Jamhuri ya Mu ngano wa Tanzania

United Rep blic of Tanzania

Pharma y Council

Exchequ er Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924192262187946**
Received from	: S &^ R PHARMACY
Amount	: 200,000.00
Amount in Words	: Two Hundred Thousand TZS An Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142202540317 - Application for change of premises-Location - 0*		**2),000.00**

Total Bille d Amount : **200,000.00 (TZS)**

Bill Reference	: 16212192240914659958
Payment Control Number	**: *991620258851***
Payment Date	**: 2024-07-10 12:16:02**
Issued by	: Zena Mango
Date Issued	: 2024-07-10 12:23:06
Signature	: .....

PHARMACY COUNCIL

9916202583351

Alipia 200,000/=
PREMISE Reg Alter

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: S a R Pharmacy tegeta branch FIN. 0100732

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. — Street: kilungule Ward. Bunju

District/Municipal. Kinondoni Region: Dar es salaam

POSTAL ADDRESS: P.o box 268, DSM Contact. No. 0762180018

E-mail: josiahstanley@gmail.com

OWNERSHIP:

Directors (Names): 1. Josiah stanley Qualification: Owner

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

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

SUPERINTENDANT INFORMATION:

Full Name: Evelina Desderius Mpasa PIN: 0102754

Residential Address: Dar es Salaam Tel 0754372562 Email: mpasaeve@gmail.com

Contract commencement date: 01/07/2024 Cessation date: 31/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: S a R pharmacy salasala branch

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. — Street. salasala. Ward. Wazo

District/Municipal. Kinondoni Region. Dar es salaam

POSTAL ADDRESS: P.o box 268 CONTACT. No. 0762180018

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

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. ~~Business~~ Business challenges
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: Evelina Mpasa

(Contact/email if different from the above)

Address: Dar es salaam Tel: 075 4372562 E-mail: mpasaeve96@gmail.com

Signature of Applicant: Mpasa Date 05/07/2024

SECTION E: APPLICANT DECLARATION

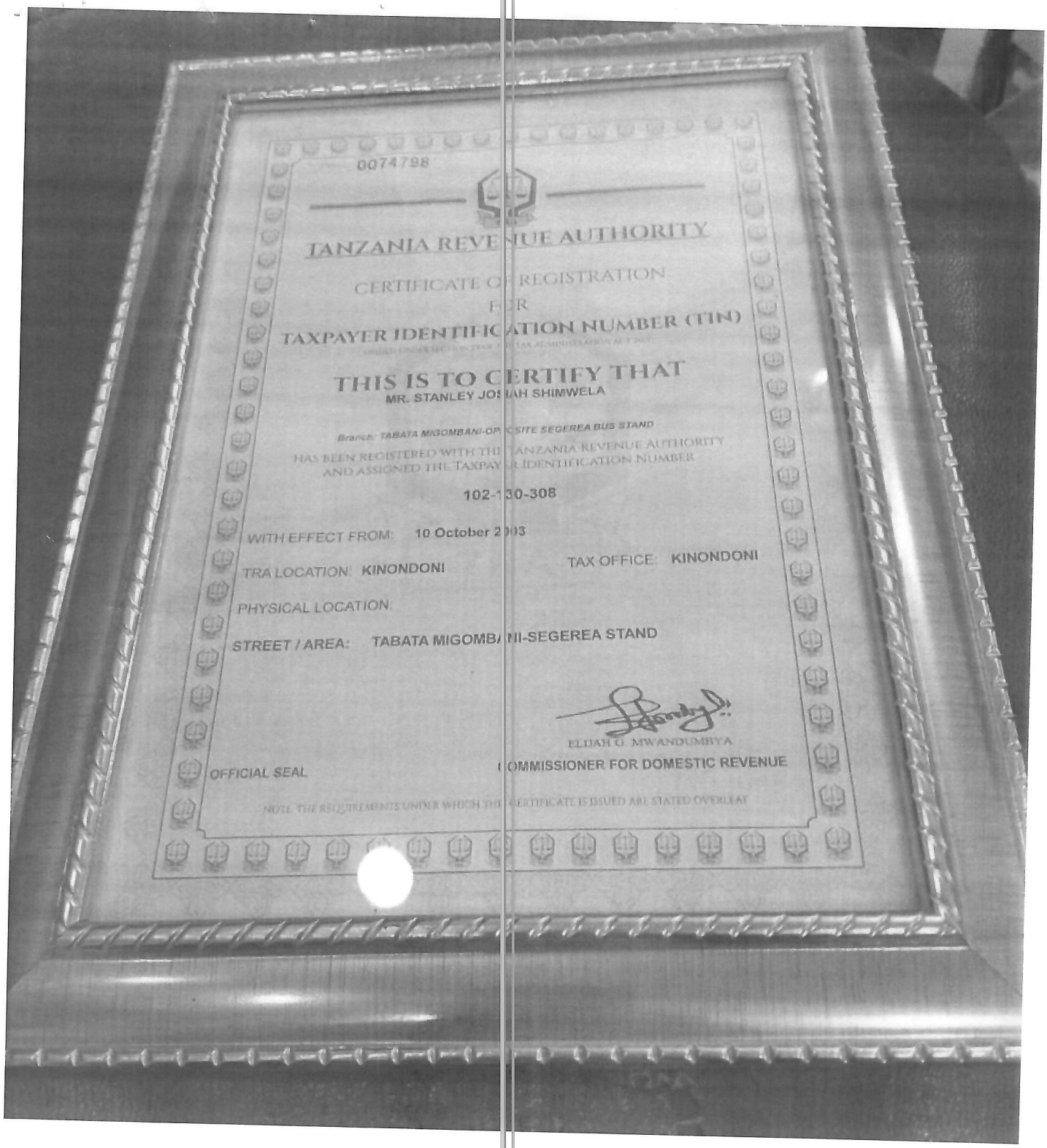
I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: Mpasa Date 05/07/2024

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)



0074798

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION

FOR

TAXPAYER IDENTIFICATION NUMBER (TIN)

THIS IS TO CERTIFY THAT

MR. STANLEY JOSIAH SHIMWELA

Branch: TABATA MIGOMBANI-OPPOSITE SEGEREA BUS STAND

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

102-130-308

WITH EFFECT FROM: 10 October 2003

TRA LOCATION: KINONDONI

TAX OFFICE: KINONDONI

PHYSICAL LOCATION:

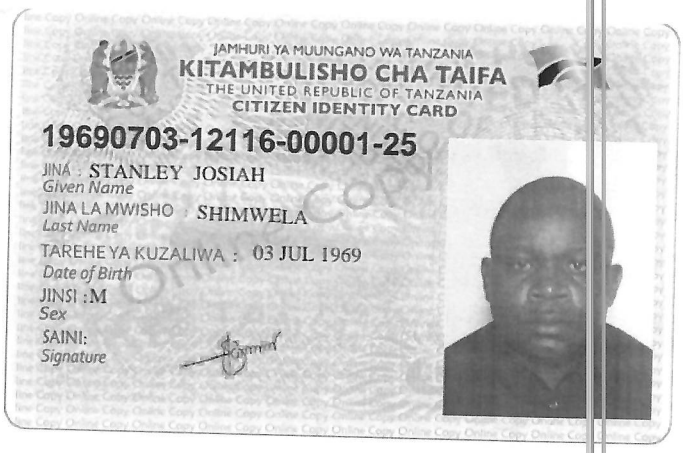
STREET / AREA: TABATA MIGOMBANI-SEGEREA STAND

ELIJAH G. MWANDUMBYA

COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

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



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

19690703-12116-00001-25

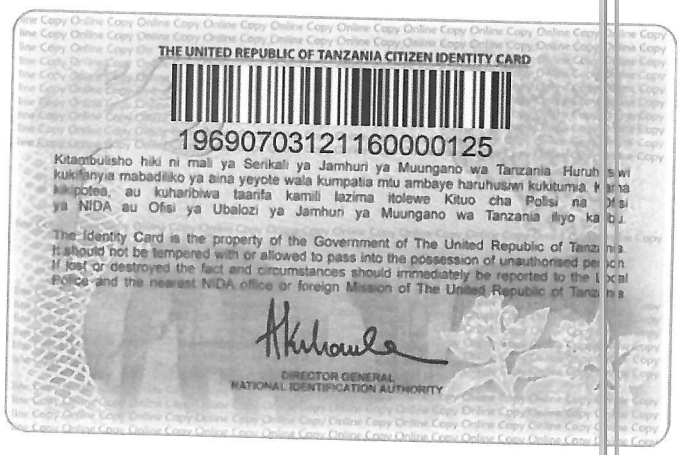
JINA : STANLEY JOSIAH
Given Name

JINA LA MWISHO : SHIMWELA
Last Name

TAREHE YA KUZALIWA : 03 JUL 1969
Date of Birth

JINSI :M
Sex

SAINI:
Signature



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19690703121160000125

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia kwa kukipotea, au kuharibiwa 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

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100732

This is to certify that the premises owned by M/S ***S & R Pharmacy - Tegeta Branch*** of ***P.O. Box 268, Dar es Salaam*** located at ***Kilungule, Bunju, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100732***

Issued in: ***January 2019***

Expires on: ***29 June 2024***

05-02-2019

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar
Pharmacy Council
P. O. Box 27
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*