

## 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  | <input type="checkbox"/>            |
| 2. BUSINESS NAME      | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input checked="" type="checkbox"/> |

**SECTION A: APPLICANT CURRENT INFORMATION:**

NAME OF PREMISES: MAMO PHARMACY FIN: 0300528

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

**PHYSICAL ADDRESS:**

Plot No. 15 Street: NMB ROAD Ward: MALAMBO  
District/Municipal: BARIADI Region: SIMUYU  
POSTAL ADDRESS: 61 MWANZA Contact. No. 0766038350  
E-mail: .....

**OWNERSHIP:**

Directors (Names): 1. ALLY MABROUKSABRO Qualification: BUSINESS MAN  
2. .... Qualification: .....  
3. .... Qualification: .....

**SUPERINTENDANT INFORMATION:**

Full Name: WICKLIPI CHARLES MANDU PIN: 0103678  
Residential Address: BARIADI Tel: 0744063148 Email: Wicklime009@gmail.com  
Contract commencement date: 1/09/2024 Cessation date: 30/08/2025

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: JQR PHARMACY LIMITED

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

**PHYSICAL ADDRESS:**

Plot No. 15 Street: NMB ROAD Ward: MALAMBO  
District/Municipal: BARIADI Region: SIMUYU  
POSTAL ADDRESS: ..... CONTACT. No. 0766038350

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

Directors (Names):

1. JAMES MAKUKE LUNEJA Qualification: BUSINESS MAN
2. RICHARD MODEST BENSON Qualification: BUSINESS MAN
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. IT HAS BEEN BOUGHT WITH  
J & R PHARMACY LIMITED.
2. ....
- .....
- .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: James Makuke Luneja

(Contact/email if different from the above)

Address: 39101 Tel: 076603850 E-mail: jamesluneja300@gmail.com

Signature of Applicant: [Signature] Date: 07/05/2025

**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: [Signature] Date: 07/05/2025

**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 REVENUE AUTHORITY**

ISO 9001: 2015 CERTIFIED

**TAX CLEARANCE CERTIFICATE**

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

Licencing Authority; TIN : 125-847-269

PHARMACY COUNCIL

MWENGE

31818

DAR ES SALAAM

Tax Certificate Number:

**541-0238-2628**

Issuing Office: Simiyu

Telephone: 0282700050

Date of issue: 06 May 2025

Expiry Date: 31 December 2025

Taxpayer Name	ALLY MABROUK SONGORO		
Trading Name	MAMO PHARMACY		
Taxpayer Identification Number	117-341-437	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : SIMIYU,  
DISTRICT : BARIADI,  
STREET : Buzunza

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 retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Other activities of human health
3	Retail sale of computers, peripheral units, software and telecommunications equipment in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

06 May 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.



## **MKATABA WA MAUZIANO YA DUKA LA PHARMACY**

Umefanyika leo tarehe. 10..... Mwezi wa..... 3.....2025

**Kati ya:**

**Muuzaji:** Mamo Pharmacy

**Jina:** Ally Songolo Mabrouk

**Anuani:** P.O. Box 61, MwanzaTIN: 117341437

**Na**

**Mnunuzi:** J2R Pharmacy Limited

**Anuani:** Kata ya Malambo, Mtaa wa Sayari,

Barabara ya NMB, Nyumba Na. 15,

P.O. Box 30,

**Namba ya Usajili wa Kampuni:** 182192805

### **SEHEMU YA KWANZA: LENGU LA MKATABA**

Mkataba huu unahusu mauzo ya duka la pharmacy lenye jina la biashara Mamo Pharmacy, pamoja na vifaa vyake, bidhaa zilizopo (stock ya dawa), na wahudumu wake kwa bei ya shilingi milioni saba (TZS 7,000,000) kwa mnunuzi J2R Pharmacy Limited.

### **SEHEMU YA PILI: VIPENGELE VYA MAUZIANO**

#### **Bidhaa Zinazohusika:**

- i. Jina la Biashara "Mamo Pharmacy"
- ii. Frame ya duka
- iii. Viti na meza
- iv. Stock ya dawa zote zilizopo kwenye duka

#### **Bei ya Mauzo:**

Bei ya mauzo yote ni Shilingi za Kitanzania milioni Saba tuu (TZS 7,000,000.)

Malipo yatafanyika kwa mkupuo mmoja/awamu kama itakavyokubaliwa na pande zote mbili.

#### **Jukumu la Muuzaji:**

- i. Kuhakikisha bidhaa zote zinakabidhiwa kwa mnunuzi bila matatizo yoyote ya kisheria.
- ii. Kuwasilisha nyaraka zote muhimu za umiliki wa duka na stock ya dawa.
- iii. Kulipa madeni yote ya pango na madeni mengine ya kisheria (TRA, Pharmacy Council, na mengineyo) yaliyopo kabla ya Julai 2024.

#### Jakumu la Mnunuzi:

- i. Kulipa deni la pango na madeni mengine yaliyopo tangu Julai 2024 hadi sasa.
- ii. Kulipa kiasi chote cha mauzo kwa muda uliokubalika.
- iii. Kuchukua jukumu la kuendelea na shughuli za duka mara baada ya makabidhiano.

#### SEHEMU YA TATU: MAKABIDHIANO

- i. Makabidhiano ya duka yanafanyika leo tarehe **10 Machi 2025**. Wahusika wote wameshuhudia makabidhiano na kusaini hati ya makabidhiano.
- ii. Kwamba, Mnunuzi watawajibika kulipa malipo yote ya TRA yanayo tokana na mauzo ya dawa katika mkataba huu kupitia TIN ya muuzaji.
- iii. Muuzaji atawajibika kuwashawishi wafanyakazi na wataalamu aliokuwa akifanyanao kazi, kufanya kazi na kuhudumu katika duka hilo la dawa bila kuathiri haki za Mnunuzi.
- iv. Kwamba pande zote mbili zimekubaliana kwamba Mnunuzi ataendelea kuwa mmiliki wa leseni na vibali vyote vilivyo tumika hapo hawali kuombea vibali vya kuendeshea biashara ya duka la dawa, mpaka hapo vitakapoisha muda wake.
- v. Kwamba, Mnunuzi atakuwa na haki ya kutumia jina la biashara "~~Mamo~~ Pharmacy" mpaka hapo vibali vya kuendeshea biashara ya duka la dawa vitakapo fika ukomo wake na kwamba ataweza kuendelea kutumia jina hili la biashara kwa kutumia Tin moja wapo ya wabia wa J2R Pharmacy Limited kwa muda wote mpaka atakapoona inafaa kubadili.
- vi. Kwamba Muuzaji amemueleza Mnunuzi kuwa biashara tajwa katika sehemu ya kwanza ya mkataba huu, haijawekwa rehani wala haina deni lolote.

#### SEHEMU YA NNE: SHERIA NA UTATUZI WA MIGOGORO

Mkataba huu unazingatia sheria za Tanzania kuhusu biashara na makubaliano ya mauziano. Endapo kutatoka mgogoro wowote, pande zote mbili zitajadiliana kwa njia ya amani au kutumia vyombo vya sheria vinavyotambulika kisheria.

#### SEHEMU YA TANO: SAINI ZA WAHUSIKA

##### MUUZAJI: Mamo Pharmacy

Jina: ALLY MABROUK SONGORA  
Wadhifa: MKURUGENZI MTENDAJI  
Saini: [Signature]  
Tarehe: 10/03/2025

##### MNUNUZI: J2R Pharmacy Limited

Jina: JAMES MAKORE LUNEJA  
Cheo: Mkurugenzi  
Saini: [Signature]  
Tarehe: 10/03/2025

Mhuri wa Kampuni

Jina: RICHARD MODEST BENSON

cheo: ~~Mkurugenzi~~

Saini: R.M. Benson

Tarehe: 10/03/2025

Wakili:

Jina: MARTINE SABINI

Saini: Martine

Tarehe: 10/03/2025



**THE COMPANIES ACT, 2002.**

**COMPANY LIMITED BY SHARES**

\*\*\*\*\*

Memorandum  
and  
Articles of Association  
of  
**J2R PHARMACY LIMITED**

\*\*\*\*\*

Incorporated this <sup>24</sup>03 day of January..... 2025

Drawn by;

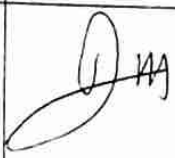

**Richard D. Ernest [Advocate]**

**P. o. Box 3946**

**Dar es salaam**

privileges or conditions as maybe determined by or in accordance with the regulations of the company or to vary, modify or abrogate any such rights, privileges or conditions in such manner as may for the time being be provided by the regulations of the company.

WE, the persons whose names and addresses are subscribed, desire to be formed into a company, in pursuance of this Memorandum of Association, and we respectively agree to take the number of shares in the capital of the company set opposite our respective names.

S/ NO	NAMES	ALLOCATED SHARE	SIGNATURE
1.	Richard Modest Benson P.O. Box 12345, Dar es Salaam	1,500	
2.	James Makoye Luneja P.O. Box 30, MAGU, Mwanza	1500	

The remaining 2,000 shares in the authorized capital shall be reserved for future issuance as the company deems appropriate.

Dated at Dar es Salaam, this .....03<sup>rd</sup>..... day of January 2025.

WITNESS to the above Signatures:

Signature: 

Name: RICHARD D. ERNEST


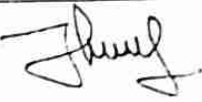
Postal Address: P.O. Box 3946, D.S.M.

Qualification: ADVOCATE





WE, the persons whose names and addresses are subscribed, desire to be formed into a company, in pursuance of this Articles of Association, and we respectively agree to take the number of shares in the capital of the company set opposite our respective names.

S/ NO	NAMES	SHARE	SIGNATURE
1.	Richard Modest Benson P.O. Box 12345, Dar es Salaam	1,500	
2.	James Makoye Luneja P.O. Box 30, MAGU, Mwanza	1500	

Dated at Dar es Salaam, this 03<sup>rd</sup> day of January 2025.

WITNESS to the above Signatures:

Signature: 

Name: RICHARD D. ERNEST

Postal Address: P.O. Box 3946, D.S.M



TANZANIA



# Certificate of Incorporation of a Company

Section 15

**No: 182192805**

I HEREBY CERTIFY THAT

**J2R PHARMACY LIMITED**

is this day incorporated under the Companies Act, 2002  
and that the Company is Limited.

**GIVEN** under my hand at Dar es Salaam this **13<sup>th</sup>** day of  
**FEBRUARY TWO THOUSAND AND TWENTY FIVE.**



A handwritten signature in dark ink, appearing to be "Sase", is written over a horizontal line.

PRINC ASST. REGISTRAR OF COMPANIES



**TUME HURU YA TAIFA YA UCHAGUZI  
KADI YA MPIGA KURA**



Jina Kamili - Full Name  
**JAMES M LUNEJA**

Tarehe ya kuzaliwa - Date of Birth  
**17/07/1997**

Jinsi - Sex  
**ME**

Kata - Ward  
**KANDWE**

Mtaa/Kuji - Street/Village  
**IHIMBILI**

Kituo cha Kuandikisha - Registration Centre  
**BUZURUGA**



*[Signature]*



Namba ya Mpiiga Kura

T-1300-5417-396-8

**KADI HII IMETOLEWA NA TUME HURU YA TAIFA YA UCHAGUZI**



**MKURUGENZI WA UCHAGUZI**

Kadi hii ni mali ya Tume Huru ya Taifa ya Uchaguzi, huruhusiwa kufanya mabadiliko ya aina kiyote wala kumpatia mtu asiyeruhusiwa kutumia, kama ikipotea au kuharibika toa taarifa ofisi ya Tume Huru ya Taifa ya Uchaguzi.  
S.L.P 358 DODOMA  
Simu: +255 26-2962345-8





JAMHURI YA MUUNGANO WA TANZANIA  
**KITAMBULISHO CHA TAIFA**  
THE UNITED REPUBLIC OF TANZANIA  
CITIZEN IDENTITY CARD



**19761013-15109-00001-29**

**IMA : RICHARD MODEST**  
Given Name

**IMA LA MATAISHO : BENSON**  
Last Name

**TAREHE YA KUZALIWA : 13 OCT 1976**  
Date of Birth

**MSI : M**

**MSI :**  
Signature

**MSHO WA MATUMIZI : 12 DEC 2028**  
Expiry Date





# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300528

This is to certify that the premises owned by M/S Mamo Pharmacy of P.O Box 61, Mwanza located at NMB Road, Malambo, Bariadi Municipality/District in Simiyu Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300528

Issued in: February 2023

Expires on: 29 June 2028

16-03-2023

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
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





In reply please quote:

Ref. No.BC.43/311/01D/88

9<sup>th</sup> February, 2023

Director,  
Mamo Pharmacy,  
P.O. Box 61,  
MWANZA.

Re: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN  
A BUSINESS OF A PHARMACIST

The heading above is concerned.

2. I wish to inform you that, your application for registration of your premises located at NMB Road, Bariadi in Simiyu region to conduct a **Retail and Wholesale business of a pharmacist**, has been approved as per Section 37 (1)(a)(b) of the Pharmacy Act, Cap. 311.
3. You are hereby directed to comply with the stipulated conditions of a pharmacist business by doing the following: -
  - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
  - (ii) In addition to (i) above, you shall be obliged to acquire the following documents;
    - a) Pharmacy Act, 2011 available at [www.pc.go.tz](http://www.pc.go.tz)
    - b) The Pharmacy (Pharmacy Practice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at [www.pc.go.tz](http://www.pc.go.tz)
    - c) Standard Treatment Guidelines and National Essential Medicine List of 2021;
    - d) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015*;
    - e) Pharmacist Duty Business Register; and
    - f) Pharmacy Logo to be displayed at the entrance of the pharmacy.
4. Please be informed that, this letter does not represent the Premises Registration Certificate or a Business Permit.
5. You are required to collect the Certificate and Business Permit within 21 working days from the date of this letter which shall be issued upon fulfillment of the stipulated conditions and shall be handled strictly to a superintendent pharmacist.
6. I anticipate your cooperation in this matter.

  
Elizabeth Shekalaghe  
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Lake Zone  
TMDA – Zone Manager- Lake Zone

# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300528

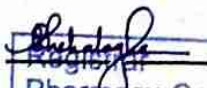
This is to certify that the premises owned by M/S Mamo Pharmacy of P.O Box 61, Mwanza located at NMB Road, Malambo, Bariadi Municipality/District in Simiyu Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300528

Issued in: February 2023

Expires on: 29 June 2028

16-03-2023

DATE:

  
SIGNATURE OF 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





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council


Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925134331313445  
Received from : MAMO 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 - CHANGE OF NAME AND OWNERSHIP	200,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16215133251216628779  
Payment Control Number : 991620304672  
Payment Date : 2025-05-14 12:33:06  
Issued by : Beatuss Mpogoza  
Date Issued : 2025-05-15 11:04:01  
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)