

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: BAKHITA PHARMACY FIN. 0103464

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

PHYSICAL ADDRESS:

Plot No. 02 Street: IGOMA KATI Ward: IGOMA

District/Municipal: NYAMAGANA Region: MWANZA

POSTAL ADDRESS: 10567 Contact No. 0789868880

E-mail: bupambazepharmacy@gmail.com

OWNERSHIP:

Directors (Names): 1. JOYCE ABDI Qualification: PHARM.

2. _____ Qualification: _____

3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: JEJAL P. JOMAIYA PIN: 0102085

Residential Address: KIRUMBA Tel: 0992280700 Email: jejal.p.jomaiya@gmail.com

Contract commencement date: 01-12-2024 Cessation date: 30-11-2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: BUPAMBA ZE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 02 Street: IGOMA KATI Ward: IGOMA

District/Municipal: NYAMAGANA Region: MWANZA

POSTAL ADDRESS: _____ CONTACT No. 0789868880

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. TATU BUPAMBA MBOTO Qualification: MANAGING
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

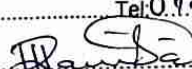
1. - TO CHANGE OWNERSHIP
2. - TO CHANGE OWNERSHIP

SECTION D: APPLICANT INFORMATION

Name of Applicant: TATU BUPAMBA MBOTO

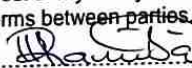
(Contact/email if different from the above)

Address: Tel: 0989268880 E-mail: bupamba-pharmacy@gmail.com

Signature of Applicant:  Date: 21/03/2025

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: 21/03/2025

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:

261-0234-0645

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 27 March 2025

Expiry Date: 31 December 2025

Taxpayer Name	JOYCE ABDI MASWI		
Trading Name			
Taxpayer Identification Number	141-950-967	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MWANZA,

DISTRICT : NYAMAGANA,

STREET : IGOMA

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 Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

27 March 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.

CTIN: 415922



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT
JOYCE ABDI MASWI

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

141-950-967

WITH EFFECT FROM: 24 APRIL 2003

TRA LOCATION: MWANZA

TAX OFFICE: BIZURUGA

PHYSICAL LOCATION:

STREET / AREA: IGOMA

OFFICIAL SEAL


HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

MKATABA WA MAUZIANO YA DUKA LA DAWA.

MKATABA HUU umefanyika leo hii tarehe 28...mwezi wa 02... mwaka 2025.

BAINA YA

JOYCE ABDI MASWI wa S.L.P, **Mwanza**. (ambaye katika mkataba huu ataitwa **"MUUZAJI"** neno ambalo litawahusu hata warithi wake) kwa upande mmoja.

NA

TATU BUPAMBA MBONGO wa S.L.P, Mwanza, (ambaye katika mkataba huu ataitwa **"MNUNUZI"** neno ambalo litawahusu hata warithi wake) kwa upande mwingine.

KWA KUWA MUUZAJI ni mmiliki halali wa duka hili la dawa lililopo eneo la **mtaa wa Igoma Kati, kata ya Igoma, wilaya ya Nyamagana Mkoa wa MWANZA**, lililo sajiliwa kwa jina la **BAKHITA PHARMACY** lenye namba ya usajili **FIN-010 3464**.

KWA KUWA Muuzaji ameridhia Kuuza duka hili la dawa kwa Mnunuzi, na **KWA KUWA** Mnunuzi ameridhia kununua duka hili la dawa tajwa hapo juu.

MKATABA HUU NI USHUHUDA KWA MAKUBALIANO YAFUATAYO:-

1. Kwamba tangia tarehe ya mkataba huu muuzaji ameuza duka hili la dawa lililopo katika eneo la Igoma Kati, kata ya Igoma, wilaya ya Nyamagana **lililo sajiliwa kwa jina la BAKHITA PHARMACY lenye namba ya usajili FIN-010 3464** Mkoani **Mwanza**.
2. Kwamba kwa bei ya shilingi za Kitanzania Milioni Kumi na Tatu na Laki Tano TU (**TZ13, 500,000/=**). Ambazo Mnunuzi amezilipa zote kwa Muuzaji wa duka hili la dawa.
3. Kwa kusaini mkataba huu Muuzaji anakiri kupokea kiasi hicho cha fedha shilingi Milioni Kumi na Tatu na Laki Tano Tu (**Tzs. 13,500,000/=**) pesa za **kitanzania**.
4. Kwamba muuzaji atakabidhi nyaraka zote zinazohusiana na ununuzi au umiliki wa duka hili la dawa.
5. Kwamba muuzaji anatamka kwamba duka hili la dawa ni mali yake halali iwapo itabainika baadaye kuwa si mali yake atarudisha pesa yote aliyolipwa na Mnunuzi chini ya mkataba huu pamoja na gharama za usumbufu ambazo mnunuzi ameingia.
6. Kwamba kama utatokea mgogoro wowote kuhusiana na ununuzi wa duka hili la dawa tajwa hapo juu Sheria za Tanzania zitatumika katika kutatua mgogoro huo.

KAMA USHUHUDA wamakubaliano haya pande zote mbili zimesaini mkataba huu kwa namna na tarehe 28...Mwezi...02...2025

JOYCE ABDI MASWI

Ambaye ametambulishwa kwangu na

..... au ambaye namfahamu

Binafsi leo hii tarehe

mwezi 28/02 2025.

J.maswi

MUUZAJI.

MBELE YANGU:

JINA :Mdimi Thomas Ilanga.

SAINI: Mdimi Thomas Ilanga

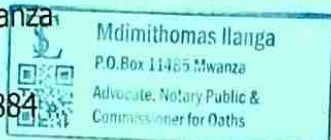
ANUANI: S.L.P 11485, Mwanza

WADHIFA:Wakili

Simu: 0744728871/062248840

WADHIFA:Wakili

Simu: 074472871/062248840



MNUNUZI

JINA:**TATU BUPAMBA MBOGO**

SAINI: Tatu Bupamba Mbogo

ANUANI: S.L.P MWANZA

WADHIFA: MFANYA BIASHARA

Tatu Bupamba Mbogo

MNUNUZI.

MBELE YANGU:

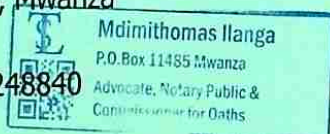
JINA :Mdimi Thomas Ilanga.

SAINI: Mdimi Thomas Ilanga

ANUANI: S.L.P 11485, Mwanza

WADHIFA:Wakili

Simu: 07447287/062248840



BADO UNNENDEA

MKATABA WA FRAME ZA BIASHARA

MKATABA HUU umefanyika leo hii tarehe 01 mwezi wa 08 mwaka 2024.

BAINA YA

LUCAS MATHIAS MASHAHIDI wa S.L.P, **MWANZA**, mwenye simu 0768522530 (ambaye katika mkataba huu ataitwa "**MPANGISHAJI**" neno ambalo litawahusu hata warithi wake) kwa upande mmoja.

NA

JOYCE ABDI wa S.L.P, **MWANZA**, mwenye simu namba 0784600597 (ambaye katika mkataba huu ataitwa "**MPANGISHAJI**" neno ambalo litawahusu hata warithi wake) kwa upande mwingine.

KWA KUWA MPANGISHAJI ni mmiliki halali wa Fremu za biashara tajwa hapo juu **zilizopo mtaa wa Igoma kati , Kata ya Igoma, Wilaya ya Nyamagana, Mwanza** na anaridhia Kupangisha fremu hizo kwa Mpangaji, na **KWA KUWA** Mpangishwaji ameridhia kupanga fremu tajwa hapo juu.

MKATABA HUU NI USHUHUDA KWA MAKUBALIANO YAFUATAYO:-

1. Kwamba tangia tarehe **01/08/2024** hadi tarehe **31/07/2025** ya mkataba huu Mpangaji amepangisha fremu hizo zilizopo **Mtaa wa Igoma Kati, Kata ya Igoma, Wilaya ya Nyamagana, Mkoa wa Mwanza**.
2. Bei ya fremu hizo ni shilingi za Kitanzania Milioni Milioni Mbili na Laki Nne Tu. (**2,400,000/=**). Kwa kusaini mkataba huu mpangishaji anakiri kupokea kiasi hicho cha fedha Milioni Milioni Mbili na Laki Nne TU, kwa mwaka mmoja (**2,400,000/=**).
3. Mpangaji amepanga vyumba viwili, lakini kutokana na aina ya biashara atakayofanya, basi mpangaji atavunja ukuta na kutengeneza fremu mmoja ili kukidhi matakwa na malengo ya biashara yake .
4. Gharama za maji, umeme na usafi zitakuwa juu ya mpangaji kwa kipindi chote atakachokuwa anafanya biashara ndani ya fremu hizo.

5. Mpangishaji anatamka kwamba Fremu hizo ni mali yake halali iwapo itabainika baadaye kuwa si mali yake atarudisha pesa yote aliyolipwa na Mpangishwaji chini ya mkataba huu pamoja na gharama za usumbufu ambazo mpangaji ameingia.
6. **Kwamba** kama utatokea mgogoro wowote kuhusiana na mkataba huu sheria za Tanzania zitatumika katika kutatua mgogoro huo.

KAMA USHUHUDA wa makubaliano haya pande zote mbili zimesaini mkataba huu kwa namna na tarehe kama inavyoonesha hapa chini.

UMESAINIWA na KUTOLEWA na
LUCAS MATHIAS MASHAHIDI ambaye
 ametambulishwa kwangu na
 ambaye namfahamu
 binafsi leo hii tarehe 01
 mwezi 08 2024.

M. Mashahidi

MPANGISHAJI

MBELE YANGU:

JINA : *Mdini Thomas ILANGA*
 SAINI: *[Signature]* *Mdini Thomas Ilanga*
 ANUANI: *P.O. Box 1148 Igoma Mwanza*
 WADHIFA: *WAKILI*

UMESAINIWA na KUTOLEWA na
JOYCE ABDI
 ambaye ametambulishwa kwangu na
 ambaye namfahamu
 binafsi leo hii tarehe 01
 mwezi 08 2024.

J. Maswi

MPANGISHWAJI

MBELE YANGU:

JINA : *Mdini Thomas ILANGA*
 SAINI: *[Signature]* *Mdini Thomas Ilanga*
 ANUANI: *P.O. Box 1148 Igoma*
 WADHIFA: *WAKILI*



TANZANIA

Form 5



No. 592483

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **BUPAMBA ZE PHARMACY** this 3rd day of **JANUARY** year **2025** 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 **592483** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 3rd day of **JANUARY**
TWO THOUSAND AND TWENTY FIVE.



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.



AMKURITA MUKUNAGHO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD

19800323-33118-00002-11

JINA: JOYCE ABDI

Given Name

JINA LA MWISHO: MASWI

Last Name

TAREHE YA KUZALIWA: 23 MAR 1980

Date of Birth

JINSIA: F

Sex

SAINI:
signature

J. Masnik



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19800323-33118-00002-11

[illegible]

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be loaned out or allowed to pass into the possession of unauthorized persons. If you do, destroyed the lost and procured one without immediately reporting to the Police, you will be liable for the cost of replacement and for the cost of the investigation of the Police.

SECRET



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



19580601-33223-00001-15

JINA : TATU BUPAMBA
Given Name

JINA LA MWISHO : MBOGO
Last Name

TAREHE YA KUZALIWA : 01 JUN 1958
Date of Birth

JINSI : F
Sex

SAINI:
Signature



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19580601332230000115

Kitambulisho hiki ni mali ya Senkani ya Jamhuri ya Muungano wa Tanzania. Huruhiweki kukidhiwa mabadiiki ya aina yeyote kwa kumpata mtu ambaye haina husuwa kaidama. Kama kimpotea au kuanibwa taarifa kama lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalizi 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

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 03464-2025

This Permit is hereby granted to M/S Bakhita Pharmacy of P.O.BOX 10567, MWANZA to operate a Retail Only Business at the premises situated/lying between Plot No. 02, Igoma kati street, Igoma ward, Nyamagana, Mwanza Municipality/District in Mwanza Region with Facility Identification Number (FIN) 0103464 under a superintendent Pharmacist Sejal P Somalya with Personal Identification Number (PIN) 0102085

Issued in: February 2025

Expires on: 30 June 2025

22-02-2025

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925087320484973
Received from : BHAKHITA 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 BUSINESS NAME AND OWNERSHIP		200,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214087250416483937

Payment Control Number : 991620301469

Payment Date : 2025-03-28 14:12:31

Issued by : Beatuss Mpogoza

Date Issued : 2025-03-28 14:19:14

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)