easternzone@pc.go.tz

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924234271459843**
Received from	: LUMMYCARE PHARMACY
Amount	: 200,000.00
Amount in Words	: Two Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142202540317 - Application for change of premises-Location - CHANGE OF LOCATION*		**200,000.00**

Total Billed Amount : **200,000.00 (TZS)**

Bill Reference	: 16212234241808763956
Payment Control Number	: ***991620270565***
Payment Date	: **2024-08-21 12:24:35**
Issued by	: Zena Mango
Date Issued	: 2024-08-21 12:25:59
Signature	: .....

PHARMACY COUNCIL

99162027056 5-

Alipie 200,000/=
Change of location

PCF.14

21/08/2024

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: LUMMYCARE PHARMACY FIN. 0102786

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

PHYSICAL ADDRESS:

Plot No. 45 Street: AKACHUBE Ward. MAKUMBUSHO

District/Municipal. KINONDONI Region: DAR-ES-SALAAM

POSTAL ADDRESS: 32207 Contact. No. 0716358589

E-mail: slumafuad8@gmail.com

OWNERSHIP:

Directors (Names): 1. SLUMA FUAD Qualification:

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: JOSIA MAJURA PIN: 0103312

Residential Address: UBUNGO Tel 0785248273 Email: Josiahmajura@gmail.com

Contract commencement date: 01/7/2023 Cessation date. 30/06/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: LUMMYCARE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street. TANDALE

District/Municipal. KINONDONI Ward. KWA TUMBO

POSTAL ADDRESS: 32207 DAR-ES-SALAAM CONTACT. No. 0716358589 Region DAR-ES-SALAAM

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

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

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: PENDO LUCY MUGAMBIRI PIN: 01015476

Residential Address: 14 MAWIO RD MBEZI Tel: 0689599593 Email: PLmugambiri@gmail.com

Contract commencement date: 01/09/2024 Cessation date 31/08/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. NO BUSINESS AT ALL, AT PREVIOUS LOCATION
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: SLUMA FUAD SALEHE

(Contact/email if different from the above)

Address: 82207 DAR ES SALAAM Tel: 0716358589 E-mail: Slumafuad8@gmail.com

Signature of Applicant: Fuad Date 21/08/2024

SECTION E: APPLICANT DECLARATION

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

Signature of Applicant: Fuad Date 21/08/2024

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102786

This is to certify that the premises owned by M/S ***LUMMYCARE Pharmacy*** of ***P.O.Box 32207, Dar es Salaam*** located at ***Plot no. 45, Makumbusho, kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102786***

Issued in: ***September 2023***

Expires on: ***29 June 2028***

23-09-2023

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar Pharmacy Council P. O. Box 1277 Dodoma

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***

AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST

BETWEEN

SLUMA FUAD SALEHE
(PROPRIETOR)

AND

PENDO L. MUGANHIRI
(SUPERINTENDENT)

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 20th day of August 2024

BETWEEN

SLUMA FUAD SALEHE of P.O. BOX 32207 DAR ES SALAAM (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business, of one part;

AND

PENDO L. MUGANHIRI a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**) of another part.

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

AND 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;

AND 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;

AND WHEREAS the proprietor and superintendent (together referred as "**the Parties**") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

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

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. **Interpretation:**

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

"Act" means the Pharmacy Act, [Cap 311 R:E 2002] Laws of Tanzania.

"Agreement" means this 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;

"**Council"** means the Pharmacy Council established under section 3 of the Act.

"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.

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

"Proprietor" means an owner of Pharmacy who is registered as such under the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

"Registrar" means Registrar of the Council appointed under Section 11 of the Act

"Superintendent" means a Pharmacist In-Charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under the Act.

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

2. **Duration of Agreement**
This Agreement shall be effective for a period of twelve (12) months, commencing from the 1st day of SEPTEMBER 2024 to 31ST day of AUGUST 2025

3. **Commencement of Supervision**
The superintendent shall commence management and supervision of the above-named Pharmacy on the 1ST day of SEPTEMBER 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 allowance/emoluments of 800,000/= TZS payable to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement.

(a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis and shall not exceed seven (7) days from the monthly payment date, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for thirty (30) days without any justifiable cause, the Superintendent shall treaty such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

4.1.2 The Proprietor shall be responsible for purchasing or buying all reference materials necessary for the discharge of the business of a pharmacist and shall ensure at all times the availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.

4.1.3 The Proprietor shall comply with the Laws, Regulations, Guidelines and standards prescribed by the 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 The Proprietor shall hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Council.

4.1.6 The Proprietor shall apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.

4.1.7 The Proprietor shall follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.

4.1.8 The Proprietor shall ensure pharmaceutical services are provided with due care and ensure all proper records are maintained and managed well.

4.1.9 The Proprietor shall be responsible to report to the Council on poor attendance, service provided or malpractices done by the Superintendent.

4.1.10 The Proprietor shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, which includes but not limited to availability of Superintendent log book, PC logo, dispensing register, ledgers etc.

4.1.11 The Proprietor shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.

4.1.12 The Proprietor shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent for proper records and professional accuracy.

4.1.13 Perform any other duty as the Council may determine from time to time for proper conduct and management the business of pharmacist.

4.2 The Superintendent;

For an allowance 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 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 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

5.1 This Agreement shall be terminated:

(a) by automatic termination;

(b) by mutual consent, or

(c) by Notice

5.2 The Agreement may automatically be terminated:

(i) after the expiry of a term fixed under Clause 2 of this Agreement unless otherwise the parties agree to renew the terms of the agreement.

(ii) If the Council cancels the licence, or suspends or removes the name of a **Superintendent** from the Register due to professional misconducts in accordance with section 45 of the Act.
Notwithstanding the requirement of this Clause, where termination is due to the cancellation of the Superintendent's licence, or suspension or removal from the Register, Roll or List of Pharmacists, all benefits, allowances or claims due to the Superintendent for the work done for any such of days before the cancellation, suspension or removal shall be paid by the Proprietor prior to termination.

5.3 The Agreement may be terminated at any time by mutual agreement or consent between the parties when they find it appropriate that the agreement be terminated. Provided that where the Agreement is terminated by mutual consent, all claims or allowance due to the **Superintendent** shall be paid in full by the Proprietor prior to termination.

5.4 The Agreement may be terminated by notice:

(i) By either party by giving a one (1) month' written notice to the other party of the intention to terminate the Agreement;

(ii) By either party by yielding to the other party one month's equivalent payment in lieu of a notice as required under Clause 5.4 (i) above.

Provided that a written notice under this clause shall be addressed to the other part and copy shall be submitted to the Registrar for notification.

5.5 Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

5.6 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 Superintendent from initiating or proceeding to the Commission for Mediation and Arbitration (CMA).

7. Applicable Law and Jurisdiction

7.1 The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

7.2 Any dispute, controversy or claim arising of or relating to this Agreement or the breach, termination or invalidity or the Agreement shall firstly be settled amicably by the parties.

7.3 Unless the matter is not settled in an amicable way within thirty (30) days from the date when the dispute arose, the matter may be taken court of competent jurisdiction for further redress.

7.4 in this Agreement shall preclude the making of an application to the Court for conservatory or provisional relief

8. The 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 20TH day of AUGUST 2024

SIGNED and DELIVERED at ..DAR-ES-SALAAM by the said SLUMA FUAD SALEHE who is known to me personally/identified to me by ....the latter being personally known to me this. 20th day of AUGUST....2024

PROPRIETOR

In the presence of:
Name: .AISHA YAKUB OTHMAN.....
Designation:.....ADVOCATE.....
Signature:.....
Address:....P.O BOX 2169, MOROGORO.....
Date:.....20th AUGUST, 2024.....

AISHA YAKUB OTHMAN
Advocate, Notary Public & Commissioner for Oaths
P.O. Box 2169, MOROGORO

SIGNED and DELIVERED at DAR-ES-SALAAM by the said PENDO LUCY MUGANHIRI who is known to me personally/identified to me by SLUMA FUAD SALEHE.....the latter being personally known to me this. 20th day of AUGUST...2024

SUPERINTENDENT

In the presence of:
Name: ...AISHA YAKUB OTHMAN.....
Designation:.....ADVOCATE.....
Signature:.....
Address:....P.O BOX 2169, MOROGORO.....
Date:.....20th AUGUST 2024.....

CTIN: 1150136

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

SLUMA FUAD SALEHE

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

136-958-917

WITH EFFECT FROM: **28 JUNE 2018**

TRA LOCATION: **DODOMA**

TAX OFFICE: **DODOMA**

PHYSICAL LOCATION:

STREET / AREA: **KIKUYU KASKAZINI**

HERBERT M.T KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

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

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924191261963833**
Received from	: LUMMY CARE 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	: 16213191240743608960
Payment Control Number	**: *991620258510***
Payment Date	**: 2024-07-09 13:11:34**
Issued by	: Zena Mango
Date Issued	: 2024-07-09 13:13:49
Signature	: .....

PHARMACY COUNCIL

99162025851 0

PHARMACY COUNCIL

PCF 5(a)

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

1. Name of Applicant SLUMA FUAD SALEHE
2. Physical Address of the Applicant MAGOMENI KAGERA
3. Contacts **(mobile phone)** 0716358589
4. Email address (if any) slumafuad8@gmail.com

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

5. Physical address of the proposed location. Street KIVUKONI TEMBO Plot No. 844
   Ward TANDALE District KINONDONI Region DAR-ES-SALAAM
6. Name and distance from the **Public Health Facility** in metres
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
9. Proposed Business Name (BRELA Certificates if any) LUMANY CARE PHARMACY ✓
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    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/tender false information to public office.

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

Reasons for rejection_____

Name, Signature of Inspector (1) **Name, Signature of Inspector (2)**

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

PCF.5(b)

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI 1st & 2nd inspection,

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

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

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: SLUMA FUAD SALEHE.
2. Anwani ya Makazi ya Mwombaji: TANDALE KWA TUMBO
3. Mawasiliano (Simu): 0716 358589
4. Jina la Biashara linalopendekezwa LUMMY CARE PHARMACY
5. Aina ya Biashara: REJA REJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	Thereza pharmacy	150 m
	ii) Famasi ya Jumla		
	iii) famasi ya Jumla na Rejareja		
b)	Maabara za afya ihyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a.	Urefu (L)	6 m	30 m²
b.	Upana (W)	5 m	
c.	Kimo (H)	3 m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- Jengo lili lina ukubwa wa mita za mraba 30m²
- Jengo lili lipo umbali wa mita 150m kutoka Thereza famasi
- Amekamilisha maelezo kufikia vivango vya famasi ya reja reja.

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

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza, kama vile harufu, moshi au mafuta, vichafuzi, mifereji ya maji taka, vitu vya petroli, biashara ya rejareja inayotoa vileo (bia), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona Kuangaza kutofaa kwa Biashara ya duka la dawa kujaribiwa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

: Afikiriwe kupewa vibali baada ya kukamilisha taratibu zote za maombi ya vibali hivyo.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatangaza kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tuhizotoa ni za udanganyifu au zinetokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Bijili B Mary	Mkaguzi	
2	Said Nassor Ally	Mkaguzi	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mmiliki (Jina kamili la Mmiliki/Mwakilishi): SLUMA FUOD SAGEHE

Nathibitisha kuwa eneo/jengo/Lingu lilitoporekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na Nakubaliana na mapendekezo ya ukaguzi na maelezo yaliyotolewa.

Sahihi ya Mmiliki/Mwakilishi

12/07/24
Tarehe