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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  | <input type="checkbox"/>            |
| 2. BUSINESS NAME      | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input checked="" type="checkbox"/> |

## SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: FAKARA PHARMACY-KILOLEH FIN 0101338TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. .... Street: KILOLEH Ward: IBUNGLODistrict/Municipal: ILEMELA Region: MWANZA

POSTAL ADDRESS: ..... Contact No. ....

E-mail: .....

## OWNERSHIP:

Directors (Names): 1. GEORGE J. MAGE Qualification: PARTNER2. MAMAKI P. MHOJA Qualification: PARTNER

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

## SUPERINTENDANT INFORMATION:

Full Name: OLIVA BENEDICT KINYA GYPIN PIN: 0107478Residential Address: BWWELE - ILEMELA Tel: 0757623820 Email: kinyagoliva@gmail.comContract commencement date: 1st July 2025 Cessation date: 30th June 2026

## SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: FAKARA PHARMACEUTICAL LTD - KILOLEHTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. .... Street: KILOLEH Ward: IBUNGLODistrict/Municipal: ILEMELA Region: MWANZA

POSTAL ADDRESS: ..... CONTACT No. ....

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. GEORGE J. MAIGE Qualification: DIRECTOR  
 2. MALAKI P. MHOJA Qualification: DIRECTOR  
 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. This is due to the change of the name of the  
Pharmaceutical business and mode of business  
ownership from being a partnership into an  
 2. incorporated body (company)

**SECTION D: APPLICANT INFORMATION**Name of Applicant: MALAKI P. MHOJA & GEORGE J. MAIGE

(Contact/email if different from the above)

Address: MYA MAGA WA Tel: 0757353078 E-mail: georgemaige06@gmail.comSignature of Applicant: [Signature] Date: 18/08/2025**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: [Signature] Date: 18/08/2025**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)

# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101338

This is to certify that the premises owned by M/S Ifakara Pharmacy - Kiloleli of S. L. P 453, Mwanza located at Tambwe street, Ibungilo, Ilemela Municipality/District in Mwanza Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101338

Issued in: October 2020

Expires on: 30 June 2025

06-12-2020

DATE:

  
SIGNATURE OF REGISTRAR  
AND STAMP

### 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







**MALAYANNA: GEORGE**  
*(first time)*

**MAURA TILLY : JOSEPH**  
Adults: 1000

**UNA LA VITELO : MAJGE**  
Luna Numa

DETA : 100  
SOL

SENT TWO VIA MATINES : 08 FEB 70.26  
Legacy Case



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19770505-67501-00003-24

Kidungbuntu ini re mudi ya Sambo ya Jambak ya Mungwana na Tanzania Handooni  
Kutubika maboko ya zina yendi wali kunguini mdu unyuka mungwana kutubika kama  
kubika na kutubika kutu kutu kutu kutu kutu kutu kutu kutu kutu kutu kutu kutu  
ya NIOH ya Dny ya Mungwa ya Jambak ya Mungwana na Tanzania dny kutu

This Ministry Case is the property of the Government of The United Republic of Tanzania. It should not be borrowed with or without its permission to pass into the possession of any individual or institution. If lost or damaged the text and circumstances should immediately be reported to the Head of Police and the nearest INOA office or Foreign Mission of The United Republic of Tanzania.

**Issued By :**

**NATIONAL IDENTIFICATION AUTHORITY**



TANZANIA

**Certificate of Incorporation of a Company**

Section 15

**No: 183223720**

I HEREBY CERTIFY THAT

**IFAKARA PHARMACEUTICALS LIMITED**

is this day incorporated under the Companies Act, 2002  
and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this 14<sup>th</sup> day of  
**MARCH TWO THOUSAND AND TWENTY FIVE.**



PRINC ASST. REGISTRAR OF COMPANIES

## MIKATABA WA PANGO WA BIASHARA

Mikataba huu umefanyika na kutiwa saini leo tarehe 30 mwezi Juni, mwaka 2025, kati ya:

IFAKARA PHARMACEUTICALS GENERAL MEETINGINOS, sajiliwa chini ya sheria za Jamhuri ya Muungano wa Tanzania, yenye makao yake makuu katika P.O. Box 453, Mwanza, kwa amani ya barua pepe ifakarapharmaceuticalsco.ltd@gmail.com. (hapa itajulikana kama "Mpangaji")

NA SALUWA ALY MIEJA  
Bwana Mama \_\_\_\_\_, raia wa Tanzania, nikazi wa KILOLELI A,  
(hapa atajulikana kama "Mwenye Nyumba").

### KIFUNGU NA. 1: MAELEZO YA PANGO

Mwenye Nyumba anakubali kumpangisha Mpangaji sehemu ya jengo/mali isiyohamishika iliyopo KILOLELI A, kwa matumizi ya biashara ya dawa kwa mujibu wa masharti ya mikataba huu.

### KIFUNGU NA. 2: MUDA WA MIKATABA

1. Mikataba huu ni wa muda wa miezi kumi na miwili (12) kuanzia tarehe 30 Juni 2025 hadi 30 Juni 2026.
2. Mikataba, unaweza kuhuishwa kwa makubaliano ya maandishi ya pande zote mbili.

### KIFUNGU NA. 3: KODI YA PANGO

1. Mpangaji atalipa kiasi cha Shilingi za Kitanzania 1,200,000 (TZS 100,000) kwa mwezi.
2. Malipo yatafanyika kwa njia ya benki au fedha taslimu, yakithibitishwa kwa risiti halali.
3. Kodi italipwa kila mwezi kabla au ifikapo tarehe 30 ya mwezi husika.

### KIFUNGU NA. 4: MATUMIZI NA MAJUKUMU

Mpangaji atatumia eneo kwa shughuli halali za biashara tu, na atahakikisha usafi, ulinzi na matengenezo madogo. Hatapewa ruhusa kupangisha eneo kwa mtu wa tatu bila maandishi kutoka kwa Mwenye Nyumba.

### KIFUNGU NA. 5: MATENGENEZO

Matengenezo ya kila siku ni jukumu la Mpangaji. Matengenezo makubwa ambayo hayakusababishwa na uzembe wa Mpangaji yatabebwa na Mwenye Nyumba.

### KIFUNGU NA. 6: KUVUNJA MIKATABA



Kila upande unaweza kuvunja mkataba huu kwa kutoa taarifa ya maandishi ya uko 10.  
Ukiukaji wowote wa mkataba unaweza kusababisha kuvunjwa kwa mkataba bila fidia.

#### KIFUNGU NA. 7: MGOGORO NA SHERIA INAYOTUMIKA

Mkataba hii itaongozwa na sheria za Jamhuri ya Muungano wa Tanzania. Mhogoro  
itashughulikiwa kwa usuluhishi au kufikishwa mahakamani endapo suluhisho la  
maridhiano halitapatikana.

#### KIFUNGU NA. 8: Saini za Pande Zote

Saini ya Mwenye Nyumba

Jina Kamili: SAMWA ALIY WA JA

Saini: [Signature]

Tarehe: 30/10/2025

Cheo: Mwenye Nyumba

MREGE YANGU  
JINA - FRANCIS ODDI KABULA  
CHEO - WAKILI  
SAINI - [Signature]

Saini ya Mpangaji

Kwa njia ya: IFAKARA PHARMACEUTICALS CO. LTD

Jina Kamili: IFAKARA PHARMACEUTICALS CO. LTD

Cheo: WAKILI

Saini: [Signature]

Tarehe: 30/10/2025

Cheo: Mpangaji

MREGE YANGU  
JINA - FRANCIS ODDI KABULA  
CHEO - WAKILI  
SAINI - [Signature]







**TANZANIA REVENUE AUTHORITY**

**ISO 9001: 2015 CERTIFIED**

# **TAX CLEARANCE CERTIFICATE**

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

Licencing Authority; TIN : 130-746-209

IFAKARA TOWN COUNCIL

KIBAONI

433

IFAKARA

Tax Certificate Number:

**241-0237-0787**

Issuing Office: Morogoro

Telephone: 023-2614770

Date of issue: 24 April 2025

Expiry Date: 31 December 2025

|                                |                  |                         |  |
|--------------------------------|------------------|-------------------------|--|
| Taxpayer Name                  | IFAKARA PHARMACY |                         |  |
| Trading Name                   |                  |                         |  |
| Taxpayer Identification Number | 142-043-068      | Vat Registration Number |  |
| Company Registration Number    | 466890           |                         |  |

Business Premises located at :

REGION : MOROGORO,

DISTRICT : KILOMBERO,

STREET : NDUNA

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

24 April 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.

**THE COMPANIES ACT 2002**

**COMPANY LIMITED BY SHARES**

**MEMORANDUM AND ARTICLES OF ASSOCIATION**

**OF**

**IFAKARA PHARMACEUTICALS LIMITED.**

**DRAWN BY:-  
George Joseph Maige  
(Subscriber)  
Po. Box 453  
Mwanza**

**THE COMPANIES ACT 2002**  
**A PRIVATE COMPANY LIMITED BY SHARES**  
**MEMORANDUM OF ASSOCIATION**  
**OF**  
**IFAKARA PHARMACEUTICALS LIMITED**

1. The name of the company is **IFAKARA PHARMACEUTICALS LIMITED.**
2. The Registered Office of the company will be situated in the United Republic of Tanzania.
3. The objectives of the company will be:
  - i) To carry on the business of wholesale and retail distribution of Pharmaceuticals, Medicine, Medical devices, healthcare products, Fertilizers and Agricultural raw materials.
  - ii) To carry on any other trade, business or activity whatsoever and to do anything of any nature which can, in the opinion of the Directors of the Company, be advantageously or conveniently carried on by the Company in connection with, as ancillary to or independently or any of its businesses.

**It is hereby declared:-**

(a) That the word "company" in this clause, except where used in reference to the Company, shall be deemed to include any partnership or other body or persons whether incorporated or not incorporated and whether domiciled in Tanzania or elsewhere;

(b) That the objectives specified in each of the paragraphs of this clause shall be regarded as independent objects and accordingly shall in no way be limited or restricted (except where otherwise expressed in such paragraphs) by reference to

or inference from the terms of any other paragraph or the name of the Company but may be carried out in as full and ample a manner and construed in as wide a sense as if each of the said paragraphs defined the objects of a separate and distinct company; and

4. The liability of the Members is limited by shares.
5. The share capital of the Company is Tanzanian Shillings One billion [Tshs 1,000,000,000/=] divided into 1,000 shares of Tanzanian Shillings One Million [Tshs 1,000,000/=] each with power for the Company to increase or reduce such capital and divide any shares in its capital for the time being into several classes and to attach thereto respectively any preferential, deferred, qualified or other rights, privileges, restrictions or conditions and to issue and or any part of such original, increased or reduced capital with or subject to such preferential, deferred, qualified or other rights privileges restrictions conditions.

We, the several persons whose names, addresses, and occupations are subscribed, are desirous of being formed into a company in pursuance of this Memorandum of Association and we respectively agree to take the number of shares in the capital of the Company set opposite our respective names



| Names, Postal Addresses and Occupations of Subscribers | Number of shares taken by each Subscriber | Signatures of Subscribers |
|--|---|---------------------------|
| 1. Malaki Philipo Mhoja<br>Po. Box 453<br>Mwanza.      | 300                                       | <i>Philipo</i>            |
| 2. George Joseph Maige<br>Po. Box 453<br>Mwanza.       | 300                                       | <i>Maige</i>              |

Dated at Dar es Salaam this 19<sup>th</sup> day of FEBRUARY, 2025

IN WITNESS TO THE ABOVE SIGNATURES

Full name: VIOLETH EDMUND MAHUGI

Signature: *Maigi*

Postal Address: PO BOX 10021, DAR ES SALAAM

Qualification: ADVOCATE



**THE COMPANIES ACT 2002**  
**A PRIVATE COMPANY LIMITED BY SHARES**  
**ARTICLES OF ASSOCIATION**  
**OF**  
**IFAKARA PHARMACEUTICALS LIMITED**  
**INTERPRETATION AND DEFINITIONS**

1. In these regulations:-

"The Act" means the Companies Act of 2002 of the laws of Tanzania

When any provision of the Act is referred to the reference is that provision as modified by any law for the time being in force.

Unless the context otherwise requires, the expression defined in the Act or any statutory modification thereof in force at the date at which these regulations become binding on the company, shall have the meaning as defined.

Any word importing the singular shall include the plural and vice versa, and words importing persons shall include bodies corporate, partnerships, firms, cooperative societies, etc.

The regulations of Companies Act shall apply to the Company, save in so far as they are varied or excluded hereby, but in case of any conflict between the provisions therein, and the provisions under this regulation the former shall prevail; and in addition to substitution shall be the regulations of the company.

**PRIVATE COMPANY**

2. The Company is a private company and accordingly:-

- (a) The right to transfer shares is restricted in the manner hereinafter prescribed;
- (b) The number of members of the Company (exclusive of persons who are in the employment of the company and of person who having been formerly in the employment of the company were while in such employment and have continued after the determination of such employment to be members

| Names, Postal Addresses and Occupations of Subscribers | Number of shares taken by each Subscriber | Signatures of Subscribers |
|--|---|---------------------------|
| 1. Malaki Philipo Mboja<br>Po. Box 453<br>Mwanza       | 300                                       | <i>Philip</i>             |
| 2. George Joseph Maige<br>Po. Box 453<br>Mwanza        | 300                                       | <i>Maige</i>              |

Dated at Dar es Salaam this 15<sup>th</sup> day of FEBRUARY, 2025

IN WITNESS TO THE ABOVE SIGNATURES

Full name: VIOLETH EDMUND MAHUGI

Signature: *Violeth*

Postal Address: PO BOX 10021, DAR ES SALAAM

Qualification: ADVOCATE

