

991620323414

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: LEANA PHARMACY FIN. 0102205TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 46 Street: KIRUMBA KATI Ward KIRUMBADistrict/Municipal: ILEMELA Region: MWANZAPOSTAL ADDRESS: Contact No. 0687 168326E-mail: Leanapharmacy@gmail.com

OWNERSHIP:

Directors (Names): 1. LEOCAROLUS A. MASAGA Qualification:

2. LUCA MASAGA Qualification: PHARMACEUTICAL TECHNICIAN

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: MAGENI MAGEURIE PIN: 0100786Residential Address: RAWEKAMO Tel: 0786375151 Email: Contract commencement date: 1/08/2024 Cessation date: 30/07/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 46 Street: KIRUMBA KATI Ward KIRUMBADistrict/Municipal: ILEMELA Region: MWANZAPOSTAL ADDRESS: CONTACT No. 0687 168326

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Lucas Masaga Qualification: Pharmaceutical technician
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. Assigning M.Q. Lucas G. Masaga to operate business.
2.

SECTION D: APPLICANT INFORMATIONName of Applicant: LEOCARLOS A. MASAGA

(Contact/email if different from the above)

Address: Box 660 Tel: 0754423205 E-mail: Masaga.Luke@yahoo.comSignature of Applicant: [Signature] Date: 23/07/2025**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: [Signature] Date: 23/07/2025**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)



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 121-201-011

ILEMELA MUNICIPAL COUNCIL

NYAMHONGOLO

735

MWANZA

Tax Certificate Number:

261-0244-6163

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 10 July 2025

Expiry Date: 31 December 2025

Taxpayer Name	LEANA PHARMACY		
Trading Name	LEANA PHARMACY		
Taxpayer Identification Number	186-279-182	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MWANZA,

DISTRICT : ILEMELA,

STREET : Kirumba Kati

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 Other activities of human health

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

10 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.

MKATABA WA UPANGAJI

Mkataba huu umefungwa leo tarehe 08 mwezi 10 mwaka 2024

KATI YA

Ndugu ZAYNAB ABIDULLAH wa s.l.p (ambaye katika mkatana huu atajulikana kama "MWENYE NYUMBA") kwa upande mmoja.

NA

Ndugu LEOCARDIUS A. MASAGA wa s.l.p 660 (ambaye katika mkatana huu atajulikana kama "MPANGAJI") kwa upande mwingine.

KWA PAMOJA WAMEKUBALIANA KAMA IFUATAVYO:-

1. Kwamba mpangaji anapanga chumba cha biashara / kuishi kilichopo katika PLOT NO. 46 KITALU BLOCK "A VI" kwenye nyumba iliyopo Kirumba Wilaya ya Ilemela Jijini Mwanza. Kwa kipindi cha Mwaka Mmoja (1)..... kuanzia leo tarehe 08/10/2024..... Hadi tarehe 08/10/2025.....
2. Mpangaji atamlipa mwenye nyumba kiasi cha shilingi tu (1,500,000/= MILIONI MOJA LA KATANO) kama kodi ya pango.
3. Ni jukumu la mpangaji kuhakikisha analipa bili ya umeme na maji kwa kila mwezi kwa kadri atakavyo tumia.
4. Ni jukumu la mpangaji kuhakikisha kuwa anatunza mazingira ya chumba husika kwa kufanya usafi wa nje na ndani na kukitunza chumba kama alivyokabidhiwa.
5. Kwamba mpangaji haruhusiwi kupangisha chumba hicho kwa mtu mwingine bila ruhusa ya mwenye nyumba.
6. Kwamba uharibufu wowote utakaotokea kwa kusababishwa na mpangaji mwenyewe gharama za matengenezo zitakuwa ni juu yake.
7. Kwamba mpangaji anatakiwa kutoa taarifa mwezi mmoja kabla ya kipindi cha mkataba kuisha, ikiwa atapenda kuendelea kuwa mpangaji wa chumba hicho kwa awamu nyingine tena.


Biashara ya pombe hairuhusiwa.

9. Mwenye nyumba na mpangaji wote wamekubaliana kwamba hakuna yeyote kati yao atakaekiuka na kuvunja mkataba bila sababu nyeti kisheria aidha atawajibika katika gharama na hasara zitakazo tokea kwa ajili ya kuvunja mkataba huu.

KWA USHUHUDA: pande zote wanaohusika wameweka saini zao kwa namna ilivyo hapa chini.

MPANGISHAJI

JINA ZAYNAB ABDULLAH

SAINI 

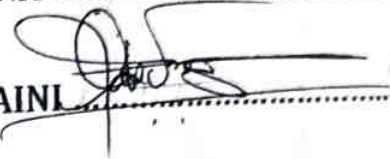
SAHIDI WA MPANGISHAJI

JINA

SAINI


MPANGAJI

JINA LEONARDUS A. MASAGA

SAINI 

SAHIDI WA MPANGAJI

JINA Lues Masaga

SAINI 

PARTNERSHIP DEED

THIS PARTNERSHIP DEED is made at MWANZA on this 19 day of 06, 2025

BETWEEN

LEOCARDIUS ANACLETUS MASAGA of MWANZA (hereinafter referred to as a **FIRST PARTNER**) on the one part

AND

LUCAS GUNZE MASAGA of MWANZA (hereinafter referred to as a **SECOND PARTNER**) on the other part

WHEREAS Partners are hereby agreed to be bound by terms provided under this Partnership Deed as follow:

1. **PARTNERSHIP NAME:**

The name of the partnership business will be **LEANA PHARMACY**.

2. **PLACE OF BUSINESS:**

The place of business of partnership shall be in Mwanza Region.

3. **BUSINESS OF THE PARTNERSHIP:**

The business of the partnership shall be:

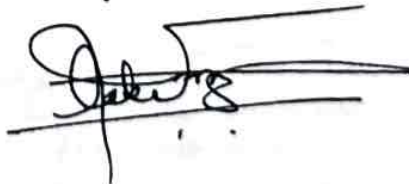
(a) Pharmaceutical Activities.

4. **CAPITAL:**

The partnership business will be funded through contributions from both partners which is TZS 3,000,000 (Three million Tanzania Shillings). The First Partner, **Mr. LEOCARDIUS ANACLETUS MASAGA**, will provide 50% of the capital, while the Second Partner, **Mr. LUCAS GUNZE MASAGA** will contribute 50% of the capital, respectively.

5. **MANAGEMENT OF THE PARTNERSHIP:**

Both partners will have equal authority in managing the partnership business, and they will work together to make decisions that will help achieve the business's objectives. Both partners will be responsible for ensuring that the business runs smoothly and efficiently, and they will work collaboratively to ensure that all aspects of the business are functioning optimally. This includes activities such as financial management, inventory management, marketing, and



APPLICABLE LAW

That this Agreement shall be governed by, and construed in accordance with Tanzanian Laws and may be execute in counterparts, each of which shall be an original but all of which shall together constitute one and the same instrument

IN WITNESSETH WHEREOF the parties hereto have executed these presents on the day and date first above written.

Signed and Delivered at **MWANZA** by the said
LEOCARDIUS ANACLETUS MASAGA who is known /
Identified to me by
Who is known to me personally in my presence
this 19 day of 06 2025.


First Partner

Signed and Delivered at **MWANZA** by the said
LUCAS GUNZE MASAGA who is known
to me / Identified to me by
Who is known to me personally in my presence
this 19 day of 06 2025.


Second Partner

BEFORE ME

Signature: 

Name: **PROSPER JOSEPH SHAGINA**

Address: **P.O BOX 2082, MWANZA**

Qualification: **ADVOCATE, NOTARY PUBLIC & COMMISSIONER FOR OATHS.**





TANZANIA

Form 22



No. 561991

Certificate of Registration of Change

(Pursuant Section 14 of the Business Names (Registration) Act (Cap 213))

I HEREBY CERTIFY THAT the following change occurred on **19th** day of **JUNE TWO THOUSAND AND TWENTY FIVE** in the particulars registered in respect of **LEANA PHARMACY**:

1. **LUCAS GUNZE MASAGA - Joined;**
2. **LUCAS GUNZE MASAGA: Appointed to operate bank account;**

And this change was registered on the **19th** day of **JUNE TWO THOUSAND AND TWENTY FIVE**

GIVEN under my hand at Dar es Salaam this **19th** day of **JUNE TWO THOUSAND AND TWENTY FIVE**.



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.



JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19920716-33223-00001-27

JINA : LUCAS GUNZE

Given Name

JINA LA MWISHO : MASAGA

Last Name

TAREHE YA KUZALIWA : 16 JUL 1992

Date of Birth

JINSI : M

Sex

SANI:

Signature

MWISHO WA MATUMIZI : 21 MAY 2029

Expiry Date



JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD

19551209-33223-00001-24

IMA : LEOCARDIUS ANACLETUS
Given Name

JINA LA MWISIO : MASAGA
Last Name

TARHE YA KUZALIWA : 09 DEC 1955
Date of Birth


JINSI : M
Sex

SAWIA:
Signature

MWISHO WA MATUMBI : 21 MAY 2029
Expiry Date



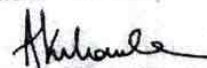
THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19551209332230000124

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwa kufanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwa kukulima. Kama jikipotea, au kuhambiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalizi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

This Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered 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



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

**LEANA PHARMACY
T/A LEANA PHARMACY**

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

186-279-182

WITH EFFECT FROM: 26TH JUNE 2025

TRA LOCATION: **MWANZA**

TAX OFFICE: **NYAMAGANA**

PHYSICAL LOCATION **PLOT 46**

STREET / AREA: **KIRUMBA KATI**



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

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



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925205351321689
Received from : LEANA 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 OWNSHIP		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16214205252314625529

Payment Control Number : 991620323414

Payment Date : 2025-07-24 15:11:46

Issued by : Beatuss Mpogoza

Date Issued : 2025-07-24 15:21:42

Signature :