

## 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: KINTINKU PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. — Street: LUSILILE Ward: KINTINKUDistrict/Municipal: MANYONI Region: SINGIDAPOSTAL ADDRESS: KINTINKU MANYONI Contact No. 0742151281E-mail: willchibon@gmail.com

## OWNERSHIP:

Directors (Names): 1. WILLIAM CHIBOM Qualification: DIRECTOR2. — Qualification: —3. — Qualification: —

## SUPERINTENDANT INFORMATION:

Full Name: IRENE K. WILFRED PIN: 0103991Residential Address: P.O. BOX 06 MANYONI Tel: 078786713 Email: irene.wilfred0787@gmail.comContract commencement date: 01/05/2025 Cessation date: 01/05/2026

## SECTION B: PROPOSED CHANGES:

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

## PHYSICAL ADDRESS:

Plot No. — Street: LUSILILE Ward: KINTINKUDistrict/Municipal: MANYONI Region: SINGIDAPOSTAL ADDRESS: 06 CONTACT No. 0757451032

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

Directors (Names):

1. Pius Stephen Chaya Qualification: DIRECTOR

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. Transfer of ownership -

2.

## SECTION D: APPLICANT INFORMATION

Name of Applicant: Pius Stephen Chaya

(Contact/email if different from the above)

Address: OG NANYONI Tel: 0757451032 E-mail: pxchaya@gmail.com

Signature of Applicant: [Signature] Date: 23/June/2025

## SECTION E: APPLICANT DECLARATION

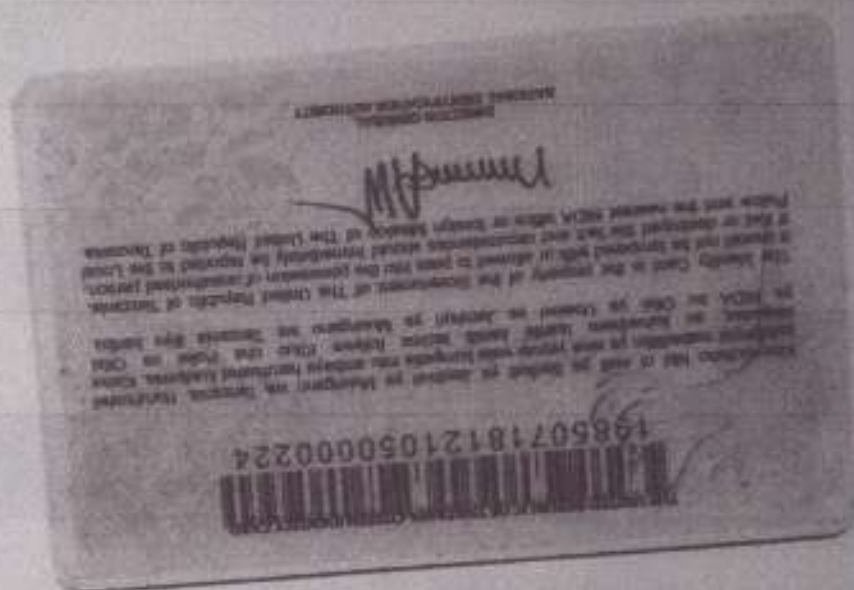
I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: [Signature] Date: 23/June/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)







ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

|                          |             |
|--------------------------|-------------|
| Licensing Authority: TRA | 103-056-932 |
| MANYONI DISTRICT COUNCIL |             |
| BCMA                     |             |
| 60                       |             |
| MANYONI                  |             |

|                         |                  |
|-------------------------|------------------|
| Tax Certificate Number: |                  |
| 21-006-2888             |                  |
| Issued Office           | Ngara            |
| Form of Issue           |                  |
| Form of Issue           | 22 March 2024    |
| Issue Date              | 31 December 2024 |

|                                |             |                         |  |
|--------------------------------|-------------|-------------------------|--|
| Taxpayer Name                  |             | WILLIAM PATRICK CHIBONI |  |
| Trading Name                   |             |                         |  |
| Taxpayer Identification Number | 118-041-127 | Vat Registration Number |  |
| Company Registration Number    |             |                         |  |
| Business Premises located at   |             |                         |  |
| REGION: DAR ES SALAAM          |             |                         |  |
| DISTRICT: CHAKE                |             |                         |  |
| STREET: Ngara                  |             |                         |  |

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 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores                                      |
| 2 | Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security |

  
Alfred I. Mngi  
COMMISSIONER FOR DOMESTIC REVENUE  
22 March 2024



## Disclaimer:

- This certificate is issued free of charge
- This certificate should be tendered in its original form and it is void only if it is accompanied with LRA Order
- This Tax Clearance Certificate shall not exonerate the Commissioner General from demand and recovering taxes established after issuance of this Certificate.

|    |    |    |     |
|----|----|----|-----|
| 1  | 2  | 3  | 4   |
| 5  | 6  | 7  | 8   |
| 9  | 10 | 11 | 12  |
| 13 | 14 | 15 | 16  |
| 17 | 18 | 19 | 20  |
| 21 | 22 | 23 | 24  |
| 25 | 26 | 27 | 28  |
| 29 | 30 | 31 | 32  |
| 33 | 34 | 35 | 36  |
| 37 | 38 | 39 | 40  |
| 41 | 42 | 43 | 44  |
| 45 | 46 | 47 | 48  |
| 49 | 50 | 51 | 52  |
| 53 | 54 | 55 | 56  |
| 57 | 58 | 59 | 60  |
| 61 | 62 | 63 | 64  |
| 65 | 66 | 67 | 68  |
| 69 | 70 | 71 | 72  |
| 73 | 74 | 75 | 76  |
| 77 | 78 | 79 | 80  |
| 81 | 82 | 83 | 84  |
| 85 | 86 | 87 | 88  |
| 89 | 90 | 91 | 92  |
| 93 | 94 | 95 | 96  |
| 97 | 98 | 99 | 100 |



TANZANIA



Extract date and time: 13/05/2025 17:13:56

Registration date and time: 21/08/2023 09:50:26

The Business Names (Registration) Act (Cap 213)

## Extract from Register

- |                                            |                                                                                                                |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1. Name of Business:                       | KINTINKU PHARMACY                                                                                              |
| 2. Registration number:                    | 551191                                                                                                         |
| 3. Principale Place of Business:           | Region Singida, District Manyoni, Ward Kintinku, Postal code 43407, OFFICE IS NEAR BY KINTINKU CATHOLIC CHURCH |
| 4. Contacts:                               | Email Willchibon@gmail.com, Phone 0620394899, P.O.Box 70739                                                    |
| 5. Business activity:                      | 8620 - Medical and dental practice activities, Main activity                                                   |
| 6. Propriator/Partners:                    | PIUS STEPHEN CHAYA                                                                                             |
| 7. Authorized to Operate Bank Account etc: | PIUS STEPHEN CHAYA                                                                                             |

*Deputy Registrar Business Names*

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA ([ors.brela.go.tz](https://ors.brela.go.tz)) for an up-to-date information regarding given Business Name.



TANZANIA

Form 22



No. 551191

## 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 13<sup>th</sup> day of MAY TWO THOUSAND AND TWENTY FIVE in the particulars registered in respect of KINTINKU PHARMACY:

1. PIUS STEPHEN CHAYA - Joined;  
WILLIAM PATRICK CHIBONI - Resigned
2. PIUS STEPHEN CHAYA: Appointed to operate bank account;  
WILLIAM PATRICK CHIBONI: Removed to operate bank account

And this change was registered on the 13<sup>th</sup> day of MAY TWO THOUSAND AND TWENTY FIVE

GIVEN under my hand at Dar es Salaam this 13<sup>th</sup> day of MAY 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.

## MKATABA WA UPANGAJI WA FLEMU YA BIASHARA

Mkataba wa upangishaji wa flemu ya biashara kwa mwezi mmoja ni  
Tshs. 140,000/= kwa hiyo kwa miezi 06 itakuwa Tshs  
840,000/= mkataba utanza Tarehe 1/5/2025 hadi  
01/11/2025 kuishia kwa mkataba huu.

Mkataba unapokaribia kuisha mpangaji anatakiwa kutoa taarifa siku kumi na tano kabla kuwa anaendelea na mkataba au anasitisha mkataba.

### **MASHARTI YA KUPANGA PANGO.**

1. Usafi katika eneo linalomzunguka yeye.
2. Nidhamu na kuheshimiana kati ya wapangaji wenzake na jamii pia.
3. Kutunza mazingira ya kuta na sehemu ya chumba cha pango, chochote kitakachokuwa kimeharibika mpangaji atapaswa kutengeneza kama alivyokabidhiwa mwanzo.
4. Kutokufuata kwa taratibu hizo kutapunguzia sifa mpangaji kustahili kuwa mpangaji.
5. Shughuli za upangaji zitaishia eneo la chumba
6. Ulinzi wa chumba na mali zilizoko ndani ni jukumu la mpangaji.
7. Gharama za umeme zitachangiwa na kila mpangaji kila mwezi

Mimi PIUS STEPHEN CHAYA nakubaliana na masharti haya na kuahidi kuyafuata kama tulinyokubaliana na mwenye nyumba.

- Jina na Saini ya mwenye nyumba  
STEPHEN BALTAR SHAMA Tarehe 1/05/2025
- Jina na Saini ya mpangaji  
PIUS STEPHEN CHAYA Tarehe 1/05/2025
- Jina na Sahihi ya shahidi wa mwenye nyumba  
PAULINA THEOPHILY NKANGOLA tarehe 01/05/2025
- Jina na saini ya shahidi wa mpangaji  
VALEN FAUSTIN CHAYA tarehe 01/05/2025

MKATABA HUU UMEFANYIKA LEO TAREHE 01/05/2025 /MTENDAJI WA  
KIJJI CHA LUSILILE

JINA ABDUL S. NKAMBI TAREHE 01/05/2025 SAINI Abdullah

MHURI

**MTENDAJI  
WA KIJJI CHA LUSILILE**

MAKUBALIANO YA KUUZIANA BIASHARA YA DAWA NA  
VIPODOZI FREMU YA DUKA VYUMBA VIWILI NYUMBA  
NAMBA..... KWA BALTAZAR SHANA

KATI YA

WILLIAM PATRICK CHIBONI

NA

PIUS STEPHEN CHAYA

IMETAYARISHWA NA:

WASONGA & CO. ADVOCATES,  
PLOT NO. 8 BLOCK "K" UHINDINI STREET,  
P.O.BOX 2550,  
DODOMA.

NAMBA ZA SIMU: 071345025.



MAKUBALIANO YA KUUZIANA BIASHARA YA DAWA NA  
VIPODOZI FREMU YA DUKA VYUMBA VIWILI NYUMBA  
NAMBA..... KWA BALTAZAR SHANA

Mkataba huu unafanyika leo... 15.....mwezi... APRIL...2025

KATI YA

**WILLIAM PATRICK CHIBONI** wa Sanduku La Posta 60 Kintinku,  
Tanzania, (ambaye katika Mkataba huu atajulikana kama "MUUZAJI"  
kwa upande mmoja).

NA

**PIUS STEHEN CHAYA** wa Sanduku la Posta 06  
MANYONI, Tanzania (ambaye katika Mkataba huu atajulikana kama  
"MNUNUZI" kwa upande mwingine).

**HIVYO BASI** pande zote mbili zinaweka masharti mbele ya  
Mwanasheria kama ifuatavyo:-

1. Kwamba, Muuzaji akiwa na akili timamu bila kushurutishwa na Mtu yeyote anakiri kuuza biashara yake ya madawa na vipodozi katika Duka lakela madawa lililopo Kintinku Wilaya ya Manyoni kwa thamani ya tshs. 5,000,000/=.
2. Kwamba, rekodi za malipo lazima ziwe kwenye maandishi na lazima kila mmoja awe na kumbu kumbu.
3. Kwamba katika mauziano haya Muuzaji atauza thamani ya Biashara yake kwa maana ya jina na vitu vyote vilivyomo ndani yake .Orodha ya vitu atapewa mnunuzi siku ya malipo ikifuatiwa na makubaliano.
4. Kwamba, kwa kushudia mkataba huu muuzaji anakubali kuuza jina la KINTINKU PHARMACY.
5. Kwamba, mara tu baada ya malipo mnunuzi atakabidhiwa eneo na nyaraka zifuatazo

a) Makubaliano ya Biashara ya Duka KINTINKU PHARMACY

b) Cheti cha Baraza la Femasia (PERMIT TO OPERATE  
BUSSINESS FOR PHARMACY)

c) Chumba cha biashara

Vyumba viwili Mmiliki wa eneo Mr.Shana



**MAKUBALIANO YA KUUZIANA BIASHARA YA DAWA NA  
VIPODOZI FREMU YA DUKA VYUMBA VIWILI NYUMBA  
NAMBA..... KWA BALTAZAR SHANA**

Mkataba huu unafanyika leo...15.....mwezi...APRIL...2025

**KATI YA**

**WILLIAM PATRICK CHIBONI** wa Sanduku La Posta 60 Kintinku, Tanzania, (ambaye katika Mkataba huu atajulikana kama **"MUUZAJI"** kwa upande mmoja).

**NA**

**PIUS STEHEN CHAYA** wa Sanduku la Posta 06 MANYONI, Tanzania (ambaye katika Mkataba huu atajulikana kama **"MNUNUZI"** kwa upande mwingine).

**HIVYO BASI** pande zote mbili zinaweka masharti mbele ya Mwanasheria kama ifuatavyo:-

1. Kwamba, Muuzaji akiwa na akili timamu bila kushurutishwa na Mtu yeyote anakiri kuuza biashara yake ya madawa na vipodozi katika Duka lakela madawa lililopo Kintinku Wilaya ya Manyoni kwa thamani ya tshs. 5,000,000/=.
2. Kwamba, rekodi za malipo lazima ziwe kwenye maandishi na lazima kila mmoja awe na kumbu kumbu.
3. Kwamba katika mauziano haya Muuzaji atauza thamani ya Biashara yake kwa maana ya jina na vitu vyote vilivyomo ndani yake .Orodha ya vitu atapewa mnunuzi siku ya malipo ikifuatiwa na makubaliano.
4. Kwamba, kwa kushudia mkataba huu muuzaji anakubali kuuza jina la KINTINKU PHARMACY.
5. Kwamba, mara tu baada ya malipo mnunuzi atakabidhiwa eneo na nyaraka zifuatazo

a) Cheti cha eneo b) Cheti cha KINTINKU PHARMACY

b) Cheti cha Baraza la Femasia (PERMIT TO OPERATE BUSSINESS FOR PHARMACY)

c) Chumba cha biashara

Vyumba viwili Mmiliki wa eneo Mr.Shana



6. Kwamba , malipo hayo ya Tshs.5,000,000/- pia yatafidia gharama za matengenezo na furniture zote.
7. Kwamba , muuzaji anaahidi kutotumia jina husika tena na pia hawezi kuwa mshindani wa karibu na eneo ambalo duka la Kintinku Pharmacy itafunguliwa.
8. Kwamba, Mkataba huu ni wa usiri na unalindwa na kusimamiwa na Sheria za Jamhuri ya Muungano wa Tanzania.

**HIVYO BASI** pande zote mbili zinatia saini katika tarehe, mwezi na mwaka kama inavyoonekana chini.

**UMESAINIWA na KUWASILISHWA na WILLIAM PATRICK CHIBONI**  
ambaye namfahamu binafsi/ametambulishwa  
na ..... leo hii tarehe  
15 mwezi April 2025

  
MUUZAJI



**SHAHIDI WA MUUZAJI**

SAINI.....  
JINA.....MACHELA  
ANUANI.....S.W.P.G.A.

**MBELE YA:**

SAINI.....  
SANDUKU LA POSTA: 2550  
DODOMA

**WADHIFA: WAKILI**

**UMESAINIWA na KUWASILISHWA na PIUS STEPHEN CHAYA**  
ambaye namfahamu binafsi/ametambulishwa  
na ..... leo hii tarehe  
15 mwezi April 2025

  
MNUNUZI



**SHAHIDI WA MNUNUZI**

SAINI.....  
JINA.....GODFREY AMWEL MWINA  
ANUANI.....0755 232116

**MBELE YA:**

SAINI.....  
SANDUKU LA POSTA: 2550  
DODOMA

**WADHIFA: WAKILI**

18 JUNI 2025

DODOMA.

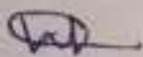
YAH: MAKUBALIANO YA KUUZIANA  
KINTINKU PHARMACY.

Sisi ambao majina yetu yapo hapo chini  
tunakubaliana kwa hiani yetu kuuziana  
Umiliki wa Kintinku Pharmacy ambayo  
ipo wilaya ya Manyoni, Kata ya  
Kintinku.

Tayari tarahibu zote za kubadili umiliki  
BRELA imefanyika na TRA wamestahab  
Tax clearance kwa umiliki kipa.

Kuuzaji.

Jina: WILLIAM PATRICK CHAGWA

Sahihi: 

Tarehe 18/6/2025

Simu: 0742151281.

Kuunzi

Jina: Pius Stephen Chagwa

Sahihi: 

Tarehe: 18/6/2025

Simu: 0757451032



# TANZANIA REVENUE AUTHORITY

## CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2011)

**THIS IS TO CERTIFY THAT**  
**PIUS STEPHEN CHAYA**

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

**111-177-341**

WITH EFFECT FROM: 09 November 2010

TRA LOCATION: DODOMA TAX OFFICE:

PHYSICAL LOCATION: PLOT No. 35 BLOCK No. D

STREET / AREA: NCUHUNGU WEST



ELIJAH G. MWANDUMBYA

COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

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



**TANZANIA REVENUE AUTHORITY**

**ISO 9001: 2015 CERTIFIED**

# **TAX CLEARANCE CERTIFICATE**

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

Licencing Authority, TIN : 103-068-932

MANYONI DISTRICT COUNCIL

BOMA

60

MANYONI

Tax Certificate Number:

**301-0241-7182**

Issuing Office: Singida

Telephone: 026 2502320

Date of issue: 10 June 2025

Expiry Date: 31 December 2025

|                                |                    |                         |  |
|--------------------------------|--------------------|-------------------------|--|
| Taxpayer Name                  | PIUS STEPHEN CHAYA |                         |  |
| Trading Name                   |                    |                         |  |
| Taxpayer Identification Number | 111-177-341        | Vat Registration Number |  |
| Company Registration Number    |                    |                         |  |

Business Premises located at :

REGION : SINGIDA,

DISTRICT : MANYONI,

STREET : Kintinku Nje

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 personal service activities n.e.c.

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

10 June 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.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925231358697170  
Received from : KINTINKU 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<br>change of name/ ownership -<br>CHANGE OF OWNESHIP |                     | 100,000.00       |
| Total Billed Amount :                                                                 |                     | 100,000.00 (TZS) |

Bill Reference : 16213231255348519069

Payment Control Number : 991620331191

Payment Date : 2025-08-19 14:51:09

Issued by : Zena Mango

Date Issued : 2025-08-19 15:03:33

Signature

*Alsan gita*