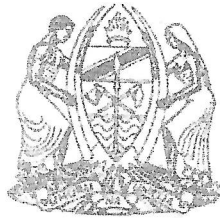
Sahihi Afisamtendaji

Tarehe

[Signature]
AFISA MTENDAJI WA KATA
CHARAMBE

28/10/2024





00002004

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)

Full Name Aloyce Adam

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
N	Date					
2nd	February, 2023	10th June, 1988	Tanzanian	P.O. Box 100129 Dar es Salaam	Doctor of Pharmacy	Ferhat Abbas University of Setif 1 Algeria 2020

24th February 2023

REGISTRAR

- ES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

ALOYCE ADAM

PIN NO: 0103441

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311
is entitled to practice as a **Full Registered Pharmacist** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued:02 February 2023

Expires on:31 December 2024

**Registrar
Pharmacy Council**



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

This Agreement is made on this 1st day of November 20 24

BETWEEN

Yassir Sherry (Name) of P.O. BOX 80512 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

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

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

WHEREAS in compliance with section 43 of the Act the Proprietor wishes to engage the
professional services of a pharmacist to be in charge of his business,

WHEREAS the Superintendent is willing to offer professional services to the proprietor in lieu
of remuneration for such services or such other terms and conditions as stipulated hereunder;

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

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

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

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

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

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

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal
representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

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

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

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 1st day of Nov 20 24 to 31st day of Oct 20 25

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 1st day of Nov 20 24

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities: -

- 4.1.1 The PROPRIETOR shall pay Monthly salary/emoluments of TZS. 800,000/- Eight hundred thousand payable monthly to the SUPERINTENDENT upon discharging his duties and functions as per this Agreement.
- 4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1st day of the following month.
- 4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- 4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- 4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 Shall ensure pharmaceutical services are provided with due care.
- 4.1.9 Shall ensure all proper records are maintained and managed well.

- 4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall cooperate with the Pharmacy Council on proper practice affairs whenever the need arise.
- 4.1.12 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.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

4.2 The Superintendent;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

The superintendent shall have the following duties and obligations: -

- 4.2.1 Shall obtain from the Pharmacy 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 as much as possible ensure physical supervision of the said premises. 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 Pharmacy 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 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.
- 4.2.13 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.14 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 One (1) month to the other party of his intention to terminate this contract and agreed payments will be done in that month.

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 Superintended 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.

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 1st day of Nov 2024

SIGNED and DELIVERED

By the said YASSIR SHERIFF

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally

This 1st day of Nov 2024

In the presence of:

Name: Baraka Masse

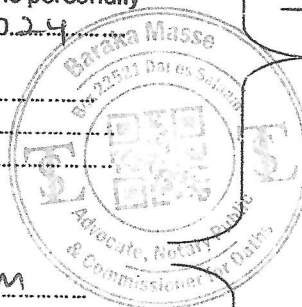
Designation: Advocate

Signature: [Signature]

Date: 1/11/2024

[Signature]

PROPRIETOR



SIGNED and DELIVERED

By the said ALOYCE ADAM

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally

This 1st day of Nov 2024

In the presence of:

Name: Baraka Masse

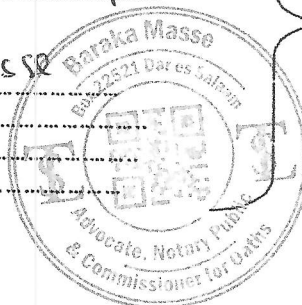
Designation: Advocate

Signature: [Signature]

Date: 1/11/2024

[Signature]

SUPERINTENDENT





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 JOSEPH KAGOMBA NTELEKELA PIN 0406615
2. Namba ya simu 0765685897 barua pepe josephex@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 25/12/2023
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

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

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na 92335922267 ☐ HAPANA
8788

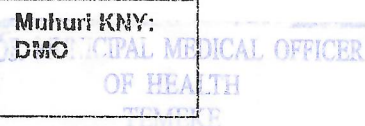
SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi JOSEPH KAGOMBA NTELEKELA mwenye
taaluma ya dawa ngazi ya FUNDI DAWA SANIFU nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa iliitwalo
GRINTALIFE PHARMACY FIN lililopo katika
Wilaya ya TEMEKE Mkoani DARES SALAAM
Sahihi [Signature] Tarehe 01/11/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi GLORIUS JOHN Tarehe [Signature]



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) BAKARI MUKANZI Kata ya CHAMAZI

Nadhibitisha kwamba Ndugu JOSEPH KAGOMBA anaishi

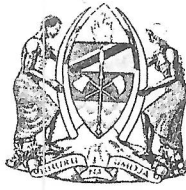
langu mtaa/kijiji MKONDOGWA kuanzia mwaka 2014

Sahihi Afisa mtendaji

Tarehe

AFISA MTENDAJIKATI
29/10/2024 CHAMAZI

Muhuri
Mtendaji



THE UNITED REPUBLIC OF TANZANIA

00005780

THE PHARMACY COUNCIL
CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)

Full Name Joseph Kragomba Njeleketa

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

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0406615	17th April, 2023	8th November, 1996	Tanzanian	P.O. Box 4777 Dar es Salaam	Diploma in Pharmaceutical Sciences	The University of Dodoma 2021

Date 30th May 2023
REGISTRAR

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

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 1st day of November 2024

BETWEEN

Yassir Sheriff (Name) of P.O.BOX 80512 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

JOSEPH KAGOMBA MIEKELA 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 GRINTALIFE 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 11 2024 to 01 day of 11 2025

3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 11 2024

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. 200,000/= 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 11 2024

SIGNED and DELIVERED

By the said YASIR SHERIFF

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally

This 01 day of November 20

In the presence of:

Name: Baraka Masse

Designation: Advocate

Signature: [Signature]

Date: 11/11/2024



[Signature]

PROPRIETOR

SIGNED and DELIVERED

By the said JOSEPH KAGOMBA Ntelekela

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally

This 1st day of November 20

In the presence of:

Name: Baraka Masse

Designation: Advocate

Signature: [Signature]

Date: 11/11/2024



[Signature]

PHARMACEUTICAL
TECHNICIAN