



United Republic of Tanzania  
Pharmacy Council

Government Bill



SCAN & PAY by M-PESA or TIGO-PESA APPs

|                       |                                                    |
|-----------------------|----------------------------------------------------|
| Control Number        | : 991620277451                                     |
| Payment Ref           | : 16211275243126854009                             |
| Service Provider Code | : SP162                                            |
| Payer Name            | : UKONGA PHARMACY                                  |
| Payer Phone           | : 0767026091                                       |
| Bill Description      | : CHANGE OF NAME & BUSINESS<br>NAME FEE 2024       |
| Billed Item (1)       | : Application for change of name/ ownership<br>- 0 |

**Total Billed Amount** : 200,000.00 (TZS)

Amount in words : Two Hundred Thousand Tanzanian Shilling And Zero Cent(s) Only

Expires on : 15-Oct-2024

Prepared By : Zena Mango

Collection Center : Head Quarter

Printed By : Zena Mango

Printed On : 07-Oct-2024

Signature

Jinsi ya Kuilipa:

1. Kupitia Benki: Fika tawi lolote au wakala wa benki ya NMB, 1. Via Bank: Visit any branch or bank agent of NMB, CRDB, CRDB, NBC, Namba ya kumbukumbu: 991620277451.
2. Kupitia Mitandao ya Simu
- Ingia kwenye menu ya mtandao husika
- Chagua 4 (Lipa Bill)
- Chagua 5 (Malipo ya Serikali Ingiza 991620277451 kama
- Select 5 (Government Payments) Enter 991620277451 as

2. Via Mobile Network Operators (MNO):
- Enter to the respective USSD Menu of MNO
- Select 4 (Make Payments)
- Select 5 (Government Payments) Enter 991620277451 as

reference number

PHYSICAL ADDRESS: Plot No. Street. Ward. Region. District/Municipal. POSTAL ADDRESS: 55093 DSH CONTACT No. 0756845694

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐  
NAME OF THE NEW PREMISES: PHARMACY (UKONGA)

SECTION B: PROPOSED CHANGES:  
Full Name: GODRIVER Lumbucu PIN: 0103040  
Residential Address: MAKUUBUSHE Tel: 0767036091 Email: Contract commencement date: 01.01.2004 Cessation date: 30.12.2004

SUPERINTENDANT INFORMATION:  
3. Qualification:  
2. Qualification:  
Directors (Names): 1. KUVENYA KIMBA Qualification: ENTREPRENEUR

OWNERSHIP:  
E-mail:  
PHYSICAL ADDRESS: Plot No. Street. Ward. Region. District/Municipal. POSTAL ADDRESS: P.O. Box 2362 Contact No. 0753789595

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐  
NAME OF PREMISES: UKONGA PHARMACY PIN: 0101843

SECTION A: APPLICANT CURRENT INFORMATION:  
1. PREMISES LOCATION ☐  
2. BUSINESS NAME ☒  
3. BUSINESS OWNERSHIP ☒

APPLICATION FOR CHANGE OF:

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

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



PHARMACY COUNCIL

PCF.14 10/11/2027

991620274551  
Alire 2009000  
Alterations

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

Directors (Names):

1. **INNOCENT KESKY** Qualification: **EMERPRENER**

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. **THE PHARMACY IS SOLD.**

2.

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: **INNOCENT CHAUENCE KESKY**

(Contact/email if different from the above)

Address: **KINYEREZI** Tel: **0756845694** E-mail: **innocent20kesky35@gmail.com**

Signature of Applicant: **I. Kesky** Date: **1.10.2024**

**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: **I. Kesky** Date: **1.10.2024**

**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)



TANZANIA REVENUE AUTHORITY  
ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

|                                        |
|----------------------------------------|
| Licensing Authority, TIN : 101-372-650 |
| ILALA MUNICIPAL COUNCIL                |
| MISSION STREET                         |
| DAR ES SALAAM                          |

|                                       |
|---------------------------------------|
| Tax Certificate Number: 121-0197-0811 |
| Issuing Office: Ilala                 |
| Telephone: 022-2863190                |
| Date of Issue: 15 March 2024          |
| Expiry Date: 31 December 2024         |

|                                |                        |
|--------------------------------|------------------------|
| Taxpayer Name                  | ZUWENA MHADHAM MTABAZI |
| Trading Name                   |                        |
| Taxpayer Identification Number | 123-457-028            |
| Company Registration Number    |                        |

Business Premises located at:  
REGION : DAR ES SALAAM,  
DISTRICT : ILALA,  
STREET : UKONGA PRISON

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 businesses:  
1. Retail sale of clothing, footwear and leather articles in specialized stores

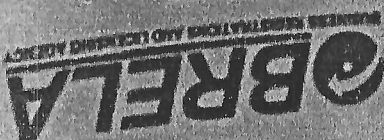
Alfred T. Mregi  
COMMISSIONER FOR DOMESTIC REVENUE  
18 March 2024



## Disclaimer:

1. This certificate is issued free of charge
2. This certificate should be rendered 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

TANZANIA



No. 583492

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT TANZANITY PHARMACY this 10<sup>th</sup> day of SEPTEMBER year 2024 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 583492 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 10<sup>th</sup> day of SEPTEMBER TWO THOUSAND AND TWENTY FOUR.



*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.

# PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01843-2024

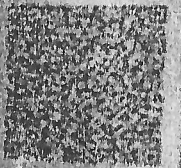
This Permit is hereby granted to M/S Ukonga Pharmacy of P.O. Box 2362, Dar es Salaam to operate a Retail Only Business at the premises situated between Ukonga, Kipunguni, Mlala Municipality/District in Dar es Salaam Region with Facility Identification Number (PIN) 0101843 under a superintendent Pharmacist Godfrey Lumbugu with Personal Identification Number (PIN) 0103040

Issued in: October 2021

Expires on: 30 June 2025

### 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 registered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacy 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



SIGNATURE OF REGISTRAR

*[Handwritten Signature]*

DATE:

03-07-2024

# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101843

This is to certify that the premises owned by M/S Ukonga Pharmacy of P.O. Box 2362, Dar es Salaam located at Ukonga, Kipunguni, Ilala Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101843

Issued in: October 2021

Expires on: 30 June 2027

DATE:

10-02-2022

### 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



SIGNATURE OF REGISTRAR  
AND STAMP