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: VMB PHARMACY FIN 0102032

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. ..... Street: UZUNGUNI Ward KIZOTA

District/Municipal DODOMA CC Region: DODOMA

POSTAL ADDRESS: 11088 DODOMA Contact. No. 0788123709

E-mail: vbyakusana@gmail.com

OWNERSHIP:

Directors (Names): 1. VICTOR M BYAKUSANA Qualification: -

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

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

SUPERINTENDANT INFORMATION:

Full Name: DOREEN FRANCIS SANGA PIN: 0102193

Residential Address: DODOMA Tel: 0753471820 Email: doreenfrancis68@gmail.com

Contract commencement date: 01.07.2024 Cessation date 30.06.2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: VMB PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 33 Street MEDELI Ward TAMBUKA RELI

District/Municipal DODOMA CC Region DODOMA

POSTAL ADDRESS: P.O.Box 3073 DODOMA CONTACT. No. 0716995791

10 MAR 2025
P.O. Box 1277, DODOMA

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. Kubadilisha Mazingira ya biashara
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: VICTOR MUJUNI BYAKUZANA

(Contact/email if different from the above)

Address: ..... Tel: ..... E-mail: .....

Signature of Applicant ..... Date 04·03·2025

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 04·03·2025

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)

99162026999 84

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 7(2) of the Pharmacy (Premises Registration) Regulations GN 283, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant VICTOR MUJUNI BYAMUZANA
2. Physical Address of the Applicant DODOMA
3. Contacts (mobile phone) 0788123 / 0753 52 6XX6
4. Email address (if any) vbyamuzana@gmail.com

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

5. Physical address of the proposed location Street Medeli - Area Plot no 33 Block AC
Ward Makole District Dodoma - mjini Region Dodoma
6. Name and distance from the **Public Health Facility** in metres
N/L
7. Name and distance from the nearby outlets (**Pharmacy, DLDM, LABS**) in metres
N/L
8. Name and distance from the unsuitable areas (**Fuel station, Bar, Damp etc**) in metres
74 Metres from Fuel station
9. Proposed Business Name (BRELA Certificate if any) VM-B Pharmacy
10. Type of Business **A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
A- Retail

SECTION C: DECLARATION

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

VICTOR MUJUNI BYAMUZANA (Mjuni) 14/08/2024

Name and Signature of the Applicant Date of Application

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No _____ Signature _____

Inspection Section

I/We inspected the unit/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)

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

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924228270180427**
Received from	: V.M.B PHARMACY
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

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

Bill Reference	: 16209228245101452387
Payment Control Number	: ***991620269984***
Payment Date	: **2024-08-15 10:11:58**
Issued by	: Zena Mango
Date Issued	: 2024-08-15 10:17:24
Signature	:

MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF.5(b)

OBSERVATION FORM FOR NEW PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

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

FILL ALL PARTS IN CAPITAL LETTERS

SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: VICTOR NUSUNI BYAHUZANA
2. Physical Address of the Applicant: DODOMA
3. Contacts **(cell phone)**: 0753 590006.
4. Proposed Business name: V.M.B PHARMACY.
5. Type of Business: eg: Retail, Wholesale: RETAIL PHARMACY.

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	MAKULU PHARMACY.	580m.
Name and distance from unsuitable area	Petrol station.	60m.
Name and distance from public health facility	Makole health Center	1.8Km.

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	9.3	39.9m2.
Width (W)	4.5	

SECTION C: GENERAL OBSERVATIONS

① JENGO LIPO UMBALI WA MITA 530 KUTOKA MAKULU PHARMACY., 1.8 KILOMITA KUTOKA KITUO CHA AFYA MAKOLE.

② JENGO LIKO UMBALI WA MITA 60 KUTOKA KITUO CHA MAFUTA MEDELI

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

① MMILIKI ANACHANGIWA KUENDELEA NA MAENEZO ILI KUKIDHI VIGEZO VYA IDAMATI YA REJAREJA KAMA ILIVYOOMBA KUSTA KUITAARIFU ORU) YA MUAJILI KWA AJILI YA UKAGUZI.

SECTION E: INSPECTOR'S DECLARATION

Names	Designation	Signatures
(i) Getrude Lambo	Pharmacist	
(ii) BENJAMIN ISRAEL	Intern Pharmacist	

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

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) JULIANA SAA DAMIAN

I Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge — **Date** 15/8/2024

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

i. FAMASI IMEKUTWA NA DISPLAY AREA PAMOJA NA STORE ROOM, HAKUNA DISPENSING AREA NA OFISI YA MFAMASIA.

ii. ENEO LA STORE HAKUNA DDA BOX, PALLETS WALA AC NA FAN. AC IPO ENEO LA DISPLAY AREA TU.

iii. STORE ROOM HAKUNA SHELVES, PIA HAKUNA KIZUIZI ENEO LA DISPLAY

iv. FAMASI HAINA WAITING CHAIRS KWAAJILI YA WATEJA, CHOMBO CHA KUMWIA MIFONO,

v. JENGO LIMEKUTWA NA DAWA ZIKIWA KWENYE BOX ENEO LA STORE.

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

Recommendations

i. WAKAGUZI WANASHAURI OFISI YA MSAJILI IMVELEKEZE MMILI KUBORESHA NA KUKAMILISHA MAPUNGUFU YALIYOBAINIKA WAKATI WA UKAGUZI ILI KUKIDHI VIGEZO

ii. VYA FAMASI YA REJAREJA, NA KUHA KUTAARIFU OFISI YA MSAJILI KWAAJILI YA UKAGUZI. AIDHA, DAWA AMBAZO ZIMEKUTWA KATIKA JENGO AMBALO HALITASHI-

iii. WA KINYUME NA KIFUNGU NAMBA 34(1) CHA SHERIA YA FAMASI, 2011 ZIBONDOLEWE NA KUPELEKWA KATIKA JENGO AMBALO LIMESAJILIWA NA MMILIKI AANDIKE BARUA

iv. IKIONESHA ANAYEKABIDHI NA ANAEPOKEA DAWA HIZO NA IKIWA IMEAMBATANA NA ORODHA YA DAWA.

Inspector's declaration

Name	Designation	Signature	Date
(i) FRANCIS FWILINGI'AFU	PHARMACIST II		21/01/2025.
(ii) MUSSA EDWARD	PHARMACIST II		21/01/2025.

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

Owners /Incharge Certification

I (Full Name of Owner) JULIANA SLAA DAMIANO Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge Date 21/01/2025

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration ofa new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4,5 &6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: VICTOR MUJINI BYAKUZINA Type of Ownership: SOLE PROPIETOR
2. Physical Address of the Applicant: DODOMA Geo Code:
3. Postal Address:
4. Contacts **(Phone)**: 0758123/0753502006 Email Address:
5. Proposed/Existing Business name: V.M.B PHARMACY
6. Type of Business: RETAIL

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category		
2.	Name and distance from nearby Medical laboratory		
3.	Name and distance from nearby public health facility		
4.	Name and distance from unsuitable or risky premises.		

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M^2) _____ (At least 30M^2 with four (4) compartments *i.e. Consultation room, Display area, Dispensing room & Store*)

a) **Display area: Size (M^2)** 23.75m^2

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

b) **Consultation room (Superintendent Office): (Available/Not available)** 2.79m^2 **Size (M2)** AVAILABLE

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

c) **Dispensing room: (Available/Not available)** AVAILABLE **Size (M^2)** 5.62m^2

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

d) Store room: (Available/Not available) AVAILABLE Size (M²) 8·36M²

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

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M²) _____ (At least 60M² with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) **Display&Dispatch area: Size (M²)** _____

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

b) **Sales/Record keeping: (Available/Not available)** _____ **Size (M²)** _____

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

c) **Storage room: Size (M²)** _____

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

SECTION E: PRESCRIBED STANDARDS FOR RETAIL & WHOLESALE PHARMACY

Size of the Building in Square meters (M²) _____ (At least 90M² with five rooms i.e. Separate Display&Dispatch area, dispensing room for retail section, Consultation/Sales Record keeping room and Store room)

a) **Display for Retail Section: Available/Not available)** _____ **Size (M2)** _____

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

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

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

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

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

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

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

e) Storage room: Size (M^2) _____

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

N/A

SECTION F: SECURITY OF PREMISES

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

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

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

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN 269, 2020)

General observations

i. JENGO LINEGAWANYWA KATIKA VYUMBA VINNE; CHUMBA CHA MFAMASIA, DISPLAY AREA, DISPENSING AREA, NA STO

ii. DDA BOX, PALLETS, AC, FAN ZINEWEKWA

iii. SHELVES ZIWEKWA STORE ROOM, KIZUIZI KINEWEKWA NA WAITING CHAIRS ZINEWEKWA

iv. MMILIKI AMEKAMILISHA MAPUNGUFU | MAKOSA YOTE ILI KUKIDHI VIGEZO VYA FAMASI YA REJAREJA.

v.

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

Recommendations

i. KWA KUWA MMILIKI AMEKAMILISHA MAELEZO YA JENGO KUKIDHI VIGEZO VYA FAMASI YA REJAREJA MMILIKI

ii. ANASHAURIWA KUENDELEA NA TARATIBU ZA USAJILI WA JENGO.

iii.

iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) FRANCIS FWILINGITHI	Mfamasia II		25/02/2025
(ii) NEEMA OMINDO	MFAMASIA II		25/02/2025

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

Owners /Incharge Certification

I (Full Name of Owner) JULIANA SLAA DAMIANO Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge Date 25/02/2025

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration ofa new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19930320-11103-00001-28

JINA LA KWANZA : **VICTOR**
First Name

MAJINA YA KATI : **MUJUNI**
Middle Name

JINA LA MWISHO : **BYAKUZANA**
Last Name

JINSI : **M**
Sex

MWISHO WA MATUMIZI : **09 MAY 2025**
Expiry Date

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102032

This is to certify that the premises owned by M/S ***V.M.B Pharmacy*** of ***P.O. Box 11088, Dodoma*** located at ***Uzunguni Street, Kizota Ward - Dodoma CC, Dodoma*** Municipality/District in ***Dodoma*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102032***

Issued in: ***March 2022***

Expires on: ***30 June 2027***

02-05-2022

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***

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 598146

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **V.M.B PHARMACY** this **26th** day of **FEBRUARY** 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 **598146** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **26th** day of **FEBRUARY 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.

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 100-476-541
CRDB BANK PUBLIC LIMITED COMPANY
ALLY HASSAN MWINYI ROAD
268
DAR ES SALAAM

Tax Certificate Number:
161-0230-1749

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 04 March 2025
Expiry Date: 31 December 2025

Taxpayer Name	**VICTOR MUJUNI BYAKUZANA**		
Trading Name			
Taxpayer Identification Number	**152-868-510**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : KIZOTA - UZUNGUNI

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

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

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
04 March 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.

MKATABA WA KUPANGISHA SEHEMU YA BIASHARA

Mkataba huu umeingiwa leo tarehe **01** Mwezi **Februari** mwaka **2025**

KATI YA

SELINA NATHANAEL MTUI, mwenye anwani ya S. L. P 3073 DODOMA na Nambari ya Utambulisho wa Mlipa Kodi (TIN): 103-133-262 ambaye katika mkataba huu itajulikana kama "Mpangishaji"

NA

VICTOR MUJUNI BYAKUZANA t/a V.M.B PHARMACY, mwenye anwani ya S. L. P 1496 DODOMA na Nambari ya Utambulisho wa Mlipa Kodi (TIN): 152-868-510 ambaye katika mkataba huu atajulikana kama "Mpangaji"

katika mkataba huu itajulikana kama "Mpangaji" kwa upande mwingine.

KWA KUWA mpangishaji amekubali kupangisha na mpangaji ameridhia kwa hiari kupanga sehemu ya biashara (Fremu) katika **Kiwanja Na. 33 Kitalu C** Mtaa wa **Medeli** Kata ya **Tambukareli** Barabara ya UDOM katika Manispaa ya **Dodoma;**

NA KWA KUWA mpangaji ameridhia kupanga sehemu hiyo kwa ajili ya biashara, kwa masharti yaliyo katika mkataba huu;

HIVYO BASI MKATABA HUU UNAKUSUDIA YAFUATAYO:

A. WAJIBU NA HAKI ZA MPANGAJI

a. Wajibu wa kulipa kodi zote kwa muda muafaka kufuatana na makubaliano katika mkataba huu.
b. Kutunza mazingira kwa kufanya usafi na kulinda jengo dhidi ya uharibifu wa watu wengine.
c. Kulipa gharama zote "bills" zinazoihusu sehemu ya biashara yake.
d. Haki ya kufanya shughuli zote kama ilivyoainishwa katika mkataba huu bila kubugudhiwa na mpangishaji kwa namna yoyote.

B. MATUMIZI YA ENEO

Mpangaji ataruhusiwa kutumia eneo husika kwa ajili ya biashara tu na si vinginevyo..

C. KIASI CHA KODI YA PANGO

a. Mpangaji amekubali kulipa na mpangishaji amekubali kupokea kiasi cha Tsh. 200,000/= (Shilingi Laki Mbili tu) kwa Mwezi, ambayo ni sawa na Tshs. 2,400,000/= (Milioni Mbili na Laki Nne tu) kwa mwaka, ambayo imelipwa kwa awamu moja (1) tu.

b. Mabadiliko yoyote ya kodi yatafanyika KWA MAJADILIANO kati ya mpangaji na mpangishaji baada ya notisi ya miezi mitatu (3).

D. SHERIA ITAKAYOTUMIKA

Mkataba huu utasimamiwa sheria za Jamhuri ya muungano wa Tanzania.

E. MUDA WA MKATABA

a. Mkataba huu ni wa mwaka mmoja, yaani Miezi Kumi na Mbili (12) tu.
b. Mkataba huu utaanza rasmi tarehe 01/03/2025 na kumalizika tarehe 28/02/2026.
c. Mkataba huu unaweza kusitishwa kwa upande wowote kwa kutoa notisi ya maandishi kwa upande mwingine (kwa mpangaji au mpangishaji)
d. Mpangaji na mpangishaji wanaweza kuendeleza mkataba huu kwa kulipa kodi ya mwaka unaofuata, bila kusaini mkataba mwingine.

KWA USHUHUDA na UTHIBITISHO kwamba makubaliano haya yamefanyika na pande zote, Sahihi za wahusika zinawekwa kama inavyoonyeshwa hapa chini.

IMETIWA SAHIHI na KUTOLEWA hapa Dodoma na **SELINA NATHANAEL MTUI** Ambaye ametambulishwa kwangu na ..... ambaye namfahamu Binafsi leo hii tarehe 21... mwezi FEBRUARI Mwaka 2025.

.....
MPANGISHAJI

IMETIWA SAHIHI na KUTOLEWA hapa Dodoma na **VICTOR MUJUNI BYAKUZANA** ambaye ametambulishwa kwangu na..... ambaye namfahamu Binafsi leo hii tarehe ...21 mwezi FEBRUARI Mwaka 2025.

MPANGAJI

MBELE YANGU:

Jina : .....

Sahihi : .....

Wadhifa: .....WAKILI.....

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..JULIANA SLAA DAMIANO PIN ..04052250
2. Namba ya simu..0679396385 barua pepe slayjuliana31@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)*...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..JULIANA SLAA DAMIANO..... mwenye taaluma ya dawa ngazi ya ..Mfamasia..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo ..VMB PHARMACY..... FIN ..0102032 lililopo katika Wilaya ya ..DODOMA CC..... Mkoani ..DODOMA.....

Sahihi ..Saa..... Tarehe ..06:03:2025.....

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO
CITY COUNCIL OF DODOMA
P.O. Box 1249, DODOMA
CITY MEDICAL OFFICER
OF HEALTH

Jina na Sahihi ..George Hondi.. **Tarehe** ..7/3/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) ..KABEFU T.S..... Kata ya ..DODOMA MAKULU

Nathibitisha kwamba Ndugu..JULIANA SLAA DAMIANO anaishi..

Muhuri Mtendaji
KATA YA DODOMA
MAKULU
S.L.P 1249-DODOMA

langu mtaa/kijiji..MSANGALALE..kuanzia ~~mwaka~~ MWEZI WA 11/2024

Sahihi Afisamtendaji ..... **Tarehe** 06.03.2025

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

JULIANA SLAA DAMIANO

PIN NO: 0405250

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: **18 September 2022**

Expires on: **31 December 2025**

Registrar
Pharmacy Council

AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 08/10/2024 day of JD 2024

BETWEEN

VICTOR M RYAKUZANA (Name) of P.O.BOX 11088 **Region** DODOMA
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

JULIANA SLAA DAMIANO 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 V.M.B 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 07 2024 to 30 day of 06 2025

3. **Commencement of Supervision**

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 01 day of 07 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. 450,000/= 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 08th day of 10 2024

SIGNED and **DELIVERED**
By the said VICTOR M. BYAKUZANA
Who is ~~known to me personally~~/
Introduced to me by DEO VICTOR NJAWI
the latter known to me personally
This 08 day of OCTOBER 2024

PROPRIETOR

In the presence of:
Name: NSAJIGWA BUKUKU
Designation: ADVOCATE
Signature:
Date: 08/10/2024

Nsajigwa Amon Bukuku
Box 75582 Dar es Salaam
Advocate, Notary Public & Commissioner for Oaths

SIGNED and **DELIVERED**
By the said
Who is ~~known to me personally~~/
Introduced to me by DEO VICTOR NJAWI
the latter known to me personally
This 08 day of OCTOBER 2024

PHARMACEUTICAL TECHNICIAN

In the presence of:
Name: NSAJIGWA BUKUKU
Designation: ADVOCATE
Signature:
Date: 08/10/2024

Nsajigwa Amon Bukuku
Box 75582 Dar es Salaam
Advocate, Notary Public & Commissioner for Oaths

00000831

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP 311)

Full Name Doreen Francis Sanga

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
PIN	Date					
01021193	8th January, 2021	28th October, 1994	Tanzanian	P.O. Box 394 Iringa	Bachelor of Pharmacy	Catholic University of Health and Allied Sciences 2019

Date 14th January 2021

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacists 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.

GP - Dec

SUPERINTENDENT

AGREEMENT FOR EMPLOYNMENT TO OPERATE A BUSINESS OF A

PHARMACY

This agreement is made on this 10th day of JULY 2024

BETWEEN

VICTOR MUJUNI BYAKUZAMA (Name) of P.O BOX 11068

Region DODOMA

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

AND

DOREEN FRANCIS JONGA 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 superintended 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, an operate a business of a pharmacist at the terms and conditions are hereinafter appearing;

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

AND NOW THEREFORE THIS AGREEMENT WITNESS AS FOLLOWS;

Interpretation:

1. **"Act"** means the pharmacy Act Cap311.

"Agreement" means the Agreement Act, cap 311.

"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, Institution 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 ether by the 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 JULY 2024 to 30TH day of JUNE 2025

3. Commencement of Supervision

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/ emolument of TZS 700,000 /= payable monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this agreement. At any event, the salary shall be paid three months in advance at the start of this contract then monthly payments will follow as per agreed rate.

4.1.2 The salary /emolument shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later the 1st day of the following month. Any professional fee shall be paid by the superintendent.

4.1.3 Comply with the laws, Regulation, Guidelines and standard 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.

4.15 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.

4.17 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.

4.19 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 report to the pharmacy Council on poor attendance, services provided or malpractices done by the superintendent

4.1.12 shall report to the pharmacy council on poor attendance, service provided or malpractices done by the Superintendent.

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 an efficient 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 pharmacist.

4.2.3 Shall ensure physical supervision of the said premises day to day. Full time pharmacist is more preferable.

4.2.4 Shall manage and undertake all technical and professional matters in pharmacy.

4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day- today functions of the pharmacy abide to the law.

4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervise the pharmacy.

4.2.7 Shall provide pharmaceutical services 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 pharmaceuticals services and operations in place.

4.2.10shallreport to the pharmacy Council on any malpractices or violation done by the proprietor.

4.2.11 Shall ensure availability of all necessary tools for pharmacy operation are in place, i.e. Superintendent logbook, PC logo, Dispensing Register, ledgers etc.

4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.

4.2.13shall establish a well-organized management body of the pharmacy of which he supervises.

4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a superintendent and any other certificates from other authorities are conspicuously displayed in the premises.

4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.

4.2.16 Shall perfume 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 written notice of one (1) months to the other party of his intention to terminate this contract.

The written notice shall be addressed to the other party and copy shall be submitted to the Register, Pharmacy Council for notification. Notification of termination of contact to the Register 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 the dispute in connection with this agreement both parties will make every effort to resolve the matter amicably

6.2 If amiable settlement becomes impossible, then an agreement both parties will make every effort to resolve the matter amicably.

6.2 If amicably settlement becomes impossible then, an aggrieved party may seek legal remedy

6.3 Nothing in clause 6(6.1) and (6.2) shall prevent the Proprietor or Superintendent from initiating or proceeding to the Commission for 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 clause but this Agreement is a generic contract for guidance only

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

Signed and delivered by theparties at this 10th day of July 2024

SIGNED and DELIVERED
By the said VICTOR KABYAZIMBO
Who is known to me personally/.....
Introduced to me by.....
.....the latter known to me personnel
This 10th day of July 20 24
In the presence of:
Name LEO VICTOR NKOM
Designation COMMISSIONER FOR OATH
Signature
Date 10th July 2024.

PROPRIETOR

SIGNED and DELIVERED
By the said .....
Who is known to me personally/.....
Introduced to me by.....
..... The latter known to me personal
This 10th day of JULY 2024
In the presence of
Name DEO VICTOR NKOM
Designation COMMISSIONER FOR OATH
Signature.....
Date 10th JULY 2024

SUPERINTENDENT

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 DOREEN F. SANGA ..... PIN .....
2. Namba ya simu 0753.471520 ..... barua pepe doreenfrancis68@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 12/2024
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 DOREEN FRANCIS SANGA ..... mwenye taaluma ya dawa ngazi ya SHAHADA ..... nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo V.M.B PHARMACY ..... FIN 0102032 ... lililopo katika Wilaya ya DODOMA ..... Mkoani DODOMA .....

Sahihi ..... Tarehe 6/3/2025 .....

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: PMO
CITY COUNCIL OF DODOMA
P.O. Box 1249, DODOMA
CITY MEDICAL OFFICER OF HEALTH

Jina na Sahihi George Honga ..... **Tarehe** 7/3/2025

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) DOBSON CHALLE ..... Kata ya MPWAPWA MJINI

Nathibitisha kwamba Ndugu DOREEN FRANCIS SANGA ..... anaishi

langu mtaa/kijiji MJI MPYA ..., kuanzia mwaka 2023

Muhuri Mtendaji
KNY AFISA MTENDAJI KATA YA MPWAPWA MJINI TAR 06/03/2025

Sahihi Afisamtendaji .....

Tarehe 06/03/2025

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

DOREEN FRANCIS SANGA

PIN NO: 0102193

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:**08 January 2021**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925069315846582**
Received from	: VMB PHARMACY
Amount	: 350,000.00
Amount in Words	: Three Hundred Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142202540317 - Application for change of premises-Location - CHANGE OF LOCATION*	**350,000.00**	
	Total Billed Amount :	**350,000.00 (TZS)**

Bill Reference	: 16208069252118090050
Payment Control Number	: ***991620300013***
Payment Date	: **2025-03-10 08:34:46**
Issued by	: Zena Mango
Date Issued	: 2025-03-10 08:38:38
Signature	: