**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. SELINA WILLIAM MBUYU Qualification: PHARMACIST
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. change of bussiness ownership because owner sell pharmacy bussiness to another person.
2. .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: TUNGARAZA BENEDICTO TUNGARAZA

(Contact/email if different from the above)

Address: 1127 MUHOMA Tel: 0757927178 E-mail: tungarazabenedicto1@gmail.com

Signature of Applicant..... Date 15/09/2024

**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 15/09/2024

**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 | **: 924262277513235** |
| Received from | : OCEAN 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 - APPLICATION FOR BUSINESS OWNERSHIP* | | **100,000.00** |
| | **Total Billed Amount :** | **100,000.00 (TZS)** |

| | |
|---|---|
| Bill Reference | : 16213262240404171416 |
| Payment Control Number | **: *991620273683*** |
| Payment Date | **: 2024-09-18 13:21:27** |
| Issued by | : Beatus Mpogoza |
| Date Issued | : 2024-09-18 14:47:56 |
| Signature | : ..... |

**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 SELINA WILLIAM MBUGI with Personal Identification Number (PIN) 0108395 of Year 2023, residing at ILEMELA district, in MWANZA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named OCEAN PHARMACY, with Facility Identification Number (FIN) 0102536 of year 2023, located at MUSOMA MC District, MARA Region with a Business Tax Identification Number (TIN) 168-757-263 (**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: 0755894642 Email Address: Selinambagi84@gmail.com

Signature: [signature] Date: 18/09/2024.

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**

# 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

**SELINA WILLIAM MBUGI**

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

**168-757-263**

WITH EFFECT FROM: **22ND SEPTEMBER 2023**

TRA LOCATION: **MARA** TAX OFFICE: **MUSOMA**

PHYSICAL LOCATION

STREET / AREA: **KITAJI C**

ALFRED T. MREGI
**COMMISSIONER FOR DOMESTIC REVENUE**

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

**MKATABA WA KUNUNUA BIASHARA YA FAMASI INAYOFANYIKA KATIKA JENGO LA UPANGAJI.**

**MKATABA HUU** umefanyika Leo tarehe 15 mwezi 09 2024

Baina ya

**Ndugu** TUNGARAZA BENEDICTO TUNGARAZA **wa** MUSOMA **kata ya** wilaya ya MUSOMA MC ,Mkoa wa MARA Simu 0769927178 ,(Ambaye **katika** Mkataba huu atajulikana na kutambulika kisheria kama "MUUZAJI" ) Kwa upande mmoja;

Na

**Ndugu** SELINA WILLIAM MBUTI **wa** MWANZA ,kata ya wilaya ya ILEMELA ,Mkoa wa MWANZA Simu 0755891462(Ambaye katika Mkataba huu atajulikana na kutambulika kisheria kama "MNUNUZI" ) Kwa upande mwingine.

AMBAPO

Bila **shuruti** wala vitisho pande zote mbili **zimeridhiana kwa masharti ya mkataba huu kwamba MUUZAJI** ana nia thabiti ya kuuza biashara ya Famasi hiyo, na **MNUNUZI** ana nia thabiti ya kununua bashara ya Famasi inayofanyika katika jengo la kupanga.

AMBAPO SASA INASHUHUDIWA KUWA:-

1. **MUUZAJI** ni mmiliki halali wa biashara ya famasi hiyo iliyopo kwenye jengo la kupangishwa eneo la KITAJI C , KATA YA BUHARE ,kata ya ,halmashauri MUSOMA MC ,Mkoa wa MARA
2. MNUNUZI atapaswa kuendelea kulipa kodi ya upangaji wa jengo kwa mmiliki wa jengo kuanzia _____
3. **MUUZAJI** anakubali kumuuzia biashara ya Famasi hiyo MNUNUZI kwa bei ya **shilingi** Za **kitanzania**,(Tshs 6,500,000/= ambapo **mnunuzi** analipa leo shilingi 4,500,000/= kwa mara moja, na anadaiwa shilingi 2,000,000/= ,ambazo atalipa 30/10/2024 na **MUUZAJI anakiri** kupokea fedha zote zilizotolewa, **kutoka kwa MNUNUZI.**

2. **MUUZAJI** anaahidi kuwa katika kutekeleza matakwa ya mkataba huu, kuanzia leo na kuendelea biashara ya famasi hiyo na vilivyomo vyote ni mali ya **MNUNUZI**

3. **MUUZAJI** anamhakikishia **MNUNUZI** kuwa famasi hiyo haina madai yoyote wala mgogoro wowote na anaahidi kumlinda na kushughulikia kwa gharama zake mwenyewe endapo madai yoyote yatajitokeza

4. Kwamba makubaliano haya ni ya kudumu na yatazibana pande zote mbili na hata warithi, ndugu na wawakilishi wao.

5. Kwamba mkataba huu unalindwa na sheria za Tanzania zinazohusu mikataba pamoja na mabadiliko yake yatakayojitokeza kwa mujibu wa sheria za Tanzania.

6. Kwamba endapo mgogoro wowote utajitokeza kati yapande mbili basi mgogoro huo utatatuliwa kwa sheria za nchi zitakazo kuwepo wakati huo.

**KWA KUSHUHUDIA** pande zote mbili zinaweka sahihi zao Leo tarehe, mwezi na mwaka kama inavyoonekana hapa chini:

UMESAINIWA na KUWASILISHWA

Hapa MUSOMA na TUNGARAZA BENEDICTO 'TUNGARAZA'

Ambaye ninamfahamu Leo tarehe 15

Mwezi 09 2024.

**MUUZAJI** _____

MBELE YANGU:

Jina: MARY JOAKIMU Saini: _____ Wadhifa: WAKILI

UMESAINIWA na KUWASILISHWA

Hapa MUSOMA na SELINA WILLIAM MBUTI **MNUNUZI** _____

Ambaye ninamfahamu Leo tarehe 15

Mwezi 09 2024.

MBELE YANGU:

Jina: MARY JOAKIMU Saini: _____ **Wadhifa:** WAKILI

**MKATABA HUU UMESHUHUDIWA PIA NA:**

**MASHAHIDI WA MUUZAJI:**

1. JACKSON YWENS Sahihi: _____

**MASHAHIDI WA MNUNUZI:**

1. NEEMA JACOB MGUTU Sahihi: _____

JAMHURI YA MUUNGANO WA TANZANIA

**KITAMBULISHO CHA TAIFA**

THE UNITED REPUBLIC OF TANZANIA

**CITIZEN IDENTITY CARD**

**19980301-41111-00001-15**

JINA : **SELINA WILLIAM**
*Given Names*

JINA LA MWISHO : **MBUGI**
*Last Name*

TAREHE YA KUZALIWA **01 MAR 1998**
*Date of Birth*

JINSIA: **F**
*Sex*

SAINI:
*Signature*

MWISHO WA MATUMIZI : **22 DEC 2028**
*Expiry Date*

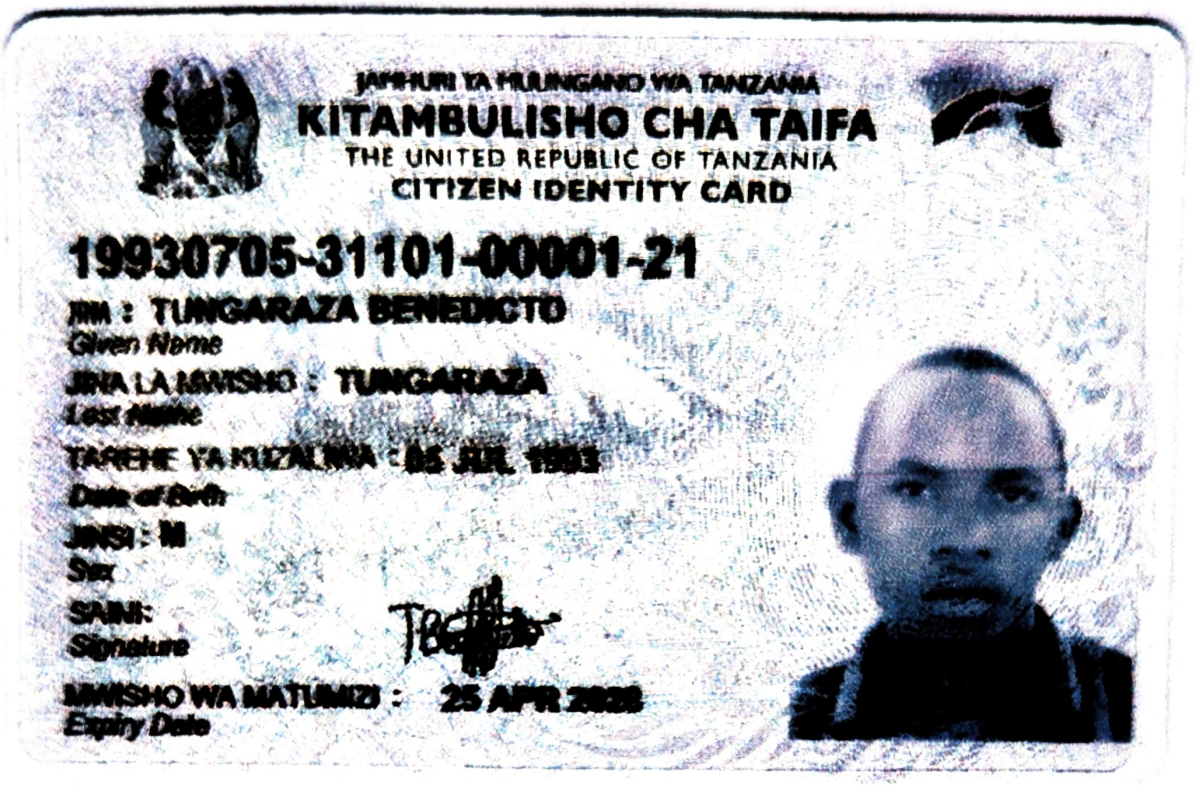
THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

**19980301-41111-00001-15**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hakuruswi kuharibiwa mabadiliko ya aina yoyote wala kumpatia mtu ambaye hahusiwa kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima zitolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Uhalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY


JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19930705-31101-00001-21

JINA : TUNGARAZA BENEDICTO
Given Name

JINA LA MWISHO : TUNGARAZA
Last Name

TAREHE YA KUZALIWA : 05 JUL 1993
Date of Birth

JINSI : M
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 25 APR 2028
Expiry Date