Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925198349088869**

Received from : TEE 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
: *142202540104 - Application for change of name/ ownership - CHANGE OF NAME /OWNERSHIP*		**200,000.00**

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16212198252552104516

Payment Control Number : ***991620320281***

Payment Date : **2025-07-17 12:39:38**

Issued by : Zena Mango

Date Issued : 2025-07-17 12:48:20

Signature : .....

99162032028 1

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: TEE PHARMACY FIN: 0300564

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

PHYSICAL ADDRESS:

Plot No. 20 Street: SOKONI STREET Ward: NGURUKA

District/Municipal: UVINZA Region: KIGOMA

POSTAL ADDRESS: P.O BOX 125, KIGOMA Contact. No. 0713 770428

E-mail: Inn2ms @ gmail.com

OWNERSHIP:

Directors (Names): 1. INNOCENT MSILIKALE Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: CATHERINE RICHARD PIN: 0101795

Residential Address: ..... Tel: 0757657652 Email: crugarabamu@yahoo.com

Contract commencement date: 01 July 024 - Cessation date: 30 June 025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: HOVAN PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 20 Street: SOKONI STREET Ward: NGURUKA

District/Municipal: UVINZA Region: KIGOMA

POSTAL ADDRESS: P.O BOX 107 KGM CONTACT. No. 0742307915

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SELAYA OBED CHOBALIKO Qualification: OWNER
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. MANAGEMENT CHANGE (OWNERSHIP)
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: SELAYA OBED CHOBALIKO

(Contact/email if different from the above)

Address: P.O BOX 107 Kkm Tel: 0742307915 E-mail: selayachoba18@gmail.com

Signature of Applicant ..... Date 20 June 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 20 June 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)

MKATABA WA KUUZA
DUKA LA DAWA.

MUUZAJI: INNOCENT ELIAS MSILIKALE
S. L.P 103
KIGOMA
NA: 0713770428

MNUNUZI: SELAYA OBEDI CHOBALIKO
S. L. P 108
KASULU
NA: 0742307915

MALI INAYOUZWA: Duka la dawa za binadamu, lililopo Nguruka kati sokoni, Wilaya ya Uvinza na mkoa wa Kigoma. Duka lenye huduma ya dawa za jumla na rejareja. Duka lililopo katika chumba cha kupangwa.

BEI/MALIPO: MNUNUZI atamlipa MUUZAJI jumla ya shilingi MILIONI NNE NA NUSU (Tsh. 4,500,000/=) kwa ajili ya ununuzi halali wa duka hilo. na fedha hizo zitalipwa zote kwa pamoja baada ya kusaini mkataba huu.

MASHARTI YA MKATABA HUU:

1. Kwamba MUUZAJI amemhakikishia MNUNUZI kuwa duka hilo ni mali yake halali. Alikodi eneo hilo na kisha alilifungua duka hilo mwenyewe pasi na kununua biashara hiyo kutoka kwa mtu.
2. Kwamba MNUNUZI amethibitisha kuwa MUUZAJI ndiye mmiliki halali wa duka hilo, amechunguza mazingira, ukubwa na mali zilizopo ndani ya duka hilo, na kisha ameridhika na makubaliano ya bei ya ununuzi wa duka hilo.
3. Kwamba MUUZAJI anamhakishia MNUNUZI Kuwa, endapo kutatokea changamoto yeyote ya kisheria juu ya umiliki wa duka hilo, basi MUUZAJI atwajibika kurudisha fedha zote za mauzo pamoja na gharama ambazo MNUNUZI atakuwa ameingia katika ununuzi wa duka hilo.
4. Kwamba makubaliano ya Mkataba huu yanaongozwa na sheria za mkataba za nchi na ni ya kudumu na yanakamilishwa kwa pande zote mbili kusaini mkataba huu.

MKATABA HUU TUMEUSOMA na TUMEUELEWA na kisha kutia saini zetu tukiwa na akili timamu bila kushurutishwa na upande wowote ule leo tarehe 2/12/2024 mbele ya mashahidi wafuatao: -

MKATABA huu umesainiwa na muwakilishi wa MUUZAJI ambaye namfahamu/alitambulishwa na ..SELAYA.....na kisha nikamfahamu Leo tarehe 2.Mwezi 12 Mwaka 2024

.....
EPHENIA EMMANUEL

SHAHIDI WA MUUZAJI

1. .....
HAMISI JOSEPH
(Rafiki wa muuzaji)

MKATABA huu umesainiwa na MNUNUZI Ambaye namfahamu/ Aliyetambulishwa na ....kisha nikamfahamu Leo tarehe 2. Mwezi 12 Mwaka 2024

.....
SELAYA OBEDI CHOBALIKO

SHAHIDI WA MNUNUZI

1. .....
BARAKA GIDEON
(Rafiki wa mnunuzi)

MBELE YANGU

.....
HAKIMU MKAZI.

HAKIMU MKAZI
MAHAKAMA YA MWANZO NGURUKA
WILAYA YA UVINZA

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN :	125-847-269
PHARMACY COUNCIL	
MWENGE	
31818	
DAR ES SALAAM	

Tax Certificate Number: **191-0245-1848**

Issuing Office: Kigoma
Telephone: 028 2802054
Date of issue: 16 July 2025
Expiry Date: 31 December 2025

Taxpayer Name	**INNOCENT ELIAS MSILIKALE**		
Trading Name			
Taxpayer Identification Number	**110-251-769**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : KIGOMA,
DISTRICT : UVINZA,
STREET : CHAKULU

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
16 July 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.

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 601137

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **HOVAN PHARMACY** this **28th** day of **MARCH** 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 **601137** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **28th** day of **MARCH 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.

Form 21

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 28/03/2025 16:47:41
Registration date and time: 28/03/2025 16:44:20

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	**Name of Business:**	**HOVAN PHARMACY**
2.	**Registration number:**	**601137**
3.	**Principale Place of Business:**	Region Kigoma, District Uvinza, Ward Nguruka, Postal code 47602, SOKONI STREET KARIBU NA MSIKITI WA ANSWAR
4.	**Contacts:**	Email bizimanachobaliko@gmail.com, Phone 0740602470, P.O.Box 324
5.	**Business activity:**	8690 - Other human health activities, Main activity
6.	**Propriator/Partners:**	SELAYA OBEID CHOBALIKO
7.	**Authorized to Operate Bank Account etc:**	SELAYA OBEID CHOBALIKO

REGISTRAR OF BUSINESS NAMES *TANZANIA*

Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19941018-47105-00002-22

JINA : SELAYA OBEID
Given Name

JINA LA MWISHO : CHOBALIKO
Last Name

TAREHE YA KUZALIWA : 18 OCT 1994
Date of Birth

JINSI : M
Sex

SAINI :
Signature