

Form 5

TANZANIA



No. 459906

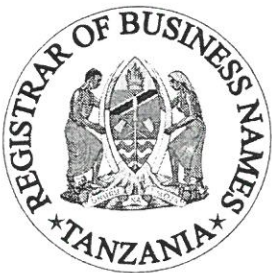
Certified True Copy of the Original  
Sign: *[Signature]* Date: 11/02/2019  
ALOYCE B. LYIMO  
Advocate, Notary  
Public & Commissioner for Oaths

## Certificate of Registration

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

I HEREBY CERTIFY THAT **FAKHRI POLYCLINIC** this **2<sup>nd</sup>** day of **SEPTEMBER** year **2019** 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 **459906** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this **2<sup>nd</sup>** day of **SEPTEMBER TWO THOUSAND AND NINETEEN.**



*[Signature]*  
21/9/2019  
*[Signature]*

*Registrar of 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

Form 5



No. 460499

## Certificate of Registration

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

I HEREBY CERTIFY THAT **FAKHRI PHARMACY** this 15<sup>th</sup> day of **SEPTEMBER** year **2019** 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 **460499** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 15<sup>th</sup> day of **SEPTEMBER TWO THOUSAND AND NINETEEN**.



Cur  
Sign: [Signature] Date: 15/09/2019  
[Signature]

*Registrar of 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.

Certified True Copy of the Original  
Sign: [Signature] Date: 11/02/2020  
ALOYCE B. LYIMO  
Advocate, Notary  
Public & Commissioner for Oaths