PCF.14

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION [ ]
2. BUSINESS NAME [✓]
3. BUSINESS OWNERSHIP [ ]

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: GOLDAN PHARMACY FIN 0102012

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

PHYSICAL ADDRESS:

Plot No. 1122 Street: ICISHIRI 'B' Ward ICISHIRI

District/Municipal NYAMAGANA MC Region: MWANZA

POSTAL ADDRESS: P.O BOX 7567 Contact. No. 0717907232

E-mail: —

OWNERSHIP:

Directors (Names): 1. AMINA MAHUR BUDA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: JOANCINNASATU PIN: 0102824

Residential Address: MWANZA Tel: 0683285791 Email: Joannasatu@gmail.com

Contract commencement date: ..... Cessation date .....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: RENA PHARMACY BRANCH

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

PHYSICAL ADDRESS:

Plot No. 1122 Street. ICISHIRI 'B' Ward. ICISHIRI

District/Municipal. NYAMAGANA MC Region MWANZA

POSTAL ADDRESS: P.O BOX 1038 CONTACT. No. 0755644486

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names)

1 RENATUS CHARLES PADRY Qualification OWNER

2 ..... Qualification .....

3 ..... Qualification .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JOAN C. MASATU PIN: 0102824

Residential Address: MWANZA Tel: 0683285721 Email: joanmwatu@gmail.com

Contract commencement date: ..... Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. MAKUBARIANO YA KUUZIANA DUKA LA DAWA (PHARMACY), AU DUKA LA DAWA (PHARMACY) KUUZWA KUTOKA KWA AMINA
2. AMUA KWENDA KWA RENATU C. IARI

SECTION D: APPLICANT INFORMATION

Name of Applicant: RENATUS CHARLES PADRY

(Contact/email if different from the above)

Address: 10368 M2A Tel: 0755644486 E-mail: charlesrenatus3@gmail.com

Signature of Applicant: ..... Date: 01/10/2024

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: ..... Date 01/10/2024

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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925030307277786**
Received from	: GOLDAN PHARMACY - FIN:0102012
Amount	: 200,000.00
Amount in Words	: Two Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142202540104 - Application for change of name/ ownership - CHANGE OF NAME*	**100,000.00**	
: *142202540104 - Application for change of name/ ownership - CHANGE OF OWNERSHIP*	**100,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16210030252059876870
Payment Control Number	: ***991620297757***
Payment Date	: **2025-01-30 11:38:57**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-01-31 16:19:53
Signature	: .....

MKATABA WA KUUZIANA PHARMACY (DUKA LA DAWA ZA BINADAMU) WILAYA YA NYAMAGANA KATIKA JIJI LA MWANZA

MKATABA HUU UMETENGENEZWA LEO TAREHE 28 MWEZI 08 MWAKA 2024

KATI YA

AMINA AMOUR BUDA WA S.L.P MWANZA SIMU NO 0717907232 (ambaye katika mkataba huu atatambulika kama **MUUZAJI**) kwa upande mmoja

NA

RENATUS CHARLES Wa S.L.P 10368 MWANZA simu No. 0755644486 (ambaye katika **MKATABA** huu atatambulika kama **MNUNUZI**) kwa upande mwingine.

KWA KUWA

A. Ndugu **AMINA AMOUR BUDA** ni mmiliki halali wa Pharmacy (duka la dawa za binadamu) liliopo katika Eneo la **Kishiri Centre**, wilaya ya Nyamagana Mkoa wa Mwanza na ana nia ya kuuza na mnunuzi ana nia thabiti ya kuinunua Pharmacy hiyo kwa makubaliano na utaratibu ufuatao

1. Kwamba Mnunuzi amekubali kununua **PHARMACY** kutoka kwa Muuzaji kwa bei ya **Tshs 11,000,000/=** (kumi na moja million tu) ambayo leo tarehe **28/8/2024** ametanguliza kulipa Advance ya **Tshs 7,000,000/=** (million saba tu) na tarehe **15/9/2024** atalipa **Tshs 500,000/=** (laki tano tu) pia kiasi cha **Tshs 3,500,000/=**(million tatu na laki tano) atalipa tarehe **5/12/2024**.
2. Kwamba Muuzaji atamkabidhi Mnunuzi nyaraka zote za umiliki wa **Pharmacy** Pamoja na chumba kimoja na store moja na vitu vyote vilivyopo isipokuwa meza na viti viwili tu.
3. Kwamba pande zote zimekubaliana vizuri kuuziana na kama kuna tatizo lolote kuhusu mauziano ya **Pharmacy** watatatua wenyewe wawili kwa njia ya kusuluhishwa.
4. Kwamba pande zote zimekubaliana kutekeleza makubaliano yao bila Kwenda nje ya makubaliano na atakayekiuka basi watafikishana kwenye vyombo vinavyohusika kwa mujibu wa sheria.
5. Kwamba baada ya kusaini mkataba huu kila upande unatakiwa kuheshimu yote waliyokubaliana.
6. Kwamba, Mkataba huu utalindwa na kutafsiriwa kwa kadri ya sheria za Jamhuri ya Muungano wa Tanzania.

KWA UTHIBITISHO HUU Muuzaji na Mnunuzi wameweka Saini zao katika Mkataba huu mwaka na tarehe inayoonekana hapa chini.

UMESAINIWA HAPA MWANZA NA :
AMINA AMOUR BUDA
ambaye ametambulishwa kwangu na RENATUS CHARLES
ambaye nimemfahamu binafsi leo tarehe 29 mwezi 08 mwaka 2024

MUUZAJI

SHAHIDI WA MUUZAJI
JINA ERICK KISIRI
SAINI
WADHIFA —
ANUANI KISHIRI
SIMU 0756 700199

MBELE YANGU
JINA GEORGE THOMAS MASOUD
SAINI
ANUANI S.L.P 12744 DAR ES SALAAM
WADHIFA KAMISHNA WA VIAPO

George Thomas Masoud
P O Box 12744 Dar es Salaam
Advocate, Notary Public &
Commissioner for Oaths

Leo tarehe 20-12-2024

Mimi Joyce Amour Bado nimepokea heta iliobaki

sh. milioni tatu na laki tano iliobaki kutoka kwa Renatus

sunday

UMESAINIWA HAPA MWANZA NA:

. RENATUS CHARLES

ambaye ametambulishwa kwangu na AMINA AMOUR BUDA

ambaye nimemfahamu binafsi leo tarehe 29 mwezi 08 2024

MNUNUZI

SHAHIDI WA MNUNUZI

JINA HAPPYNESS JEROME

SAINI

ANUANI KISHIRI

WADHIFA

SIMU NO 0759-262405

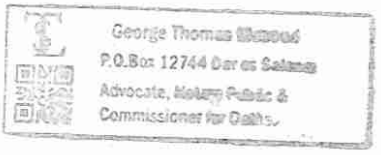
MBELE YANGU

JINA GEORGE THOMAS MASOUD

SAINI

ANUANI CRP 12744 DAR ES SALAAM

WADHIFA KAMISHINA WA VIAPO



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 100-929-481
NMB BANK PUBLIC LIMITED COMPANY
OHIO/ALI HASSAN MWINYI RD
9213
DAR ES SALAAM

Tax Certificate Number: **261-0196-2068**

Issuing Office: Mwanza
Telephone: 028 2500906
Date of Issue: 07 March 2024
Expiry Date: 31 December 2024

Taxpayer Name	RENATUS CHARLES PADRY		
Trading Name			
Taxpayer Identification Number	101-529-924	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MWANZA,
DISTRICT : NYAMAGANA,
STREET : IGOMA - KISHIRI

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 in non-specialized stores with food, beverages or tobacco predominating
2	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfrad T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
07 March 2024

Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

United Republic of Tanzania
Business Registrations and Licensing Agency

BRELA

Application for Registration of Business Name

Business Names (Registration) Act (Cap 213)

APPLICATION

Tracking number	G220815 9871
Application date	15/08/2022 20:44:56

APPLICANT

National ID	19760126331190000223
Name	RENATUS CHARLES PADRY
Gender	Male
Date of birth	26/01/1976
Nationality	Tanzanian
E-mail Address	yasintamgeni27@gmail.com
Mobile Phone Numbers	0755644486
Can this person update data in ORS?	Yes
This person is empowered to assign persons who can update data in ORS	Yes

INFORMATION ABOUT BUSINESS NAME

Business name	RENA PHARMACY
Business name owner type	Individual

PRINCIPAL PLACE OF BUSINESS

Principal place of Business	Region Mwanza, District Nyamagana, Ward Igoma, Postal code 33118, Street Igoma stand street, Road Mwanza-sirari road, Plot number 71262, Block number B, House number 22
P.O. BOX	10368
E-mail	yasintamgeni27@gmail.com
Mobile Phone Number	255755644486

BUSINESS ACTIVITY

Name of activity	8620 - Medical and dental practice activities Main

OWNERSHIP

OWNER

National ID	19760126331190000223
Name	RENATUS CHARLES PADRY
Gender	Male
Date of birth	26/01/1976
Nationality	Tanzanian
E-mail Address	yasintamgeni27@gmail.com
Mobile Phone Numbers	0755644486
Residential address	Region Mwanza, District Nyamagana, Ward Igoma, Postal code 33118, Street Ndofe, Road kishiri road, Plot number 1443, Block number A, House number 14
Is bank account operator?	Yes
Can this person update data in ORS?	Yes

OTHER BANK ACCOUNT OPERATORS

BANK ACCOUNT OPERATOR 1

National ID	19760126331190000223
Name	RENATUS CHARLES PADRY
Gender	Male
Date of birth	26/01/1976
Nationality	Tanzanian
E-mail Address	yasintamgeni27@gmail.com
Mobile Phone Numbers	255755644486
Residential address	Region Mwanza, District Nyamagana, Ward Igoma, Postal code 33118, Street Ndofe, Road kishiri road, Plot number 1443, Block number A, House number 14

Owner RENATUS CHARLES PADRY

Signature and date

KITAMBULISHO CHA TAIFA

CITIZEN IDENTITY CARD

19760126-33116-00042-2

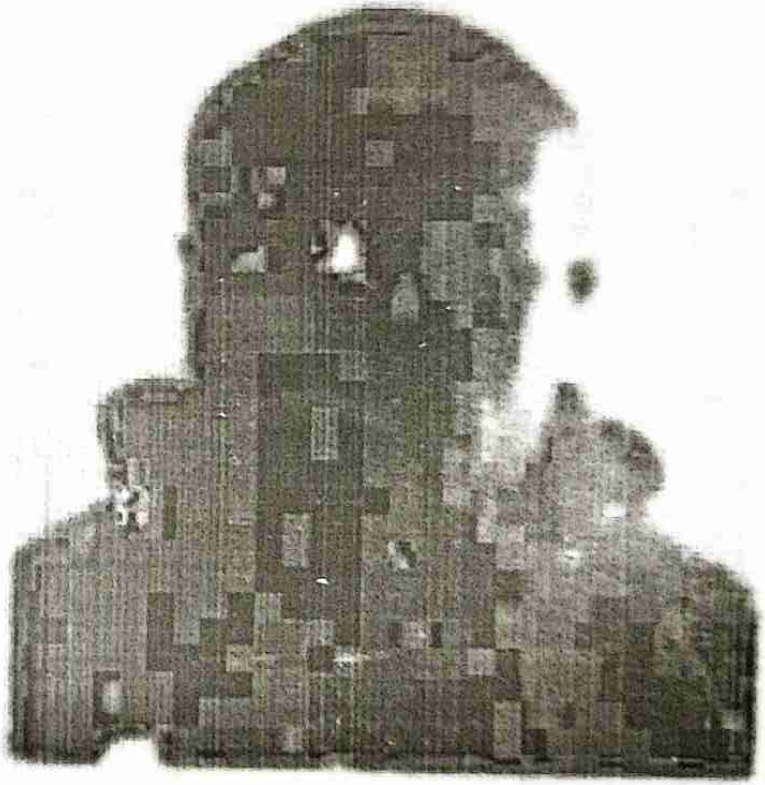
JINA : RENATUS [illegible]

JINA LA UKOO: PADRY

TAREHE YA KUZALIWA: 26 JAN 1976

JINSI : M

SAINI :



PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102012

This is to certify that the premises owned by M/S ***Goldan Pharmacy*** of ***P.O. Box 7567, Mwanza*** located at ***Kishiri Ward - Nyamagana MC*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102012***

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***