



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : **923247199987547**

Received from : **MKAZI BRAND 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 - 1		<b>100,000.00</b>

**Total Billed Amount : 100,000.00 (TZS)**

Bill Reference : **16212247233446488127**

Payment Control Number : **991620215295**

Payment Date : **2023-09-04 12:37:55**

Issued by : **Zena Mango**

Date Issued : **2023-09-04 12:40:02**

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

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: MKANU BRAND FIN: 0102631

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 4 Street: Moyo Ward: Mkongu

District/Municipal: ILALA Region: DAR ES SALAAM

POSTAL ADDRESS: 62468 Contact. No. 0656566491

E-mail: mkanubrand@gmail.com

OWNERSHIP:

Directors (Names): 1. NEBATH E. MANARE Qualification: Pharm tech

2. .... Qualification: .....

3. .... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: EDGAR K. ALI PIN: 0102923

Residential Address: Yumbo mbeke Tel: 075450360 Email: edgarally@gmail.com

Contract commencement date: 01/04/2023 Cessation date: 01/04/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MKANU BRAND

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 4 Street: Moyo Ward: Mkongu

District/Municipal: ILALA Region: .....

POSTAL ADDRESS: 62468 CONTACT. No. 0656566491



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

Directors (Names):

1. Paul F. Ntong Qualification: Business
2. .... Qualification: .....
3. .... Qualification: .....

**SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)**

Full Name: EDGAR E. ALLEY PIN: 0102723

Residential Address: Yombo Ntong Tel: 075450160 Email: edgaralley@gmail.com

Contract commencement date: 01/04/2023 Cessation date: 01/04/2024

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

1. Transfer to another pharmacy
2. ....
3. ....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: Paul Edouard Ntong

(Contact/email if different from the above)

Address: Yombo Ntong Tel: 068886491 E-mail: mekintandegant.com

Signature of Applicant: [Signature] Date: 04/09/2023

**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: 04/09/2023

**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)

## MKATABA WA KUPANGA FREMU

Mkataba huu umefanyika BAINA ya Self Yusuf Mtembe ambaye  
katika mkataba huu ataitwa MWENYE NYUMBA kwa upande mmoja na  
Paul Nziro ambaye katika mkataba huu ataitwa  
MPANGAJI kwa upande mwingine. Ambapo imekubaliwa na kushuhudiwa  
ifuatavyo:-

Imekubaliwa na Mwenye nyumba na Mpangaji kwamba Mwenye nyumba atampangisha  
na Mpangaji atapanga Fremu ya biashara katika Nyumba No 94 iliyoko Mwanambao  
Mtaa wa Moyo Kata ya Ukanga Wilaya Irati Mkoa DKN

Muda wa Mkataba utakuwa ni miezi 12 ambapo pande zote mbili  
zikikubaliana Mkataba unaweza kufanywa mwingine baada ya huu kumalizika. Mkataba  
huu utanza kutumika tarehe 1/09/2023 Kodi ya pango ni Tshs. 100,000 Kwa  
mwezi na imekubalika kwamba kodi italipwa kwa Ar. 100,000

Mpangaji atatakiwa wakati wote kuwa na mahusiano mazuri na Wapangaji wengine,  
majirani wanao zunguka nyumba anamopanga.

Mwenye nyumba atakuwa na haki ya kufuta mkataba huu endapo Mpangaji atafanya  
matumizi mabaya na ya kinyume cha Sheria za Nchi katika fremu ya biashara  
anayopanga.

Mkataba huu utakwisha tarehe 01/09/2024 Hata hivyo pande zote  
zinaweza kuafikiana kuvunja Mkataba kabla ya tarehe ya mwisho iwapo upande mmoja  
utatoa notisi ya miezi mitatu kabla ukitoa sababu za kusitisha Mkataba huu.

### UMESAINIWA NA:-

Ndugu Self Yusuf Mtembe

Paul Nziro MWENYE NYUMBA

Ndugu Paul Nziro

Self Yusuf Mtembe MPANGAJI

Ndugu Carson Kombe

Carson Kombe SHAHIDI

## MEMORANDUM OF UNDERSTANDING.

I NEBATH -E. MANASE With Personal Identification Number (PIN) 0406503 of Year 2023, residing at Tombo wuka district, in TENKE Region Hereby Declare that:

I am no longer a Sole proprietor/shareholder of pharmaceutical business named MKAZI BRAND PHA, with Facility Identification Number (FIN) 0102631 Of year 2023, located at UKONGA District ILALA Region with Business Identification Number (TIN) 119-566-959

I shall not be responsible and liable for being subjected from Date 28/08/2023, therefore leave ownership to PAUL F. Ntsh, Address Tombo wuka Tel: 0658566491 E-mail: ntshimani@gmail.com

Name: NEBATH -E. MANASE

Phone: 0715467106/0742427106

Signature: N. E. Manase

Date: 28/08/2023

Name: PAUL F. Ntsh

Phone: 0658566491

Signature: P

Date: 28/08/2023



**TANZANIA REVENUE AUTHORITY**

**ISO 9001: 2015 CERTIFIED**

# **TAX CLEARANCE CERTIFICATE**

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

Licencing Authority; TIN : 133-591-451

HALMASHAURI YA MANISPAA YA UBUNGO

KIBAMBA

55068

DAR ES SALAAM

Tax Certificate Number:

**131-0171-1207**

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 15 June 2023

Expiry Date: 31 December 2023

Taxpayer Name	PAUL FORTUNATUS NZOTA		
Trading Name	MKAZI STUDIOS		
Taxpayer Identification Number	119-566-959	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : DAR ES SALAAM,

DISTRICT : KINONDONI,

STREET : MABIBO MWANANCH-NEAR VENUS BAR

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	Short term accommodation activities
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**HERBERT M.T. KABYEMELA**  
**COMMISSIONER FOR DOMESTIC REVENUE**

15 June 2023



**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.





TANZANIA

Form 5



No. 536213

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **MKAZIBRAND PHARMACY** this **23<sup>rd</sup>** day of **FEBRUARY** year **2023** 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 **536213** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this **23<sup>rd</sup>** day of **FEBRUARY** **TWO THOUSAND AND TWENTY THREE**.



*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.



TANZANIA



Extract date and time: 23/02/2023 16:29:09

Registration date and time: 23/02/2023 16:29:08

The Business Names (Registration) Act (Cap 213)

## Extract from Register

1. **Name of Business:** mkazibrand pharmacy
2. **Registration number:** 536213
3. **Principale Place of Business:** Region Dar Es Salaam, District Ilala, Ward Ukonga, Postal code 12107, NJIA PANDA SEGEREA NEAR MINAZI MIREFU SECONDARY SCHOOL
4. **Contacts:** Email mkazibrand@gmail.com, Phone 255656566491, P.O.Box 62468
5. **Business activity:** 8690 - Other human health activities, Main activity
6. **Propriator/Partners:** PAUL FORTUNATUS NZOTA
7. **Authorized to Operate Bank Account etc:** PAUL FORTUNATUS NZOTA  
PAUL FORTUNATUS NZOTA

*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



**DRIVING LICENCE**  
THE UNITED REPUBLIC OF TANZANIA

1 Family name  
**NZOTA**

2 Given names  
**PAUL FORTUNATUS**

3 Date of birth  
**28/08/1991**

4a Date of issue  
**13/12/2021**

4b Date of expiry  
**13/11/2026**

4c Issuing authority  
**TANZANIA REVENUE AUTHORITY**

8 Permanent place of residence  
**Dar es Salaam**

9 Categories of Vehicles  
**A B D E**

7 Signature

5 Licence number  
**4001299883**

9. Categories of vehicles 10. Date of issue 11. Date of expiry

Category	Icon	Date of issue	Date of expiry
A		13/11/2018	13/11/2026
A1			
A2			
A3			
B		13/11/2018	13/11/2026
C			
C1			
C2			
C3			
D		13/11/2018	13/11/2026
E		10/12/2021	13/11/2026
F			
G			

DRIVING LICENCE 0300629012

4001299883

# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

**FIN: 0102631**

This is to certify that the premises owned by M/S Mkazi Brand Pharmacy of P.O.Box 62468, Dar es Salaam located at Mogo Street, Ukonga, 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) 0102631

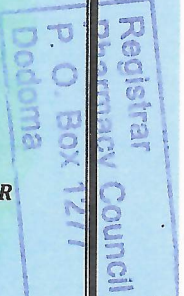
Issued in: May 2023

Expires on: 29 June 2028

06-06-2023

DATE:

SIGNATURE OF REGISTRAR  
AND STAMP



### 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

