Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925119327611465**
Received from	: NUNU 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 - 1*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16215119254959143240
Payment Control Number	**: *991620303494***
Payment Date	**: 2025-04-29 15:52:41**
Issued by	: Zena Mango
Date Issued	: 2025-04-29 16:01:40
Signature	: .....

99162030349 4

Alipie 200,000/=

PCF.14

Apewe contr
Number
E.E.T.L
29/4/202

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: NUNU PHARMACY FIN 0103325

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

PHYSICAL ADDRESS:

Plot No. ~~20~~ 413 Street: G/MBOTO

District/Municipal ILALA Ward ~~ILALA~~ UKONGA

POSTAL ADDRESS: Region: DAR-ES-SALAAM

E-mail: twalibymussa@gmail.com Contact. No. 0658-335569

OWNERSHIP:

Directors (Names): 1. TWALIB · R·MUSSA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: WISDOM J MSHANGA PIN: 0103110

Residential Address: ..... Tel: 0624-398012 Email: judicialwisdom@gmail.com

Contract commencement date: 13/03/2025 Cessation date 13/03/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: BIG PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 413 Street G/MBOTO Ward UKONGA

District/Municipal ILALA Region DAR-ES-SALAAM

POSTAL ADDRESS: ..... CONTACT. No. 0658-335569

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

Directors (Names):

1. HUSEN M HASAN Qualification: PHARMACEUTICAL TECHNICIAN
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: .....

Residential Address: ..... PIN: .....

Contract commencement date: ..... Tel: ..... Email: .....

Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. FAILURE TO OPERATE BY PREVIOUS OWNER.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: HUSEN M HASAN

(Contact/email if different from the above)

Address: 9/MR07o Tel: 0658-335569 E-mail: huuenhassan255@gmail.com

Signature of Applicant..... Date 29/04/2025

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..... Date 29/04/2025

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 : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SALAAM

Tax Certificate Number: **121-0216-4159**

Issuing Office: Ilala
Telephone: 022-2863190
Date of issue: 24 September 2024
Expiry Date: 31 December 2024

Taxpayer Name	**TWALIB RASHID MUSSA**		
Trading Name			
Taxpayer Identification Number	**119-003-083**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : Gongo la Mboto

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	DUKA LA DAWA
2	Activity for Non Business Purposes
3	Other personal service activities n.e.c.

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
24 September 2024

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 KUPANGISHA FREMU

Mkataba huu ni wa pande zote mbili kati ya BW/BI FIDELIS TWEVE Na HUSEN M HASAN mpangaji, Kwa gharama ya Tsh 100,000/= kwa mwezi/miezi/~~mwaka~~ 6 jumla ya miezi aliyotoa ni Tsh 600,000/= Mkataba huu unaanza leo tarehe 02/02/2025 mpaka tarehe 02/08/2025

MASHARTI

1. Bill za umeme zilipwe kulingana na matumizi ya kila mwezi
2. Mpangaji atakabidhiwa ufunguo baada ya kulipa kodi aliyokubaliana na mwenye fremu
3. Mpangaji anatakiwa kushirikiana vyema na wenzake kwenye kulipa umeme
4. Hairuhusiwi kumpangisha au kumwachia chumba mtu mwingine bila idhini ya mwenye chumba
5. Mpangaji atalazimika kulipa kitu chochote kitakachoharibika kwa uzembe wake.
6. Mpangaji anatakiwa kulipa umeme bila usumbufu wowote kwa kushirkiana na wenzake
7. Mpangaji anawajibika kuomba upya uhalali wa kuendelea na chumba kabla ya wiki mbili kuisha kwa mkataba wake wa awali
8. Kodi ikiisha unatakiwa kulipa kwa wakati kutokana na mkataba ulivyosema au kama kuna changamoto yoyote unatakiwa kumjulisha mwenye fremu kabla ya tarehe ya mkataba kuisha.

USITISHAJI WA MKATABA

- Endapo mpangaji atakiuka masharti yaliyoainishwa hapo juu basi mkataba unaweza kukatishwa mara moja.

Mimi ndugu. HUSEN HASAN nimesoma na kuyaelewa masharti ya fremu, Naahidi kuyafata na kuyatekeleza

Saini ya mwenye nyumba _____

Saini ya shahidi ya mwenyechumba _____

Saini ya mpangaji _____

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19950830-12107-00002-20

JINA : HUSSEIN MOHAMED
Given Name

JINA LA MWISHO : HASSAN
Last Name

TAREHE YA KUZALIWA : 30 AUG 1995
Date of Birth

JINSI : M
Sex

SAINI:
Signature

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19950830121070000220

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanya mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea au kuharibiwa taarifa kamili lazima itolewe Kwa cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu

The 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

MKATABA WA MAUZIANO YA DUKA LA DAWA (PHARMACY)

Mkataba huu umetayarishwa leo tarehe 13/03/2025

KATI YA:

TWALIB RASHID MUSSA, wa mtaa wa Gongo la Mboto, Kata ya Ukonga, Wilaya ya Ilala, Mkoa wa Dar es Salaam, namba ya simu **0754 301119** (ambaye atajulikana kwenye mkataba huu kama "MUUZAJI"),

NA

HUSSEIN MOHAMED HASSAN, wa mtaa wa Gongo la Mboto, Kata ya Ukonga, Wilaya ya Ilala, Mkoa wa Dar es Salaam, namba ya simu **0658 335569** (ambaye atajulikana kwenye mkataba huu kama "MNUNUZI").

KWAMBA MUUZAJI ni Mmiliki halali wa Pharmacy (duka la dawa) ambalo utambulisho wake ni kama ifuatavyo:

DUKA LA DAWA LIITWALO NUNU PHARMACY LENYE USAJILI/ FIN: 0103149 AMBALO LIPO MTAA WA GONGO LA MBOTO, KATA YA UKONGA, WILAYA YA ILALA, MKOA WA DAR ES SALAAM.

KWAMBA MUUZAJI anataka kuuza duka hilo kwa **MNUNUZI** na mnunuzi anakubali kulinunua kwa kuzingatia masharti yafuatayo:

Mkataba huu unashuhudia makubaliano yafuatayo:

1. Duka la dawa (pharmacy) linauzwa kwa bei ya **Shilingi MILIONI SABA (7,000,000/=)**.
2. Katika kutekeleza mkataba huu, mnunuzi atamlipa muuzaji pesa zote zilizoainishwa mara baada ya kutiwa saini na pande zote mbili.
3. Mara baada ya mnunuzi kumaliza malipo yote, muuzaji atamkabidhi duka hilo pamoja na hati zote za umiliki.
4. Muuzaji atamfidia mnunuzi endapo kutatokea matatizo yoyote ya umiliki au migogoro ya kisheria baada ya mauziano.
5. Mkataba huu utafanyika kwa kuzingatia sheria za Jamhuri ya Muungano wa Tanzania.

KWA USHUHUDA NA UTHIBITISHO, mkataba huu umewekwa sahihi na wahusika kama inavyoonyeshwa hapa chini:

UMESAINIWA NA KUPOKEWA NA:
TWALIB RASHID MUSSA
Sahihi: _____
(MUUZAJI)

Mbele ya:
Jina: ARCHIBALD A. KIWANGO
Anwani: S.L.P 6142, MOROGORO
Kazi yake: WAKILI
Saini: _____

ARCHIBALD A. KIWANGO
ADVOCATE
NOTARY PUBLIC
&
COMMISSIONER
FOR OATHS
P.O. Box 6142, MOROGORO

UMESAINIWA NA KUPOKEWA NA:
HUSSEIN MOHAMED HASSAN
Sahihi: _____
(MNUNUZI)

Mbele ya:
Jina: ARCHIBALD A. KIWANGO
Anwani: S.L.P 6142
Kazi yake: WAKILI
Saini: _____

ARCHIBALD A. KIWANGO
ADVOCATE
NOTARY PUBLIC
&
COMMISSIONER
FOR OATHS
P.O. Box 6142, MOROGORO

UMETAYARISHWA NA:
Jina: ARCHIBALD A. KIWANGO
Anwani: S.L.P 6142 MOROGORO
Kazi yake: WAKILI
Saini: _____

ARCHIBALD A. KIWANGO
ADVOCATE
NOTARY PUBLIC
&
COMMISSIONER
FOR OATHS
P.O. Box 6142, MOROGORO

PCF.20

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☐ Pharm. Technician ☑ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☑

I HUSEN M HASAN with Personal Identification Number (PIN) 040424/4 of Year 2019, residing at ILALA district, in DAR-ES-SALAAM Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named _____, with Facility Identification Number (FIN) _____ of year _____, located at ILALA District, DAR-ES-SALAAM Region with a Business Tax Identification Number (TIN) 163-629-038 **(TIN Certificate to be attached)*****.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0658-335569 Email Address: husenhassan255@gmail.com

Signature: _____ Date: _____

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy. In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**