



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : **925231358582143**

Received from : KIBAHA PHARMACY

Amount : 100,000.00

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

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201270421 - Inspection of Premises - 0		100,000.00

**Total Billed Amount : 100,000.00 (TZS)**

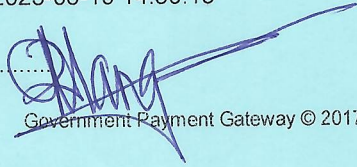
Bill Reference : 16210231253433559202

Payment Control Number : **991620331127**

Payment Date : **2025-08-19 11:03:11**

Issued by : Zena Mango

Date Issued : 2025-08-19 14:50:13

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

991620331127

Alipie 100,000/2  
Inspection19/8/2025  
PCF 5(a)

## PHARMACY COUNCIL



# APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

## SECTION A: APPLICANT INFORMATION

- Name of Applicant TWALIB A. MRINGO
- Physical Address of the Applicant KIBAHA
- Contacts (mobile phone) 0752078080
- Email address (if any) \_\_\_\_\_

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

- Physical address of the proposed location. Street MKUNTIONI Plot No. 30115  
Ward TANGINI District KIBAHA Region PWANI
- Name and distance from the Public Health Facility in metres  
TCC HOSPITAL (1KM)
- Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres  
300M TAAHIFE
- Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres  
NO
- Proposed Business Name (BRELA Certificates if any) KIBAHA PHARMACY
- Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)  
A

## SECTION C: DECLARATION

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

TWALIB ABDULRAHMAN MRINGO Alipie 19th.08.2025  
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

☒ We inspected the area/building of the proposed premises on (date) 19.08.2025 and ☒ We have found that the said premises location ~~does not~~ does meet the required standards.

Reasons for rejection \_\_\_\_\_

George Hantz  
Name, Signature of Inspector (1)

Beatrice Ruvacalus  
Name, Signature of Inspector (2)

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





**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH**  
**PHARMACY COUNCIL**



**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)

**SECTION A: APPLICANT INFORMATION**

1. Name of Applicant: Twalib A. Mringo
2. Physical Address of the Applicant: Tangini, Kibaha Municipal
3. Contacts (Phone): 0752078080 Email Address: .....
4. Proposed Business name KIBAHA PHARMACY Type of Business: RETAIL PHARMACY

**SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA**

Date of inspection: .....

	Criteria: Name and Distance from nearby;	Name of premises/facility/area	Distance (Meters)
a)	Name and distance in meters from a nearby Pharmacy	GREAT A PHARMACY	964.84
b)	Name and distance in meters from nearby public health facility	MTAKUJA DISPENSARY	600
c)	Name and distance in meters from unsuitable or risky premises.	PUMA PETROL STATION	2000

**SIZE OF THE BUILDING (IF AVAILABLE)**

Criteria	Measurement in metres	Area of the building(LxW)
Length (L)	9	81m <sup>2</sup>
Width (W)	9	

**SECTION C: OTHER OBSERVATIONS**

No laboratories (stand alone) found.

**SECTION D: INSPECTOR'S RECOMMENDATIONS**

We do. Recommend the location to be approved for retail Pharmacy business as per Pharmacy Regulation 2020 section 4 (1) a - e.

**SECTION E: INSPECTOR'S DECLARATION**

- i. Name George Hante
- ii. Beatrice Revocatus
- iii. .....

Designation Municipal Pharmacist  
pharmacist

Signature [Signature] (0100300)  
[Signature] P.N. 0101792

I, hereby 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 that the information I have given it false, fictitious, fraudulent or based on inadequately verified information, may result in disciplinary or legal action.

**SECTION F: OWNERS /INCHARGE CERTIFICATION**

I (Full Name of Owner) TWALIB A. MRINGO, Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

[Signature]  
 Signature of Owner/ In charge

19-08-2025

Date



**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: Twali's A. Mingo Type of Ownership: SOLE
2. Physical Address of the Applicant: Tanganyika, Kibaha Geo Code: -
3. Postal Address: Kibaha
4. Contacts (Phone): 0752 078080 Email Address: -
5. Proposed/Existing Business name: KIBAHA PHARMACY
6. Type of Business: RETAIL BUSINESS PHARMACY

**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	GREAT A Retail Pharmacy & Wholesale	~ 964.84
2.	Name and distance from nearby Medical laboratory	MTAKUSA NONE	0
3.	Name and distance from nearby public health facility	MTAKUSA DISP.	600
4.	Name and distance from unsuitable or risky premises.	PUMA PETROL STATION	2000

**SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY**

Size of the Building in Square meters (M<sup>2</sup>) 91 (At least 30M<sup>2</sup> with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)

a) Display area: Size (M<sup>2</sup>) 18

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) YES Size (M<sup>2</sup>) 13

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

c) Dispensing room: (Available/Not available) yes Size (M<sup>2</sup>) -

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



d) Store room: (Available/Not available) \_\_\_\_\_ Size (M<sup>2</sup>) \_\_\_\_\_

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	no	2 Fans available is
Provision for a special cupboard for storage of controlled drugs	yes	
Open shelves/pallets	yes	
Strong and secured windows	yes	
Refrigerator	yes	
Working room thermometer	yes	

#### SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M<sup>2</sup>) \_\_\_\_\_. (At least 60M<sup>2</sup> with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) Display&Dispatch area: Size (M<sup>2</sup>) \_\_\_\_\_

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses		
Ceiling Fan & Air Condition		
Waiting chair(s) for customers		
Reception Desk	N	A
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 (M<sup>2</sup>) \_\_\_\_\_

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

c) Storage room: Size (M<sup>2</sup>) \_\_\_\_\_

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Strong door toward storeroom		
Strong grilled window		A
Open shelves/pallets	N	
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 (M<sup>2</sup>) \_\_\_\_\_. (At least 90M<sup>2</sup> 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 (M<sup>2</sup>) \_\_\_\_\_

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	N	A
Waiting chair(s) for customers		
Installed Fire Extinguisher		

## b) Display &amp; 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	N	
Presence of source of water and a hand- washing basin/sink		
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	N	
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	N	

e) Storage room: Size (M<sup>2</sup>) \_\_\_\_\_

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 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	N	
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	Yes	
Prescription only Medicines Register & Dispensing register	yes	
Controlled drugs Ledger and /or Register	yes	
General dispensing register	yes	
Expired drugs Book (Unservicable Goods Ledger)	yes	
Complaints Handling Book	yes	
Visitors Book	yes	
Inspection Reports Register	no	
Written procedures for maintenance of cold chain products	no	should be stocked





## 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 &amp; 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

## General observations

- i. The building is made of permanent materials
- ii. Premises is located within suitable environment free from risky stuff.
- iii. The Pharmacy premises is being shifted from P. Maili Moga area. it is known as
- iv. Ubahe Pharmacy.
- v.

(NB: Size of the building should not be less than 30m<sup>2</sup> for community pharmacy and not less than 60m<sup>2</sup> for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

## Recommendations

- i. We do recommend the premises permit to be granted as per
- ii. sect. The Pharmacy (premises registration) Regulation 2020 section 5a, 5(c), 5(d), & 5(e)
- iii.
- iv.

## Inspector's declaration

Name	Designation	Signature	Date
(i) George Hank	Municipal Pharmacist		21-08-2025
(ii) Beatrice Revocah	pharmacist		21/8/2025

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that 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) X TWAIB A. MRUNGO 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 21/8/2025

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a 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

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 925238360838959

Received from : KIBAHA PHARMACY

Amount : 150,000.00

Amount in Words : One 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 - 0	150,000.00	

**Total Billed Amount : 150,000.00 (TZS)**

Bill Reference : 16214238253454764557

Payment Control Number : 991620332319

Payment Date : 2025-08-26 17:45:33

Issued by : Zena Mango

Date Issued : 2025-09-01 11:44:16

Signature : .....

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL



# PHARMACY COUNCIL



Alipie 150,000/-  
change of location  
26/8/2025  
Page. PCF 12

## APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,  
Pharmacy Council,  
P. O. Box 31818,  
Dar es Salaam.

### SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

- The proposed name of the premises is..... KIBAHA PHARMACY .....
- Have you registered your Business name with BRELA? ~~YES~~ / NO provide registration No. ....
- Type of ownership: Sole proprietorship..... ☒ ..... / Partnerships .....  
/ Corporations..... / Joint Ventures.....
- Name of contact person TWALIS ABDULRAHMAN MRINDO .....
- Postal address 30115 Tel, No. 0752078080 Fax..... email.....
- Full name(s) of Partner(s) and Directors(s) .....  
.....  
Name: ..... Qualification: ..... I.D No. ....  
Name: ..... Qualification: ..... I.D No. ....  
Name: ..... Qualification: ..... I.D No. ....
- Physical address of the proposed area: Street MACHINJONI Ward.. MATANGINI  
District..... KIBAHA Region..... PWANI Plot No.....
- Premises to be registered for the business of PHARMACY .....

9. The business will be under the supervision of a registered superintendent  
(Full Name)..... ESTER -N. KAALI.....

Whose qualification is..... BACHELOR OF PHARMACY and his /her Reg.No./

PIN 0102405 of Year 2021.....

*(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)*

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name) .... ARISTIDES PETER MASSAWIE.....

Whose qualification is DIPLOMA IN PHARMACEUTICAL SCIENCE And his / her

Enroll/List.No./PIN. 0408923 of Year 2024

*(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)*

11. Business Commencement Date.....

12. Required attachment to be submitted with this form are:

- a. Memorandum
- b. A copy of lease agreement/ title deed
- c. Certificate of Registration from BRELA (if available)
- d. Copy of contract agreement from superintendent pharmacist
- e. Copy of contract agreement from either enrolled/enlisted or dispenser
- f. Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

**N.B. False declaration constitutes an offence.**

Date 26/8/2025.....

Signed..... Archie.....  
**Applicant**



# SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof. George Hantz District/Municipal/Regional/PC  
Inspector of Postal address P.O. Box 30112 hereby certify that, I have inspected the  
above mentioned premises in Section A as per attached inspection checklist and found that it  
**complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....  
.....  
.....

Name of Inspectors(s)

1. George Hantz

2. Beatrice Ravocatus

Signatures & stamp

Hantz

Pharmacist

Date

29/08/2025

Beatrice



## FOR OFFICIAL USE ONLY

Fees TZS.....

Receipt No..... of.....

Registration granted/not granted because.....  
.....  
.....

Registration No..... Approved by Name: .....

Signature: .....

Designation: .....

I.D Number: .....

Date: .....

Date

Signature of Registrar and stamp.

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 ESTER N. KAALI PIN 02405
2. Namba ya simu 0688028700 barua pepe kaalierster@gmail.com
3. Tarehe ya mwisho kuhisha jina (Retention) 27/06/2024
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?  
(<http://196.45.42.57/pcmis/data/view/modules/registration/pharmacist-signup.php>) ☐ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ESTER N. KAALI mwenye  
taaluma ya dawa ngazi ya Mfamasia nakiri kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
KIBAHA PHARMACY FIN 0100195 lililopo katika  
Wilaya ya KIBAHA Mkoani PWANI  
Sahihi E.N. Kaali Tarehe 30/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Hant Tarehe 30/6/25

Muhuri KNY:  
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Muhammad S. Mwanjala Kata ya Dandimba

Nadhibitisha kwamba Ndugu ESTER N. KAALI anaishi

langu mtaa/kijiji MAHMOJA "A" kuanzia mwaka 2023

Sahihi Afisamtendaji

Tarehe

30/06/2025

Muhuri  
Mtendaji

Kny. AFISA MTENDAJI  
KATA YA MAHMOJA  
S LIP 3042 KTC





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

**ESTER N KAALI**

**PIN NO: 0102405**

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

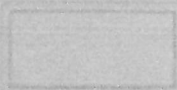
aforesaid Act and its Regulations thereto.

Issued: 22 April 2021

Expires on: 31 December 2025

**Registrar**  
**Pharmacy Council**

Certified true copy of the Original  
Signed: Date: 18/6/2021  
**JOSEPH SAMWEL**  
Advocate, Notary Public & Commissioner  
for Oaths



# AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 01<sup>st</sup> day of July 20 25

BETWEEN

WALIB.A. MRINGO (Name) of P.O.BOX 30115 Region PWANI  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

ESTER - N. KAALI 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 KIRAHU 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 1<sup>st</sup> day of July 2025 to 30<sup>th</sup> day of JUNE 2026

**3. Commencement of Supervision**

The superintendent shall commence management and supervision of the above named Pharmacy on the 1<sup>st</sup> day of July 2025

**4. Obligation of the Parties:**

**4.1 The Proprietor:**

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The PROPRIETOR shall pay Monthly salary/emoluments of TZS. 800,000/= LAKI NANE PU. payable monthly to the SUPERINTENDENT 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 1<sup>st</sup> 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 report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
- 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 ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.



- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the 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 Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16 Shall perform any other duty as the Council may determine.

## **5. Termination**

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 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.

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 30<sup>th</sup> day of JUNE 20 25

#### SIGNED and DELIVERED

By the said.....

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

Introduced to me by .....

.....the latter known to me personally

This..... day of..... 20.....

In the presence of:

Name: RITA NIBWO NTAGAZU

Designation: ADVOCATE

Signature: [Signature]

Date: 30/06/2025



[Signature]  
PROPRIETOR

#### SIGNED and DELIVERED

By the said ESTER N. KAALI

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

Introduced to me by EVELINA B. MAGONGO

.....the latter known to me personally

This 1<sup>st</sup> day of JULY 20 25

In the presence of:

Name: RITA NIBWO NTAGAZU

Designation: ADVOCATE

Signature: [Signature]

Date: 30/06/2025



E. N. Kaali  
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 ARISTIDES P. MASSAME PIN 0408923
2. Namba ya simu 06727941154 / 0689502062 barua pepe aristidesmassame@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 16/12/2024
4. Je, umehuisa 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 ARISTIDES PETER MASSAME mwenye  
taaluma ya dawa ngazi ya Mteknolojia Dawa nakini kwamba nitafanya  
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo  
KIBAHA PHARMACY FIN 0100195 lililopo katika  
Wilaya ya KIBAHA Mkoani PWANI  
Sahihi [Signature] Tarehe 30/06/2025

Uthibitisho wa Mfamasia wa Halmashauri

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

Jina na Sahihi George Hante Tarehe 30/6/2025



SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) NYANJIGA EMMANUEL Kata ya TANKINI

Nadhibitisha kwamba Ndugu ARISTIDES P. MASSAME anaishi

langu mtaa/kijiji MUHIMBA "X", kuanzia mwaka 2024

Sahihi Afisa mtendaji

Tarehe  
30/06/2025

Kay: AFISA MTENDAJI  
KATA YA KAILWOJA  
S.L.P 30112.KTC



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

**ARISTIDES PETER MASSAWE**

**PIN NO: 0408923**

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311

is entitled to practice as a **Pharmaceutical Technicians** upon the

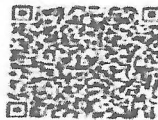
terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

**Issued 16 December 2024**

**Expires on 31 December 2025**

\_\_\_\_\_  
**Registrar  
Pharmacy Council**





# AGREEMENT FOR EMPLOYMENT OF PHARMACEUTICAL TECHNICIAN

This Agreement is made on this 01<sup>st</sup> day of July 2025

BETWEEN

TWALIB A. MQUINGO (Name) of P.O. BOX 20115 Region DWANI  
(hereinafter referred to as the PROPRIETOR) the expression which includes his assignees, agents or his legal representative of his business.

AND

ARISTIDES PETER MASSAKIE 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 KIBANA 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 1<sup>st</sup> day of July 20 25 to 30<sup>th</sup> day of JUNE 20 26

## 3. Commencement of Supervision

The Pharmaceutical Technician shall commence technical assistance of the above named Pharmacy on the 1<sup>st</sup> day of July 20 25

## 4. Obligation of the Parties:

### 4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities; -

4.1.1 The PROPRIETOR shall pay Monthly salary/emoluments of

TZS. 400,000/- = haki npe tu  
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 1<sup>st</sup> day of the following month.

4.1.3 Comply with the Laws, Regulations, Guidelines and standards



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 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.

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.



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 30<sup>th</sup> day of JUNE 20 25

**SIGNED and DELIVERED**

By the said \_\_\_\_\_

Who is known to me personally/ \_\_\_\_\_

Introduced to me by \_\_\_\_\_

\_\_\_\_\_ the latter known to me personally

This 30<sup>th</sup> day of JUNE 20 25

Maabib  
PROPRIETOR

In the presence of:

Name: RITA NIBWO

Designation: ADVOCATE

Signature: [Signature]

Date: 30/06/2025



**SIGNED and DELIVERED**

By the said ARISTIDES PETER MASSAKE

Who is known to me personally/ \_\_\_\_\_

Introduced to me by \_\_\_\_\_

\_\_\_\_\_ the latter known to me personally

This 1<sup>st</sup> day of July 20 25

[Signature]  
PHARMACEUTICAL  
TECHNICIAN

In the presence of:

Name: RITA NIBWO

Designation: ADVOCATE

Signature: [Signature]

Date: 30/06/2025





# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100195

This is to certify that the premises owned by M/S Kibaha Pharmacy of P.O.Box 30115, Pwani located at Mailimoja A Street, Maili Moja Ward, Kibaha Municipality/District in Pwani Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100195

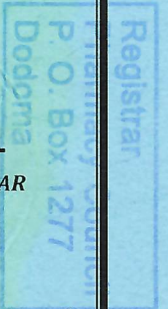
Issued in: November 2017

Expires on: 30 June 2030

17-07-2025

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





KIBAHA PHARMACY,

S. L. P, 30115,

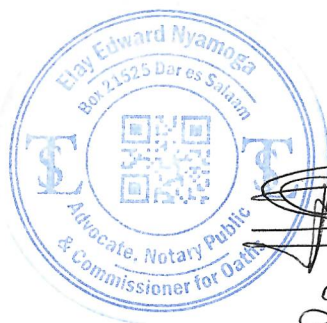
0752078080,

29.08.2025.

YAH: UMILIKI WA JENGO


Mimi. Dr. TWALIB ABDULRAHMAN MRINGO, ninaetishi mkoa wa Pwani, Kibaha mji, kwa barua hii nafamka kuwa mimi ndiye mmitiki halali wa jengo Mtlopo eneo la Machi njoni, kata ya Mabangani, wilaya ya Kibaha, mkoa wa Pwani, ambalo itatumika kuendesha biashara ya Pharmacy.

Ninafikisha kuwa jengo hiki lipo chini ya umiliki wangu halali, hatna mgogoro wote, na ninaaba barua hii kwa madhamuni ya utisisho wa kmitiki. Imeholewa leo tarehe 29/08/2025.



Klako kabka Mjenz wa Tazpe.

Twalibu Abdulrahman Mringo.

  
29/8/2025

CTIN: 1951403



# **TANZANIA REVENUE AUTHORITY**

## **CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)**

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

### **THIS IS TO CERTIFY THAT**

**MR. TWALIBU ABDULRAHAMAN MRINGO**

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

**100-980-363**

**WITH EFFECT FROM: 03 July 2001**

**TRA LOCATION: PWANI**

**TAX OFFICE: KIBAHA**

**PHYSICAL LOCATION:**


**STREET / AREA: MAILI MOJA**

**ABDUL Y. MAPEMBE**

**OFFICIAL SEAL: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE THE SAME AS FOR DOMESTIC REVENUE**



**DRIVING LICENCE**  
THE UNITED REPUBLIC OF TANZANIA



1 Family name  
**MRINGO**

2 Given names  
**TWALIBU ABDULRAHAMAN**

3 Date of birth  
**24/10/1966**

4a Date of issue  
**06/08/2021**

4b Date of expiry  
**15/03/2026**

4c Issuing authority  
**TANZANIA REVENUE AUTHORITY**

8 Permanent place of residence  
**Pwani**

9 Categories of Vehicles  
**A B D E**

7 Signature

5 Licence number  
**4000530750**

9 Categories of vehicles 10 Date of issue 11 Date of expiry

2200412653

A		28/03/2018	15/03/2026
A1			
A2			
A3			
B		28/03/2018	15/03/2026
C			
C1			
C2			
C3			
D		28/03/2018	15/03/2026
E		05/08/2021	15/03/2026
F			
G			

4000530750