PCF.14

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: MSUFINI PHARMACY FIN 0103565

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

PHYSICAL ADDRESS:

Plot No. ..... Street: LAELA KATI MSUFINI Ward LAELA

District/Municipal SUMBAWANGA DC Region: RUKWA

POSTAL ADDRESS: P.O BOX 229, SUMBAWANGA Contact No. 0763 480925

E-mail: akilimapesi@yahoo.com, akilimapesi@gmail.com

OWNERSHIP:

Directors (Names): 1. AKILI EMMANUEL MAPESA Qualification MEDICAL DOCTOR

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

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

SUPERINTENDANT INFORMATION:

Full Name: HARUNI WINFRIDA LSHARA PIN 0103278

Residential Address: P.O BOX 229 SUMBAWANGA Tel: 0654463676 Email: harunishara@gmail.com

Contract commencement date: 18/12/2024 Cessation date 18/12/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: KANTEZA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street LAELA KATI MSUFINI Ward LAELA

District/Municipal SUMBAWANGA DC Region IKUKWA

POSTAL ADDRESS: P.O BOX 229 SUMBAWANGA CONTACT No 0763 480925

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
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. THE CURRENT NAME HAD ALREADY REGISTERED BY OTHER PERSON AT BRELA.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: AKILI EMMANUEL MAPESA

(Contact/email if different from the above)

Address: P.O.BOX 229 Tel: 0623480928 E-mail: akilimapesa@gmail.com

Signature of Applicant..... Date 16/05/2025

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 16/05/2025

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

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 14/05/2025 23:03:06
Registration date and time: 09/02/2024 12:39:24

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	**Name of Business:**	**KANTEZA PHARMACY**
2.	**Registration number:**	**565140**
3.	**Principale Place of Business:**	Region Rukwa, District Sumbawanga, Ward Laela, Postal code 55201, MSUFINI STREET NEAR LAELA MARKET
4.	**Contacts:**	Email akilimapesa@yahoo.com, Phone 255763480975, P.O.Box 229
5.	**Business activity:**	8690 - Other human health activities, Main activity
6.	**Propriator/Partners:**	AKILI EMMANUEL MAPESA
7.	**Authorized to Operate Bank Account etc:**	AKILI EMMANUEL MAPESA

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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) for an up-to-date information regarding given Business Name.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103565

This is to certify that the premises owned by M/S ***Msufini Pharmacy*** of ***P.O BOX 229, Sumbawanga.*** located at ***Laela kati msufini, Laela Ward, Sumbawanga DC*** Municipality/District in ***Rukwa*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103565***

Issued in: ***March 2025***

Expires on: ***30 June 2030***

17-04-2025

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

CONDITIONS

1. ***The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered***
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***