

991620330447

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: GIELO PHARMACY FIN. 0101680

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

PHYSICAL ADDRESS:

Plot No. 724 BLOCK B Street: KIGURUNYEMBE Ward: BIGWA

District/Municipal: MOROGORO MUNICIPAL Region: MOROGORO

POSTAL ADDRESS: 673 MOROGORO Contact. No. 0684 343525/0758893534

E-mail: glpharmacy2021@gmail.com

OWNERSHIP:

Directors (Names): 1. TATU NRENBA MARGO Qualification: DIRECTOR

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: ISAKWISA W AFUMWISYE PIN: 0103294

Residential Address: Box 110 MOROGORO Tel: 068265345 Email: glpharmacy2021@gmail.com

Contract commencement date: 28/01/2025 Cessation date: 28/01/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: GL-PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 724 BLOCK B Street: KIGURUNYEMBE Ward: BIGWA

District/Municipal: MOROGORO MUNICIPAL C. Region: MOROGORO

POSTAL ADDRESS: 673 MOROGORO CONTACT. No. 0684 343525

0758893534

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. All our business documentations are registered with GL-pharmacy name and not Gielo pharmacy as per attachments.
2. The cost of changing all the above will be huge and Compliance to Regulation is required.

SECTION D: APPLICANT INFORMATIONName of Applicant: TATU MPENBA MACHO

(Contact/email if different from the above)

Address: Tel: 0684343525 E-mail: glpharmacy2021@gmail.comSignature of Applicant: [Signature] Date: 14/08/2025**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: 14/08/2025**SECTION F: REQUIRED ATTACHMENT**

Please attach the following documents depending on your proposed changes:

- ✓ 1. TAX CLEARANCE CERTIFICATE
- enail 2. Copy of lease agreement or title deed
3. Memorandum of Understanding
- ✓ 4. Certificate of registration from BRELA
5. Copy of Director(s) ID Plus MOU
- ✗ 6. Original Premises Registration Certificate (For Alteration No. 1 or 2)



GIELO PHARMACY

Box Office 673 Morogoro, Tanzania
Old Dar es Salaam Road, Bingwa njia Panda,
Email: glpharmacy2021@gmail.com
Phone: 0684343525

The Registra,
The Pharmacy Council of Tanzania,
Box
Dodoma,

Sir / Madame

RE: CHANGE OF PHARMACY REGISTRATION NAME.

The Heading above refers,

This is to request for change of a pharmacy name from Gielo Pharmacy to GL – Pharmacy.

This request comes to your good office due to the following reasons,

1. We had already registered GL Pharmacy as a business name to Brela and got all its registration before we officially lodged an application to your good office i.e. the pharmacy Council,
2. We used Brela registration documents, to register the below trading entities under the name of GL – Pharmacy,
 - i. TRA – TIN business TIN number registration – Attached
 - ii. TRA – Tax Clearance Certificates – Attached
 - iii. Business EFD machine – Attached
 - iv. Bank Business operations account – Attached
 - v. Morogoro City Council Business License registration - Attached
 - vi. Pharmacy Business marketing banner at the business premise,
 - vii. Pharmacy official Business stamp – Attached

All of the above bears the name of GL – PHARMACY and not Gielo – Pharmacy,

We are therefore requesting your good office to grant us the name change from GIELO Pharmacy to GL PHARMACY so as to keep providing the health services to the community surrounding and the Tanzania citizens in general. All charges associated with name change shall be paid accordingly.

Sincerely Yours,

Tatu Mpemba Magogo,

Director.

.... Your Health Comes first....

CTIN: 1999555



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

ISSUED UNDER SECTION 21 OF THE TAX ADMINISTRATION ACT 2019

THIS IS TO CERTIFY THAT

GL - PHARMACY

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

150-591-430

WITH EFFECT FROM: 11 February 2021

TRA LOCATION: MOROGORO

TAX OFFICE: MOROGORO

PHYSICAL LOCATION:

STREET / AREA: BIGWA NJIA PANDA

ABDUL Y. MAPEMBE

OFFICIAL SEAL

AG. COMMISSIONER FOR DOMESTIC REVENUE

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 : 101-969-614
MKURUGENZI WA MANISPAA-MOROGORO
SHULE
166
MOROGORO

Tax Certificate Number:

241-0227-7257

Issuing Office: Morogoro

Telephone: 023-2614770

Date of issue: 14 February 2025

Expiry Date: 31 December 2025

Taxpayer Name	LAZARO EDSON SHIMWELAH		
Trading Name	GL-PHARMACY		
Taxpayer Identification Number	121-475-952	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MOROGORO,
DISTRICT : MOROGORO,
STREET : BIGWA NJIA PANDA

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 human health activities
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Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
14 February 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.



TANZANIA

Form 5



No. 483650

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **GL - PHARMACY** this **22nd** day of **DECEMBER** year **2020** 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 **483650** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **22nd** day of **DECEMBER TWO THOUSAND AND TWENTY**.



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: 08/02/2021 14:18:26

Registration date and time: 22/12/2020 15:35:52

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. Name of Business: GL - PHARMACY
2. Registration number: 483650
3. Principale Place of Business: Region Morogoro, District Morogoro CBD, Ward Bigwa, Postal code 67111, Street Kigurunyembe, Road Old Dar es salaam Road, Plot number 724, Block number B, House number 724
4. Contacts: Email lazaro.nyangwe@gmail.com, Phone 255688663685, P.O.Box 2652
5. Business activity: 8690 - Other human health activities, Main activity
6. Propriator/Partners: LAZARO EDSON SHIMWELAH
TATU MPEMBA MAGOGO
7. Authorized to Operate Bank Account etc: LAZARO EDSON SHIMWELAH
TATU MPEMBA MAGOGO



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.

GL**GL - PHARMACY**

P.O.BOX 673 – MOROGORO, TANZANIA.
Old Dar Es Salaam Road, Bigwa Njia panda, Morogoro
Email: glpharmacy2021@gmail.com;
Mobile: +255 684 343 525 /+255 758 893 534

24/07/2024

BRANCH MANAGER ,
NMB BUSINESS CENTER,
P.O.BOX 1859,
MOROGORO.

Sir /Madame

RE: PARTNERS RESOLUTION LETTER

The heading above refers,

On the 24th of July 2024, the Management of GL Pharmacy resolved that, the following changes should take place of our NMB account number **24910001719**,

1. That the signatories of the account should be changed from both two partners to sign to **either one of the partner to sign**, without limit until further instructions.
2. That Transactions notification mobile number should be **0758 893534** and not any other number, and that all transactions must be accompanied with a notification/SMS.

Thank you for your always good cooperation,



Sincerely ,



Lazaro Edson Shimwelah ,
Managing Partner - GL Pharmacy



Tatu Mpemba Magogo
Managing Partner - GL Pharmacy.

GL – Pharmacy "Your health comes first"



THE UNITED REPUBLIC OF TANZANIA

BUSINESS LICENCE

B.L. NO : BL01708962023-2400010471

The Business Licensing Act (Act No. 25 of 1972)

Issuing Office: MOROGORO MUNICIPAL COUNCIL

Tax Identification
No: 150-591-430

License Issued To : GL PHARMACY

for the Business of : SELLING MEDICINES RETAIL (PHARMACY) - PART 1 POISON
SHOP

Business Location

Region : Morogoro

Ward Bigwa

Street Bigwa Barabarani

Principal/Branch : PRINCIPAL

Amount of Fee Paid : 200,000.00

Date Of Issue: 2024-05-07

Expiring Date : 2025-05-06



This is Digital Copy does not require a signature of authority

NOTE - This license must be kept in a conspicuous position at the place of business. Any change in the particulars originally registered must be notified to the license Issuer

*** START UP LEGAL RECEIPT ***



GL-PHARMACY
MOROGORO

MOBILE: 255684343525

TIN: 121475952

VRN: NOT REGISTERED

SERIAL NO: 10TZ154889

UIN: 09VFDNORMAL-101929094121475

95210TZ154889

TAX OFFICE: TAX OFFICE MOROGORO

CUSTOMER NAME: CUSTOMER

CUSTOMER ADDRESS: MOROGORO

CUSTOMER ID TYPE: NILL

CUSTOMER ID:

CUSTOMER MOBILE: 0000000000

CUSTOMER VRN:

RECEIPT NO: 694

Z NUMBER: 4/20250813

RECEIPT DATE: 2025-08-13

RECEIPT TIME: 16:47:37

Dawa 1 9,000.00 E

TOTAL EXCL TAX: 9,000.00

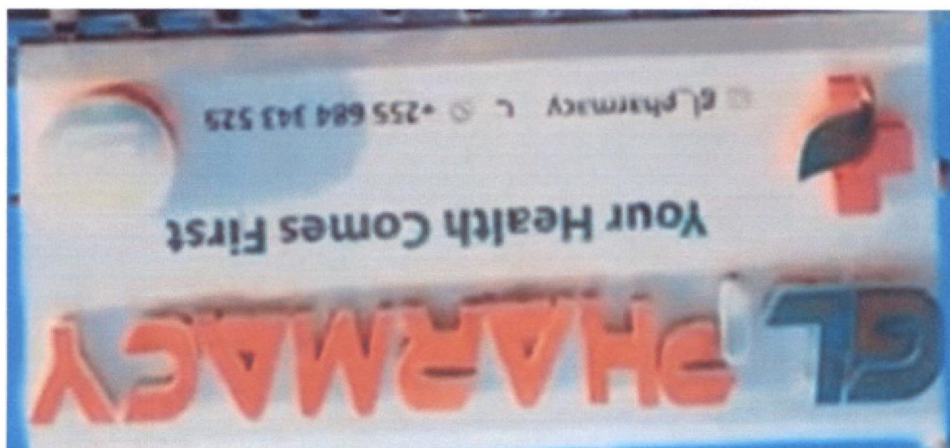
TOTAL TAX: 0.00

TOTAL INCL TAX: 9,000.00

RECEIPT VERIFICATION CODE

A5E46F694









Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925226357341608

Received from : GIELO 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 - CHANGE OF BUSINESS NAME		100,000.00

Total Billed Amount : 100,000.00 (TZS)


Bill Reference : 16212226252600260009

Payment Control Number : 991620330447

Payment Date : 2025-08-14 12:42:14

Issued by : Zena Mango

Date Issued : 2025-08-14 13:10:04

Signature : 

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101680

This is to certify that the premises owned by M/S Gielo Pharmacy of P.O. Box 2652, Morogoro located at Plot No. 724 Block B, Kigurunyembe, Bigwa, Morogoro Mjini Municipality/District in Morogoro Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101680

Issued in: April 2021

Expires on: 30 June 2026

18-06-2021

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
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

