

# Jamhuri ya Muungano wa Tanzania

# United Republic of Tanzania

# Pharmacy Council

#### Exchequer Receipt

# Stakabadhi ya Malipo ya Serikali

Receipt No

: 924190261791540

Received from

: KIUSA HOLLY 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 -

100,000.00

CHANGE OF NAME FEE

: 142202540104 - Application for

100,000.00

change of name/ ownership -

CHANGE OF OWNERSHIP FEE

Total Billed Amount :

200,000.00 (TZS)

Bill Reference

: 16209190242223336751

Payment Control Number : 991620257745

Payment Date

: 2024-07-08 17:47:04

Issued by

: Mohammed Ulombe

Date Issued

: 2024-08-14 13:20:16

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

#### 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: KIUJA HOLLY PHARMATIN 0102732   |
| TYPE OF BUSINESS: Retail Pharmacy  Wholesale Pharmacy  Warehouse   |
| PHYSICAL ADDRESS: Plot No. 9. KIJALU B. Street: KIUJA Ward. KIUJA.  District/Municipal. MOJHI - MINI Region: KILIMANJARO  POSTAL ADDRESS: P. O. BOX 9560 Contact. No. 0657682833  E-mail: holypha/may/2@gmail. com |
| OWNERSHIP: Directors (Names): 1. FRANK FRANCIS Qualification: C. E. O.  Qualification: Qualification:  |
| SUPERINTENDANT INFORMATION:  Full Name: ERICA YUJO BISAYA PIN: 0103247  Residential Address: MWANGA-KILINAME: 067918984 Email: 200944 Tobisayo Contract commencement date: 26,04,2024 Cessation date 26,04,2025    |
| SECTION B: PROPOSED CHANGES:  NAME OF THE NEW PREMISES: KIUSA HOLLY PHARMACY LIMITED.  TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse  |
| PHYSICAL ADDRESS:  Plot No. 9 KITALUB Street KIUSA Ward KIUSA  District/Municipal NOSHI-MSINI Region KILIMANSARD  POSTAL ADDRESS: P. 0. BOX 9560 CONTACT No. 065768 2853   |

| NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)   |
|---|
| Directors (Names):  1. FRANK FRANCU Qualification: CED  |
| 2 JEJCA ASSENGA Qualification: MANAGER  |
| 3 KLLVIN ELIAS Qualification: SECRETARY   |
| O. W. Mariana   |
| SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)  |
| Full Name: ERICA YUJTO BIJAYA PIN: 0103247  |
| Residential Address: MWANTA-KILINATE B6791898 Email: encymbricy a Comail . C  |
| Contract commencement date: 26.04, 2024 Cessation date 26.04, 2025  |
| SECTION C: REASON(S) FOR PARTICULAR ALTERATION  |
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| business to marker Lumber.  |
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|   |
| 2.  |
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| SECTION D: APPLICANT INFORMATION  |
| Name of Applicant: FRANK FRANCIJ PATRICK  |
| (Contact/email if different from the above)   |
| Address: P. D. BOX 9560 Tel: 065/6228 E-mail: Frank prancy 115@gmail. Com   |
| (Contact/email if different from the above)  Address: P. D. BOX 9560 Tel: 0657612153 E-mail: Frank trancul 156gmail. Com  Signature of Applicant. F. F. Patrick Date 05-07-2024 |
|   |
| 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 F. F. Patrick Date 05-07-2024   |
| Signature of Applicant 1  |
| 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)

#### PHARMACY COUNCIL



# PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102732

This is to certify that the premises owned by M/S Kiusa Holly Pharmacy of P.O Box 9560 Moshi, Kilimanjaro located at Kiusa Street, Moshi mjini Municipality/District in Kilimanjaro Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102732

Issued in: August 2023

Expires on: 29 June 2028

16-08-2023

DATE:

SIGNATURE OF REGISTRAR AND STAMP

#### CONDITIONS

- The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
- Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
  This certificate is non transferable to other premises or to any other person
  Both certificate and business permit shall be displayed conspicuously in the registered premises



#### PHARMACY COUNCIL



#### PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02732-2024

This Permit is hereby granted to M/S Kiusa Holly Pharmacy of P.O Box 9560 Moshi, Kilimanjaro to operate a Retail Only Business at the premises situated/lying between Kiusa Street, Moshi mjini Municipality/District in Kilimanjaro Region with Facility Identification Number (FIN) 0102732 under a superintendent Pharmacist Erica Yusto Bisaya with Personal Identification Number (PIN) 0103247

Issued in: August 2023

Expires on: 30 June 2025

26-07-2024

DATE:

SIGNATURE OF REGISTRAR

#### CONDITIONS

- 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
- The nature of conducting business shall conform to the category of pharmacist business registered This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises."
- When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises
  Registration Certificate and Business Permit
  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



| ψ          | (4)  | ψ   | <u> </u>   | Q                                       | Q  | 0                     | ψ.   | Q                                       | <u></u>  |
|------------|--|---|--|---|--|-----------------------|--|---|--|
| <b>©</b>   |  |   |  |   |  |                       | Colonia Paris<br>Colonia Santa<br>Colonia Santa<br>Co |   | (Q)  |
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| 0          |  | TAX CLEARANCE CERTIFICATE (Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016) |  |   |  |                       |  |   |  |
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| <b>(</b> ) |  |   |  |   |  |                       |  |   | 0  |
|            | Licencing Author   | ity: TIN: 10  | 1-556-832  |   |  | Tax Certificate       |  |   |  |
|            | MOSHI MUNICIE  |   |  |   |  | 201-02                | 08-7368  |   |  |
| 0          | MAWENZI  | AL OCCINOIL   |  |   |  | Issuing Office:       | Kilimanja  | ro                                      | (0)  |
|            | 318  |   |  |   |  | Telephone:            | 027 2755   | 5074                                    |  |
|            | MOSHI  |   |  |   |  | Date of issue:        |  |   |  |
| 0          |  |   | - war to the constraint of the | *************************************** |  | Expiry Date:          | 31 Decen   | nber 2024                               | 0  |
|            | Taxpayer Name  |   | KIUSA HO   | DLLY PHAI                               | RMACY LIMI   | TED                   |  | **************************************  | 7  |
|            | Trading Name   |   |  |   | esaturgulus erifi del Assantino dela Assantino del Assantino del Assantino del Assantino del Assanti |                       |  |   |  |
| <b>(1)</b> | Taxpayer Identifica  |   | 172-019-7  | 65                                      | Vat Regist   | ration Number         |  |   |  |
| Q          | Company Registra   |   |  | 4                                       |  |                       |  |   | (4   |
| <u>@</u>   | Business Premise<br>REGION : KILIMA<br>DISTRICT : MOSI<br>STREET : KIUSA | NJARO,  |  |   |  |                       |  |   | (4)  |
| aes        | This is to certify th  | at the above re   | gistered Tax   | payer has                               | complied with  | tax laws and has      | been grante  | ed Tax                                  | 8  |
|            | Clearance Certific   | sional, scientific  |  |   |  |                       |  |   | $\neg$   |
| <b>(</b> ) |  | dental practice   |  | *************************************** |  |                       | , i  |   | 1 ,  |
| 1          | 3 Hospital activ   | rities  |  |   |  |                       |  |   | - 4  |
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| (1)        |  | со  |  |   | MESTIC RE  | VENUĖ                 |  |   | Q  |
|            |  |   |  | 03 July 20                              | )24  |                       |  | P4:                                     |  |
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|            |  |   |  |   |  |                       |  |   |  |
| (1)        |  |   |  |   |  |                       |  |   | Q  |
| Q          | Disclaimer :   |   |  |   |  |                       |  |   |  |
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| 9          | This certificate     This certificate                                    | e should be ter   | dered in its o   | reclude the                             | e Commissio  | id only if it is embo |  |   | g  |



\*

# KADI YA MIPIGA KURA

Jina Kamili - Full Name KELVIN E ASSENGA Tarehe ya Kuzaliwa - Date of Birth 01-08-1998

Jimsi - Sex

Kata - Ward

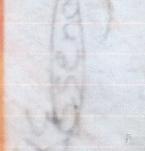
Mtaa/Kijiji - Street/Villag

Kituo cha Kuandikisha - Registration Centre KCMC



Namba ya Mpiga Kura







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J.



# **TANZANIA**



# Certificate of Incorporation of a Company

Section 15

No: 172019765

I HEREBY CERTIFY THAT

#### KIUSA HOLLY PHARMACY LIMITED

is this day incorporated under the Companies Act, 2002 and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this 7th day of FEBRUARY TWO THOUSAND AND TWENTY FOUR.



Sister

PRINC ASST. REGISTRAR OF COMPANIES

COMPANIES ACT (CAP. 212)

## **COMPANY LIMITED BY SHARES**

# MEMORANDUM AND ARTICLES OF ASSOCIATION

OF

## **KIUSA HOLLY PHARMACY LIMITED**

Drawn by;
KELVIN ELIAS ASSENGA (Subscriber),
P. O. BOX 4690,
DAR ES SALAAM.
kelvinassenga64@gmail.com

# COMPANIES ACT (CAP. 212) COMPANY LIMITED BY SHARES

# MEMORANDUM OF ASSOCIATION OF KIUSA HOLLY PHARMACY LIMITED

- 1. The name of the Company is KIUSA HOLLY PHARMACY LIMITED
- 2. The registered office of the Company will be situated in Tanzania.
- 3. The objects to be pursued by the company on its incorporation are:
  - a) To acquire and take over the business now carried on under the name and style of KIUSA HOLLY PHARMACY together with all its assets and liabilities.
  - b) To carry on the business of buying, selling, reselling, importing, exporting, transporting, storing, developing, promoting, marketing or supplying, trading, and dealing in any manner whatsoever in all type of goods and services on retail as well as on wholesale basis in Tanzania or abroad.
  - c) To carry on the business as manufacturers, dealers, job workers, processors, Sellers, retailer, buyers, wholesalers, importers, exporters in pharmaceuticals, pharmaceutical-fine-Chemicals, pharmaceutical products, bulkdrugs, intermediates, medicines, allopothic, ayurvedic, homeopathic, unani, patent medicines, lotions, cosmetics, formulations, pills, injection, tablets, capsules, ointments, palsma, biological products biotechnological products monoclonal antibodies, genetic, engineering products, tissue culture products, herbs, cosmetics, toiletries and to carry on the business of vialling, bottling, repacking, processing of capsules, syrups, tablets and ointments
  - d) To develop, establish, maintain and aid in the development, establishment and maintenance of laboratories, research stations, containment facilities and programmes for the purpose of effecting improvement of all kinds of pharmaceuticals, Ayurvedic and Unani products, biotech products in medicine, animal feeds and to develop new biotech, pharmaceutical and other areas of product lines useful in pharmaceutical, healthcare, medicine and industry and also to enter into Collaboration with various Indian/ foreign Companies in the field of research in order to meet global challenges and to Conduct National/International collaborative research in various pharma products, Ayurvedic and Unani products, curriculum and media development and to conduct study of ociological aspects of drug use and abuse and rural pharmacy, etc. including conducting programmes in pharmaceutical management

#### And it is hereby declared that;

The objects specified in each of the paragraphs of this cause shall be regarded as independent objects and accordingly shall in on way be limited of restricted (except where otherwise expressed in such paragraphs) by reference to or inference from the terms of any other paragraph of the name of the Company but may be carried out in as full and ample manner and construed in as wide sense as if each of the said paragraph define the objects of the separate and distinct compound.

- 4. The liability of the members is limited.
- 5. The share capital of the Company Tanzanian Shillings One Billion and three hundred million only (TZS 1,300,000,000) divided into One hundred thousand (130,000) ordinary shares of Tanzanian shillings Ten thousand (10,000/=) each, with such rights privileges or conditions as may be determined by or in accordance with the regulations of the Company, and to vary, modify or abrogate any such rights, privileges or conditions in such manner as may for the time being be provided by the regulations of the Company.

We, the several persons, whose names, address and descriptions are subscribed, are desirous of being formed into a Company in pursuance of this Memorandum of Association and we respectively agree to take the number of shares in the capital of the Company set opposite our respective names.

| Name and address of subscribers                              | Number of<br>shares<br>taken by<br>each<br>subscriber | Signatures of subscribers |
|--|---|---------------------------|
| 1. JESCA MSAFIRI ASSENGA P. O. BOX 9560 KILIMANJARO          | 52000   | Allenge,                  |
| P. O. BOX 9560 KILIMANJARO                                   | 52000   | Lime                      |
| 3. <b>KELVIN ELIAS ASSENGA</b> P. O. BOX 4690, DAR-ES-SALAAM | 26000   | Reson                     |

Dated at Kilimanjaro, this 12th Day of January 2024

| Witness to the above signature:     | uctor D                |
|-------------------------------------|------------------------|
|                                     | Box 1496 Mosti         |
| Signature: Adjurat                  | A DOWN                 |
| Postal Address: P.O. Box 1496 MOSHI | T                      |
| Qualifications: AD VO CHTE          | Commissioner for Oaths |