



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council


Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925230358164383
Received from : Sokoni- Majengo 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 Pharmacy Ownership fee		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16208230253036109681
Payment Control Number : 991620330943
Payment Date : 2025-08-18 08:46:51
Issued by : Timotheo Ngoda
Date Issued : 2025-08-18 09:09:03
Signature : 

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: SOKOLI-MAJENGO PHARMACY FIN. 0101068

TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

PHYSICAL ADDRESS:

Plot No. 52/A/IV Street: MAJENGO MAPYA Ward. MAJENGO

District/Municipal. MOSHI MUNICIPALITY Region: KILIMANJARO

POSTAL ADDRESS: P.O. BOX 129 SIHA Contact. No. 0621074697

E-mail: MALUZA12@GMAIL.COM

OWNERSHIP:

Directors (Names): 1. MATHIAS LUZABIKO Qualification: DIRECTOR

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: ALISTIDY ALOYCE PIN: 0102664

Residential Address: BOMANG'O MBE HAI Tel. 0747545017 Email: aloycealistidy@gmail.com

Contract commencement date: 01/07/2025 Cessation date: 30/06/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SOKOLI MAJENGO PHARMACY

TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

PHYSICAL ADDRESS:

Plot No. 52/A/IV Street: MAJENGO MAPYA Ward. MAJENGO

District/Municipal. MOSHI MUNICIPALITY Region: KILIMANJARO

POSTAL ADDRESS: BOX 2240 MOSHI CONTACT. No. 0767239456

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

- 1. ROSE FAUSTIN SASI Qualification: MEDICAL DOCTOR (DIRECTOR)
- 2. Qualification:
- 3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: AUSTIDY ALOYCE PIN: 0102664
 Residential Address: BOMANGIOMBE-HAI Tel: 0747545017 Email: aloycealistidy@gmail.com
 Contract commencement date: 01/07/2025 Cessation date: 30/06/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

- 1. CHANGE OF OWNERSHIP
- 2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ROSE FAUSTIN SASI
 (Contact/email if different from the above)
 Address: BOX 2240 MASHI Tel: 0767239456 E-mail: rosesasi2015@gmail.com
 Signature of Applicant: Rfasi Date: 10/08/2025

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: Rfasi Date: 10/08/2025

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)

MKATABA WA MAUZIANO YA DUKA LA DAWA, MAJENGO PHARMACY

MAKUBALIANO HAYA YAMESAINIWA siku ya tarehe **01.** ya mwezi **07.** mwaka **2025**

BAINA YA:

Ndugu **MATHIAS ALEX LUZABIKO** wa sanduku la barua 14 Sanya JUU, ambaye ndani ya mkataba huu atakua anatajwa kama **MUUZAJI**

NA

Ndugu **ROSE FAUSTIN SASI** wa sanduku la barua 2240 Moshi, ambaye ndani ya mkataba huu atakua anatajwa kama **MNUNUZI**

KWA KUA:

- a) **MUUZAJI** ndiye ameamua kwa hiari yake bila kushurutishwa na mtu yoyote kuuza duka lake la dawa linaloitwa **MAJENGO PHARMACY** lililopo plot No. 52/A/IV/ Majengo Sokoni lenye usajili (FIN): **0101068** toka baraza la Famasi Tanzania, ndani ya mkataba huu litatajwa kama **MAJENGO PHARMACY**
- b) Na kwamba **MUUZAJI** ana hiari, kwa kuzingatia kufuatwa kwa masharti yanayoainishwa kwenye mkataba huu, ya kumuuzia **MNUNUZI** duka la **Majengo Pharmacy**.
- c) Na kua **MNUNUZI**, kwa hiari yake yupo tayari kununua dula la **Majengo Pharmacy** kwa kufuata na bila kuvunja masharti yanayoainishwa katika mkataba huu.

WAHUSIKA WA MKATABA HUU WANAKUBALIANA YAFUATAYO: -

- a) **KWAMBA**, gharama za malipo ya mauzo ya duka la Majengo Pharmacy zinajumlisha dawa zote zilizopo dukani, furniture zote, jina la biashara toka brella (Sokoni-Majengo Pharmacy), aluminium bars na vioo vilivyotumika kutenga vyumba (Aluminium partition) na Tanesco Electrical meter (Mita ya umeme ya tanesco).
- b) **KWAMBA, MUUZAJI** atauza dula la dawa Majengo Pharmacy kwa gharama ya Tsh. 8,500,000/= (Milioni nane na laki tano tuu)
- c) **KWAMBA, MNUNUZI** atanunua duka la dawa Majengo Pharmacy kwa gharama ya Tsh. 8,500,000/=
- d) **KWAMBA, MNUNUZI** atalipa shilingi 8,500,000/= kwa namna itakavyofaa kwa kuelewana na **MUUZAJI**.
- e) **NA KWAMBA MUUZAJI** atapoteza umiliki wake na kuuhamishia kwa **MNUNUZI** siku ya kuusaini mkataba mbele ya mwanasheria.

KWA MASHARTI YAFUATAYO: -

- f) **MNUNUZI** baada ya kulipa sehemu au kiasi chote cha fedha ya ununuzi, duka litakua chini ya umiliki wa **MNUNUZI**.
- g) **MUUZAJI** hatakuwa na haki yoyote juu ya duka la dawa Majengo Pharmacy baada ya kumuuzia **MNUNUZI**.

KWA MASHARTI HAYO MUUZAJI ANAKUBALI YAFUATAYO: -

- 1) Kutodai kurudishiwa duka kwa namna au sababu yoyote ile baada ya kumuuzia **MNUNUZI**.
- 2) Kumkabidhi nyaraka zote na vibali vinavyohusiana na duka la dawa la Majengo Pharmacy **MNUNUZI**.

NA MNUNUZI ANAKUBALI YAFUATAYO: -

- 1) Kuendesha duka la dawa Majengo Pharmacy kwa kuzingatia miongozo na taratibu za sheria ya nchi.
- 2) Kuwasilisha taarifa sahihi kwa taasisi mbalimbali zinazohusika na usimamizi wa maduka ya dawa kwa mujibu wa sheria za nchi.

NA INASHUHUDIWA kwamba wahusika katika mkataba huu wamesaini mkataba huu siku hii ya leo kama inavyoonekana hapa chini:

Mkataba Umesainiwa na

MATHIAS ALEX LUZABIKO, ambaye ametambulishwa


Kwangu na **ROSE FAUSTIN SASI** leo

Tarehe 01 mwezi 07 mwaka 2025



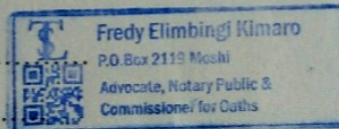
MUUZAJI

MBELE YANGU:

Sahihi 

Jina Fredy Elimbingi Kimaro

Anwani 2119 Moshi



Mkataba UMESAINIWA na

ROSE FAUSTIN SASI ambaye

Ninamfahamu katika siku hii ya tarehe 1

Mwezi wa 7 mwaka 2025



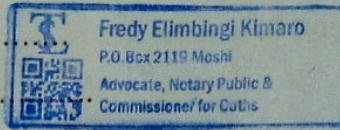
MNUNUZI

MBELE YANGU:

Sahihi 

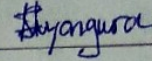
Jina Fredy Elimbingi Kimaro

Anwani 2m Moshi



SHAHIDI WA MUZAJI

1. HAPPYNESS SIMON NYANGURA



SHAHIDI WA MNUNUZI

1. NAOMI LUDEGE





TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-556-832
 MOSHI MUNICIPAL COUNCIL
 MAWENZI
 318
 MOSHI

Tax Certificate Number:
201-0245-2643

Issuing Office: Kilimanjaro
 Telephone: 027 2755074
 Date of issue: 17 July 2025
 Expiry Date: 31 December 2025

Taxpayer Name	ROSE FAUSTINE SASI		
Trading Name	SOKONI-MAJENGO PHARMACY		
Taxpayer Identification Number	172-336-280	Vat Registration Number	
Company Registration Number			

Business Premises located at :
 REGION : KILIMANJARO,
 DISTRICT : MOSHI,
 STREET : Sokoni

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	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
 17 July 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:

900142



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

ROSE FAUSTINE SASI

T/A SOKONI-MAJENGO PHARMACY

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

172-336-280

WITH EFFECT FROM: **19 FEBRUARY 2024**

TRA LOCATION: **KILIMANJARO**

TAX OFFICE: **MOSHI**

PHYSICAL LOCATION:

STREET / AREA: **SOKONI**



ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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



TANZANIA



Extract date and time: 10/07/2025 18:06:14

Last update date and time: 28/11/2023 12:15:00

Registration date and time: 10/07/2020 12:28:21

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. **Name of Business:** SOKONI-MAJENGO PHARMACY
2. **Registration number:** 474924
3. **Principale Place of Business:** Region Kilimanjaro, District Moshi CBD, Ward Majengo, Postal code 25104, Street SOKONI, Road LUCY-LAMECK, Plot number 52, Block number A, House number 4
4. **Contacts:** Email swaielizabeth1@gmail.com, Phone 255745811398, P.O.Box 21
5. **Business activity:** 4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores, Main activity
6. **Propriator/Partners:** ROSE FAUSTINE SASI
7. **Authorized to Operate Bank Account etc:** ROSE FAUSTINE SASI



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.



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



19950903-25116-04001-17

JINA : ROSE FAUSTINE
Given Name

JINA LA MWISHO : SASI
Last Name

TAREHE YA KUZALIWA* 03 SEP 1995
Date of Birth

JINSI : F
Sex

SAINI :
Signature



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



1995090325116000117

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwahi kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikapotea au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalazi 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