Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924235271753497**
Received from	: RELINI 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**
: *142202540104 - Application for change of name/ ownership - CHANGE OF OWNERSHIP*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16214235245744584618
Payment Control Number	**: *991620270676***
Payment Date	**: 2024-08-22 15:01:58**
Issued by	: Zena Mango
Date Issued	: 2024-08-22 15:04:08
Signature	: .....

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

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Bill Reference	: 16214235245744584618
Payment Control Number	**: *991620270676***
Payment Date	**: 2024-08-22 15:01:58**
Issued by	: Zena Mango
Date Issued	: 2024-08-22 15:04:19
Signature	: .....

PHARMACY COUNCIL

9916202706776 → 100,000/= Alipia 100,000/=
Alteration
22/08/2024

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: RELINI PHARMACY FIN 0102309

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

PHYSICAL ADDRESS:

Plot No. ..... Street: KITINYE Ward KIPUNGUNI

District/Municipal ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: ..... Contact. No. 0719391681 / 0659970646

E-mail: aidanleonce@gmail.com

OWNERSHIP:

Directors (Names): 1. MWAJUMA SIJA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: ERASMUS ROBERT LIGORA PIN: 0103025

Residential Address: GONGO LA MBOTO Tel: 0621510220 Email: .....

Contract commencement date: 06/06/23 Cessation date: 06/07/24

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: .....

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

PHYSICAL ADDRESS:

Plot No. ..... Street ..... Ward .....

District/Municipal ..... Region .....

POSTAL ADDRESS: ..... CONTACT. No. .....

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. AIDANIUS LEONCE ..... Qualification: PHARMACIST, OWNER
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: AIDANIUS LEONCE ..... PIN: 0103112

Residential Address: KITINTE, ILALA ..... Tel: 0719391681 Email: aidanleonce@gmail.com

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

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. CHANGE OF OWNERSHIP OF PHARMACY AND CHANGE OF SUPERINTENDANT .....
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: AIDANIUS LEONCE .....

(Contact/email if different from the above)

Address: KITINTE ILALA ..... Tel: 0719391681 ..... E-mail: aidanleonce@gmail.com

Signature of Applicant: Leonce ..... Date: 22/08/24

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: Leonce ..... Date: 22/08/24

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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SALAAM

Tax Certificate Number: **121-0184-9850**

Issuing Office: Ilala
Telephone: 022-2863190
Date of issue: 08 November 2023
Expiry Date: 31 December 2023

Taxpayer Name	MWAJUMA SHIJA		
Trading Name			
Taxpayer Identification Number	137-721-121	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : Kitinye

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	Activity for Non Business Purposes
2	duka la dawa muhimu
3	Other personal service activities n.e.c.

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
08 November 2023

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.

MKATABA WA KUPANGISHA FREMU

Mimi Bosco · S. MOSHA (Mwenye Fremu)
ninampangisha ndugu AIDANIUS LEONCE MBOYERWA Fremu yangu
kwa kodi ya Tshs. 100000 /= amelipa kodi ya miezi
12 Ambayo ni sawa na
Tshs. 1200000 /- Mkataba unaanza
tarehe 06/02/24 na kumalizika tarehe 06/02/24

MASHARTI YA MKATABA

1. Mpangaji huruhusiwi kufanya matengenezo yoyote yale bila idhini ya Mwenye fremu
2. Mpangaji huruhusiwi kutoa lugha ya matusi
3. Mpangaji hurudishiwi kodi endapo utavunja mkataba yeye mwenyewe
4. Usafi unaoizunguka eneo lote la Fremu pamoja na ulinzi wa vitu vilivyopo ni jukumu la mpangaji
5. Mpangaji unatakiwa kulipa kodi kwa wakati, sio mpaka ukumbushwe.
6. Mwenye fremu akivunja mkataba anatakiwa arudishe kodi punde anapovunja mkataba.
7. Hairuhusiwi kuuza kilevi chochote
8. Mkataba ukikushinda hairuhusiwi kumuachia fremu mtu yeyote unatakiwa urudishe fremu kwa mwenye nyumba.
9. Mpangaji endapo ukivunja mkataba hela yako hairudishwi.

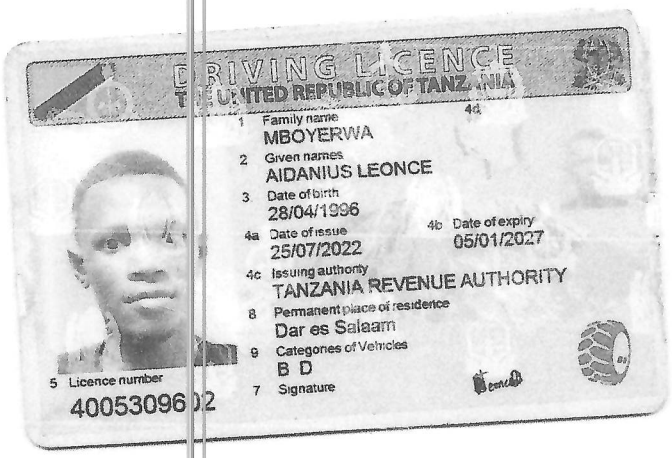
MAKUBALIANO YAMEFANYIKA MBELE YA B MASHAHIDI WAFUATAO:

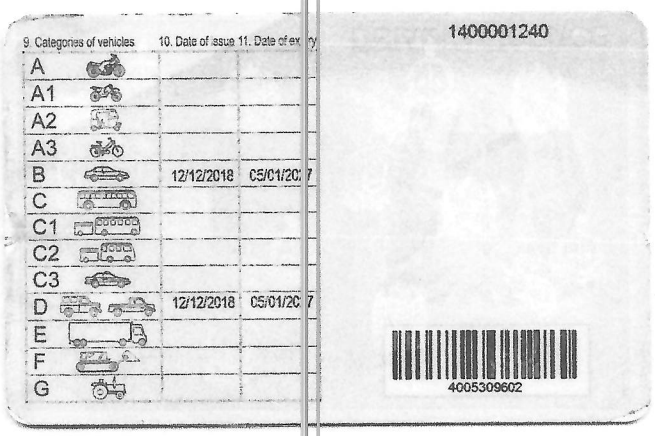
Sahihi ya mwenye Fremu — 0715-032-750 BOSCO · S. MOSHA

Sahihi ya Shahidi ya mwenye fremu — EDO RWEGOMORA

Sahihi ya Mpangaji — 0719391681 AIDANIUS LEONCE

Sahihi ya shahidi wa mpangaji — RAMLA MOHAMED LABIA


DRIVING LICENCE
THE UNITED REPUBLIC OF TANZANIA
1 Family name
MBOYERWA
2 Given names
AIDANIUS LEONCE
3 Date of birth
28/04/1996
4a Date of issue
25/07/2022
4b Date of expiry
05/01/2027
4c Issuing authority
TANZANIA REVENUE AUTHORITY
8 Permanent place of residence
Dar es Salaam
9 Categories of Vehicles
B D
5 Licence number
400530960 2
7 Signature


1400001240
9. Categories of vehicles
10. Date of issue
11. Date of ex ry
A
A1
A2
A3
B
12/12/2018
05/01/20 7
C
C1
C2
C3
D
12/12/2018
05/01/20 7
E
F
G
4005309602

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102309

This is to certify that the premises owned by M/S ***Relini Pharmacy*** of ***P.O.Box 28001, Dar es Salaam*** located at ***Kitinye Street, Kipunguni, Ilala*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102309***

Issued in: ***October 2022***

Expires on: ***30 June 2027***

18-11-2022

DATE:

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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***

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: **Superintendent** [✓] **Other Pharmaceutical Personnel** [ ]

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy....RELINI PHARMACY.....Facility Identification Number (FIN)...0102309

Physical address:

Street....KITINYE.....Ward...KIPUNGUNI.....District/Municipal.....ILALA.....Region..DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name...FRASIMUS ROBERT LUGORA.....PIN ...0103025...Phone...0621510220

Address.....GONGO LA MBOTO.....Email.....

A.3. REASON(s) FOR CHANGE

.....OWNER IS THE PHARMACIST. WANTS TO SUPERINTENT.....

.....

Time frame of notification: (As per Contract) ..01.....Signature..Robert.....Date..22/08/24.....

A.4. OWNER'S DETAILS

Full Name...AIDANIUS LEONCE

Remarks.....CHANGES CAN GO ON.....Phone Number...0719391681

Signature....Leonce. Date..22/08/24

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ....AIDANIUS LEONCE.....PIN ..0103112. Phone Number..0719391681Email..aidaniusleonce@gmail.com

Physical address:

Street.....KITINYE...Ward..KIPUNGUNI....District/Municipal....ILALA.....Region..DAR-ES-SALAAM

Details of Previous pharmacy:

Name of Pharmacy...LIBU MANGATI.....FIN..0102629 District/Municipal...ILALA.. Region..DAR-ES-SALAAM

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice

(ii) Contract Agreement/MOU

(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations.....

Full Name..... Designation.....Signature.....Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

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 AIDANIUS LEONCE PIN 0103112
2. Namba ya simu 0719391681 barua pepe aidanleonce@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 31/12/2023
4. Je, umehuisha 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 AIDANIUS LEONCE mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo RELINI PHARMACY FIN 0102309 lilopo katika Wilaya ya ILALA Mkoani DAR ES SALAAM

Sahihi [signature] Tarehe 19/07/2024

Uthibitisho wa Mfamasia wa Halmashauri

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

Muhuri KNY: DMO
KNY: JIJI LA DAR-ES-SALAAM

Jina na Sahihi ..... **Tarehe** 19/07/2024

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) KIURUMBA Kata ya UKONGA

Nathibitisha kwamba Ndugu AIDANIUS LEONCE anaishi langu mtaa/kijiji MJUDEGE, kuanzia mwaka 2023 - 2024

Muhuri Mtendaji
AFISA MTENDAJI WA KATA
KATA YA UKONGA

Sahihi Afisamtendaji .....

Tarehe 19/07/2024

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☑ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☑ Other Pharmaceutical Personnel ☑

I AIDANUS LEONCE with Personal Identification Number (PIN) 0103112 of Year 2022, residing at KITINTE, ILALA district, in DAR-ES-SALAAM Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named RELIADI PHARMACY, with Facility Identification Number (FIN) 0102309 of year 2022, located at ILALA District, DAR-ES-SALAAM Region with a Business Tax Identification Number (TIN) 137-721-325 (**TIN Certificate to be attached**)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0719391681 Email Address: aidanleonce@gmail.com

Signature: Leonce Date: 22/05/2024

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**

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

AIDANIUS LEONCE

PIN NO: 0103112

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:**04 November 2022**

Expires on:**31 December 2024**

Registrar
Pharmacy Council

CTIN: 1367338

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

AIDANIUS LEONCE MBOYERWA

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

137-721-325

WITH EFFECT FROM: **27 JUNE 2019**

TRA LOCATION: **ILALA** TAX OFFICE: **BUGURUNI**

PHYSICAL LOCATION: **PLOT No. 02 BLOCK No. B**

STREET / AREA: **KITINYE**

HERBERT M.T KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

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

PCF. 54

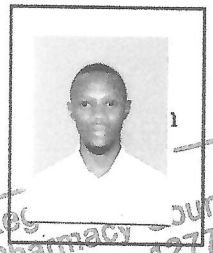
00001802

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)



Full Name ..... Aidanius Leonce .....

.....

Reg... Council
Pharmacy ...
P.O. Box 1277
Dodoma

* I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0103112	4th November, 2022	28th April, 1996	Tanzanian	P.O. Box 2939 [illegible]	Bachelor of Pharmacy	Kampala International University in Tanzania 2020

Date 07th November 2022

REGISTRAR

NOTES: (1) This certificaate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and referene should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

GP - DSM

AIDANIUS LEONCE MBOYERWA
P.O BOX
DAR-ES-SALAAM
0719391681

REGISTRAR,
PHARMACY COUNCIL
P.O BOX 12277
DODOMA

REF: WORKING AS FULL TIME PHARMACIST AT RELINI PHARMACY

Refer to the heading above, My name is AIDANIUS LEONCE I am a pharmacist with PIN number 0103112 am taking responsibilities at a pharmacy called RELINI PHARMACY with FIN number 0102309.1 will be working as a full pharmacist where I will run all the daily activities at relini pharmacy as I superintent and work at the pharmacy.

Yours
AIDANIUS LEONCE

PHARMACIST