



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 :

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

991620303494

Alipie 200,000/=

PHARMACY COUNCIL



PCF.14

 Apewe contr
 Number
 E.B.7.1h
 29/4/202

 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. 413 Street: G/MOTO Ward: HATA UKONGA

District/Municipal: ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: twalibymussa@gmail.com Contact No. 0658-335569

E-mail: twalibymussa@gmail.com

OWNERSHIP:

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

SUPERINTENDANT INFORMATION:

Full Name: WISDOM IMSHANGA PIN: 0103110

Residential Address: Tel: 0624-398012 Email: judicalwisdom@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/MOTO 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: H PIN:
Residential Address: Tel: Email:
Contract commencement date: 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: Q/MAROT Tel: 0658-335569 E-mail: husenhasan255@gmail.com
Signature of Applicant: [Signature] Date: 29/04/2015

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: 29/04/2015

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

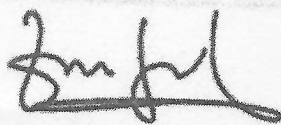
Expiry Date: 31 December 2024

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

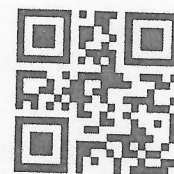
Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : Gongo la Mboto

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/Bt. FIDELIS TWENE 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 02/02/2025

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 kushirikiana 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 T. Twene

Saini ya shahidi ya mwenyechumba Changwe

Saini ya mpangaji H. Twene



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 kukitumia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo 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 MTA A 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: *[Signature]*
(MUUZAJI)

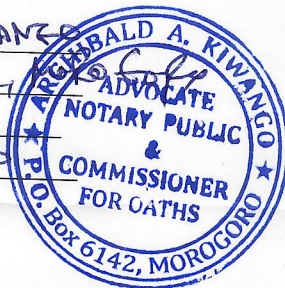
Mbele ya:

Jina: ARCHIBALD A. KIWANGO

Anwani: S. L. P 6142

Kazi yake: WAKILI

Saini: *[Signature]*



UMESAINIWA NA KUPOKEWA NA:

HUSSEIN MOHAMED HASSAN

Sahihi: *[Signature]*
(MNUNUZI)

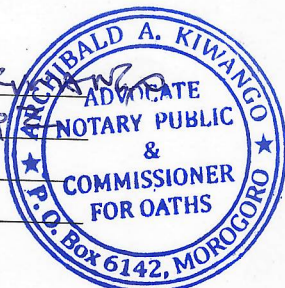
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Jina: ARCHIBALD A. KIWANGO

Anwani: S. L. P 6142

Kazi yake: WAKILI

Saini: *[Signature]*



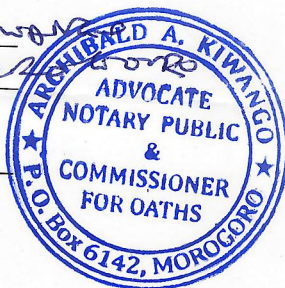
UMETAYARISHWA NA:

Jina: ARCHIBALD A. KIWANGO

Anwani: S. L. P 6142

Kazi yake: WAKILI

Saini: *[Signature]*





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) 0402414 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: [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