United Republic of Tanzania

Pharmacy Council

Government Bill

Controll Number	**: 991620277451**
Payment Ref	**: 16211275243126854009**
Service Provider Code	**: SP162**
Payer Name	**: UKONGA PHARMACY**
Payer Phone	: 0767026091
Bill Description	: CHANGE OF NAME & BUSINESS NAME FEE 2024

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

Billed Item (1)	: Application for change of name/ ownership - 0	: 200,000.00
	: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	----------	

PHARMACY COUN...

Jinsi ya Kulipa:

1. Kupitia Benki: Fika tawi lolote au wakala wa benki ya NMB, CRDB, NBC. Namba ya kumbukumbu: **991620277451**.
2. Kupitia Mitandao ya Simu
   - Ingia kwenye menyu ya mtandao husika
   - Chagua 4 (Lipa Bili)
   - Chagua 5 (Malipo ya Serikali Ingiza **991620277451** kama namba ya kumbukumbu

How To Pay:

1. Via Bank: Visit any branch or bank agent of NMB, CRDB, NBC. Reference Number:**991620277451**.
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

~~9916202745~~ 59 Alipie 200,000 Alterations

PCF.14

10/1/2024

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: UKONGA PHARMACY FIN 0101843

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

PHYSICAL ADDRESS:

Plot No. ..... Street: UKONGA Ward KIPUNGUNI

District/Municipal ILALA Region: DAR ES SALAAM

POSTAL ADDRESS: P.O.Box 2362 Contact. No. 0753789595

E-mail: .....

OWNERSHIP:

Directors (Names): 1. RUWENA MTABAZI Qualification: ENTERPRENEUR

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

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

SUPERINTENDANT INFORMATION:

Full Name: GODRIVER LUMBUGU PIN: 0102040

Residential Address: MAKUMBUSHO Tel: 0767026091 Email: .....

Contract commencement date: 01.01.2024 Cessation date 30.12.2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TANZANITY PHARMACY (UKONGA)

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

PHYSICAL ADDRESS:

Plot No. ..... Street UKONGA Ward KIPUNGUNI

District/Municipal ILALA Region DAR ES SALAAM

POSTAL ADDRESS: 55093 DSM CONTACT. No. 0756845694

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. INNOCENT KESSY ..... Qualification: ENTERPRENUER
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 CAUDENCE KESSY

(Contact/email if different from the above)

Address: KINYERE21 ..... Tel: 0756845694 E-mail: Innocentizokessy25@gmail.com

Signature of Applicant..... I. Kessy .....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. Kessy ..... 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)

Licencing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
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	123-487-028	Vat Registration Number	
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 business(es):

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

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
16 March 2024

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

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 583492

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **TANZANITY PHARMACY** this 10th 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 10th day of **SEPTEMBER TWO THOUSAND AND TWENTY FOUR.**

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.

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/lying between *Ukonga, Kipunguni, Ilala* Municipality/District in *Dar es Salaam* Region with Facility Identification Number (FIN) *0101843* under a superintendent Pharmacist *Godriver Lumbuga* with Personal Identification Number (PIN) *0103040*

Issued in: *October 2021*

Expires on: *30 June 2025*

03-07-2024

DATE

SIGNATURE OF REGISTRAR

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 unregistered premises or during the period of suspension, revocation or cancellation*
2. *The nature of conducting business shall conform to the category of pharmacist 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*

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***

10-02-2022

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 premises*
2. *This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed*
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*