99162029929 2

PCF.14

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

PHARMACY COUNCIL RECEIVED 25 FEB 2025 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: NEA TRINITY PHARMACY FIN. 0101459

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

PHYSICAL ADDRESS:

Plot No. 1, Block N Street: BWAWANI Ward DODOMA MAKULU

~~District~~/Municipal DODOMA Region: DODOMA

POSTAL ADDRESS: P.O.BOX 435 DODOMA Contact. No. 0761552138

E-mail: caromumu2009@gmail.com

OWNERSHIP:

Directors (Names): 1. CAROLINE D MAYENGO Qualification: MEDICAL SPECIALIST

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

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

SUPERINTENDANT INFORMATION:

Full Name: ADEODATA B. MKUWA PIN: 0974

Residential Address: P.O.Box 743 DODOMA Tel 0767286968 Email: Pendobam@gmail.com

Contract commencement date: 01st July 2024 Cessation date 30th June 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NEAT PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 1, Block N Street. BWAWANI Ward. DODOMA MAKULU

~~District~~/Municipal. DODOMA Region. DODOMA

POSTAL ADDRESS: P.O.Box 435 DODOMA CONTACT. No. 0761552738

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

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. We The need to match with the buiness name at Business Registration and Licensing Agency (BRELA)
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: CAROLINE D. MAYENGO

(Contact/email if different from the above)

Address: P.O. BOX 435 DODOMA Tel: 0767552738 E-mail: carolmayengo2009@gmail.com

Signature of Applicant C. Mayengo Date 21/02/2025

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 C. Mayengo Date 21/02/2025

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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925055312767670**
Received from	: NEAT PHARMACY
Amount	: 150,000.00
Amount in Words	: One Hundred Fifty 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*	**100,000.00**	
: *142201611404 - Duplicates Certificate - DUPLICATE CERTIFICATE*	**50,000.00**	
	Total Billed Amount :	**150,000.00 (TZS)**

Bill Reference	: 16215055255323573924
Payment Control Number	: ***991620299292***
Payment Date	: **2025-02-24 16:08:35**
Issued by	: Zena Mango
Date Issued	: 2025-02-25 11:20:16
Signature	:

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-221-490
MKURUGENZI WA JIJI DODOMA
MTAA WA CDA
1249
DODOMA

Tax Certificate Number:
161-0227-4943

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 13 February 2025
Expiry Date: 31 December 2025

Taxpayer Name	**CAROLINE DAMIANI MAYENGO**		
Trading Name	**ST. EMERENCE POLYCLINIC**		
Taxpayer Identification Number	**109-120-987**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : BWAWANI

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
2	Other specialized medical clinics

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
13 February 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.

JAMHURI YA MUUNGANO WA TANZANIA
WIZARA YA MAMBO YA NDANI YA NCHI
JESHI LA POLISI TANZANIA

TAARIFA YA MALI ILIYOPOTEA

PHQ/DOD/DOD/8281/2025

Hii ni kuthibitisha kuwa

ISAYA SAMSON WILLIAM

Nimetoa taarifa kituo cha polisi siku ya Saturday,February 24th, 2024 kwamba mali iliyoainishwa hapa chini imepotea.:-

Aina ya Mali	Jina ya Mali	Nambari ya Mali
Nyaraka	phamacy council premises registration certificate	0101459

Maelezo Zaid
nimepoteza phamacy council premises registration certificate

Nambari ya malipo :: *9910844211005*

MKUU WA JESHI LA POLISI(CPF)

Nambari ya kitambulisho :: *4002062405*

Monday, February 24th, 2025

MKATABA WA KUPANGISHA FREMU.

MKATABA HUU, umefanyika leo Tarehe 01, Mwezi January, Mwaka 2023.

BAINA YA

ROBERT MARTIN CHUMA, Mwenye simu namba 0755257470, wa Sanduku La Barua 1482, Dodoma, Tanzania, ambae katika Mkataba huu atajulikana kama **'MPANGISHAJI/MWENYE NYUMBA'**, (neno ambalo litamjumuisha yeye mwenyewe, na warithi wake, Mawakala wake, na yeyote atakaye dai haki juu ya Mkataba huu) kwa upande mmoja;

NA

Caroline Daniel **Mwenye simu namba** 0767852738 **wa Sanduku La Barua** 7473 Dodoma, **Tanzania** ambae katika Mkataba huu atajulikana kama **'MPANGAJI'**, (neno ambalo litamjumuisha yeye mwenyewe, na warithi wake, Mawakala wake, na yeyote atakaye dai haki juu ya Mkataba huu) kwa upande mwingine.

KWA KUWA mwenye nyumba ni mmiliki halali wa Fremu zilizopo **kiwanja namba 1, kitalu 'N'**, maeneo ya **Kisasa, North, jijini Dodoma;** na

KWA KUWA mwenye nyumba ana nia ya kupangisha Fremu kwa mpangaji huyo; na

KWA KUWA mpangaji ana nia ya kupangisha Fremu kwa malipo ya kodi na masharti mengineyo yatakayoafikiwa kwenye mkataba huu;

HIVYO BASI, MKATABA HUU UNASHUHUDIWA NA KUTHIBITISHA MAKUBALIANO KATI YA MWENYE NYUMBA NA MPANGAJI KAMA IFUATAVYO:

1. **KWAMBA** Mwenye nyumba kwa hiari yake amekubali kupangisha Fremu kwa mpangaji katika kiwanja tajwa hapo juu kwa kipindi cha miezi (12) kuanzia Tarehe 01 Mwezi 01 Mwaka 2023 hadi Tarehe 31 Mwezi 12 Mwaka 2025
2. **Kwamba,** kodi ya pango ya eneo hilo ni shilingi laki moja (TSH. 100,000/=) tu kwa mwezi. Kodi ambayo inaweza kulipwa yote yaani kodi ya miezi kumi na mbili (12),Kiasi cha Shilingi 12 (**TSH.** 1,200,000/= tu Fedha za kitanzania. Au kwa awamu kwa kila baada ya miezi sita (6), yaani Kiasi cha Shilingi laki sita (TSH. 600,000/=) tu Fedha za kitanzania.

Mkataba wa Upangaji_Sahihi: Mwenye Nyumba ..... **Mpangaji** .....

PHARMACY COUNCIL

APPLICATION FOR REGISTRATION OF PREMISES
(Section 34 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
Dar es Salaam.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

1. The proposed name of the premises is....NEAT PHARMACY.....
2. Have you registered your Business name with BRELA? YES / NO provide registration No. ....487539.....
3. Type of ownership: Sole proprietorship...../ Partnerships ..... / Corporations...../ Joint Ventures.....
4. Name of contact person ....CAROLINE D MAYENGO.....
5. Postal address P.O. Box 435 Tel, No 0967-553333 Fax.....email. caronww2009@gmail.com
6. Full name(s) of Partner(s) and Directors(s) .....CAROLINE D. MAYENGO.....

.....

Name: CAROLINE D. MAYENGO. Qualification: MEDICAL SPECIALIST I.D No. .....

Name: ..... Qualification: ..... I.D No. .....

Name: ..... Qualification: ..... I.D No. .....

7. Physical address of the proposed area: Street BWAWANI..... Ward.. DODOMA MAKULU District....DODOMA..... Region....DODOMA..... Plot No....1. Block N.....
8. Premises to be registered for the business of .....

9. The business will be under the supervision of a registered superintendent (Full Name)...ADEODATA B MKUWA.....
Whose qualification is....PHARMACIST..... and his /her Reg.No./ PIN ..0974.....of Year.2012...
(*Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent*)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name) GRACE KATUNZI.....
Whose qualification is ..PHARMACEUTICA TECHNICIAN.....And his / her Enroll/List.No./PIN.C402671..of Year.2020
(*Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent*)

11. Business Commencement Date....01st July 2024.....

12. Required attachment to be submitted with this form are:
    a. Memorandum
    b. A copy of lease agreement/ title deed
    c. Certificate of Registration from BRELA (if available)
    d. Copy of contract agreement from superintendent pharmacist
    e. Copy of contract agreement from either enrolled/enlisted or dispenser
    f. Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date..25.02.2025.....

Signed..C. Mkuwa.....
Applicant

SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR's REMARKS

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof.....District/Municipal/Regional/PC Inspector of Postal address.....hereby certify that, I have inspected the above mentioned premises in Section A as per attached inspection checklist and found that it **complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....

.....

.....

Name of Inspectors(s)	Signatures & stamp	Date
1.	.....	.....
2.....	.....	.....

FOR OFFICIAL USE ONLY

Fees TZS..... Receipt No.....of.....

Registration granted/not granted because.....

.....

Registration No..... Approved by Name: .....

Signature: .....

Designation: .....

I.D Number: .....

Date: .....

....

Date Signature of Registrar and stamp.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19800207-11103-00001-15

JINA : CAROLINE DAMIANI
Given Name

JINA LA MWISHO : MAYENGO
Last Name

TAREHE YA KUZALIWA : 07 FEB 1980
Date of Birth

JINSI : F
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 29 JUL 2031
Expiry Date

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101459

This is to certify that the premises owned by M/S *Nea Trinity Pharmacy* of *S.L.P 743 Dodoma* located at *Plot No. 1, Bwawani Street, Makulu, Dodoma Mjini* Municipality/District in *Dodoma* Region has been registered for *Retail Only* to sell pharmaceutical and related products with Facility Identification Number (FIN) *0101459*

Issued in: *February 2021*

Expires on: *30 June 2026*

10-03-2021

DATE

SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31906 DAR ES SALAAM

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*

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 487539

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **NEAT PHARMACY** this **26th** day of **FEBRUARY** year **2021** 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 **487539** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **26th** day of **FEBRUARY TWO THOUSAND AND TWENTY ONE.**

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.