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: 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. 0787868880

E-mail: bupambadepharmacy@gmail.com.

OWNERSHIP:

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

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

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

SUPERINTENDANT INFORMATION:

Full Name: JEJAL P. JOMAIYA PIN: 0102085

Residential Address: KIRUMBA Tel: 0782230700 Email: jajajomaiya23@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. 0787868880

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. TATU BUPAMBA MBOGO Qualification: MANANGING

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 MBOGO

(Contact/email if different from the above)

Address: ..... Tel: 0788868880 E-mail: bupambapharmacy@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 2008

TRA LOCATION: MWANZA TAX OFFICE: BUZURUGA

PHYSICAL LOCATION:

STREET / AREA: IGOMA

HERBERT M.T KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

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 PHARMACYlenye 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: .....

ANUANI: S.L.P 11485, Mwanza

WADHIFA:Wakili

Simu: 0744728871/06224884

WADHIFA:Wakili

Simu: 074472871/062248840

Mdimithomas Ilanga
P.O.Box 11485 Mwanza
Advocate, Notary Public &
Commissioner for Oaths

MNUNUZI

JINA:**TATU BUPAMBA MBOGO**

SAINI:.....

ANUANI: S.L.P MWANZA

WADHIFA: MFANYA BIASHARA

.....

MNUNUZI.

MBELE YANGU:

JINA :Mdimi Thomas Ilanga.

SAINI: .....

ANUANI: S.L.P 11485, Mwanza

WADHIFA:Wakili

Simu: 07447287/062248840

Mdimithomas Ilanga
P.O.Box 11485 Mwanza
Advocate, Notary Public &
Commissioner for Oaths

BADO UNAENDELEA

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 "**MPANGISHWAJI**" 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 NneTu. **(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.

Mashahidi
.....
MPANGISHAJI

MBELE YANGU:
JINA : ...MAIMI THOMAS ILANGA.....
SAINI: .....
ANUANI: ...P.O.BOX 1148 Ilemela Mwanza.....
WADHIFA: .....WAKILI.....

mithomas ilanga
P.O.Box 1148 Mwanza
Commissioner for Oaths

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 : ...MAIMI THOMAS ILANGA.....
SAINI: .....
ANUANI: ...P.O.BOX 1148 Ilemela.....
WADHIFA: .....WAKILI.....

mithomas ilanga
P.O.Box 1148 Mwanza
Commissioner for Oaths

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

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.**

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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.

JAMHURI YA MUUNGANO 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: J.MASWI
signature

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19800323-33118-00002-11

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. [illegible] Jamhuri ya Muungano wa Tanzania [illegible]

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. [illegible] should immediately be reported to the [illegible] of The United Republic of Tanzania.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

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 Serikali ya Jamhuri ya Muungano wa Tanzania. Hutolewa kukiwa na mabadiko ya aina yeyote kwa kumpatia mhusika mwenyewe. Kama kimepotea au kuharibika 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 tempered 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	:.....