

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchanged Receipt

Stakabadhi ya Malipo ya Serikali!

Receipt No

: 923346220062324

Received from

: GEORGEY 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 -

ALTERATION OF NAME &

OWNERSHIP

Total Billed Amount :

200,000.00 (TZS)

Bill Reference

: 16214346235733534960

Payment Control Number

: 99162022777

Payment Date

: 2023-12-12 15:01:47

Issued by

: Zena Mango

Date Issued

: 2023-12-12 15:03:06

Signature

PHARMACY COUNCIL

Government Payment Gateway @ 2017 All Rights Reserved (GePG)

POSTAL ADDRESS: 1500
 District/Municipal: Camakos
 Street: Amman
 Plot No. 12
 Ward: Ilala
 Region: Dares Salaam
 CONTACT No. 0684029507

PHYSICAL ADDRESS:
 TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

NAME OF THE NEW PREMISES: RANGE PHARMACY KARAKOO
 SECTION B: PROPOSED CHANGES:

Contract commencement date: 02/07/2008
 Cessation date: 30/06/2010

Residential Address: _____
 Full Name: HAMPTREY ITKAZYO PIN: 0102450

TELEPHONE: _____
 Email: _____
 SUPERINTENDANT INFORMATION:

Directors (Names): 1. Revocatus Kapuni Qualification: COOPER
 2. _____ Qualification: _____
 3. _____ Qualification: _____

OWNERSHIP:
 E-mail: _____
 POSTAL ADDRESS: 65065
 District/Municipal: KARAKOO
 Street: Amman
 Plot No. 12
 Ward: Ilala
 Region: Dares Salaam
 Contact No. 0696815941

PHYSICAL ADDRESS:
 TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

NAME OF PREMISES: GEORGET PHARMACY FIN
 SECTION A: APPLICANT CURRENT INFORMATION:

1. PREMISES LOCATION
 2. BUSINESS NAME
 3. BUSINESS OWNERSHIP

APPLICATION FOR CHANGE OF:

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

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



PHARMACY COUNCIL

PCF.14

Attested by 20/07/08
Attorney of name of company

991620227777

- 6. Original Premises Registration Certificate (For Alteration No. 1 or 2)
- 5. Copy of Director(s) ID
- 4. Certificate of registration from BRELA
- 3. Memorandum of Understanding
- 2. Copy of lease agreement or title deed
- 1. TAX CLEARANCE CERTIFICATE

Please attach the following documents depending on your proposed changes:

SECTION F: REQUIRED ATTACHMENT

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: *[Signature]*

Date:

SECTION E: APPLICANT DECLARATION

Signature of Applicant: *[Signature]*

Date:

Address:

Tel: 0684027507 E-mail: gborne@yasho.com

(Contact/email if different from the above)

SECTION D: APPLICANT INFORMATION

Name of Applicant: *RANGE GROVE NYMBETA*

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. The previous Administration has given mandate to New Administration after receiving equity amount on agreed terms to New owner (Administration) hence the Pharmacy is purchased by the New owner & Administration.

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: *Thompson Itadayo*

Residential Address: *Bar 7-50000*

Contract commencement date: *02/07/2013*

Contract termination date: *30/06/2014*

Tel: *0736-424200* Email: *thompsonitadayo35@gmail.com*

PN: *0102450*

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

- Directors (Names):
1. *RANGE GROVE NYMBETA*
 2. Qualification:
 3. Qualification:

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102300

This is to certify that the premises owned by M/S Georgy Pharmacy of P.O.Box 65005, Dar es Salaam located at Plot No 12, Amani Street, Kariakoo, 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) 0102300

Issued in: October 2022

Expires on: 30 June 2027

CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises
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

DATE:

18-11-2022

SIGNATURE OF REGISTRAR
AND STAMP

AND STAMP

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Registrar

Pharmacy Council
P. O. Box 1277
Dodoma



TANZANIA



No. 520852

Form 5

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **GEORGEY PHARMACY** this 22nd day of **JULY** year **2022** 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 **520852** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 22nd day of **JULY** **TWO THOUSAND AND TWENTY TWO.**



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.

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF
OFFICIAL SEAL
COMMISSIONER FOR DOMESTIC REVENUE
HERBERT M.T KABYEMELA

[Signature]

STREET / AREA: AMANI / SIKUKU

PHYSICAL LOCATION: PLOT NO. 37

TRA LOCATION: KARIAKOO TAX OFFICE: KARIAKOO

WITH EFFECT FROM: 09 SEPTEMBER 2022

134-874-708

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

REVOCATUS GEORGE KAFUMU

THIS IS TO CERTIFY THAT

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

TAXPAYER IDENTIFICATION NUMBER (TIN)

FOR

CERTIFICATE OF REGISTRATION

TANZANIA REVENUE AUTHORITY



731245

CTIN:

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02300-2023

This Permit is hereby granted to M/S Georgy Pharmacy of P.O.Box 65005, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Plot No 12, Amani Street, Karakoo, Hala Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0102300 under a Superintendent Pharmacist Humphrey Itaizyo with Personal Identification Number (PIN) 0102450

Issued in: October 2022

Expires on: 30 June 2024

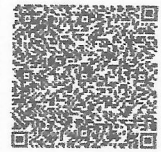
CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated

DATE:

23-07-2023

SIGNATURE OF REGISTRAR



For Verification please scan the QR code above



Name : Range Nyambega
PIN : 0102552
Title : Pharmacist
Issued : 20 May, 2021



LICENSE TO PRACTICE

PHARMACY COUNCIL

THE UNITED REPUBLIC OF TANZANIA

