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: SALVA CARE PHARMACY FIN 0103055

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

PHYSICAL ADDRESS:

Plot No. 1109 Street: HATANGA Ward MWAKIBETE

District/Municipal MBETA Region: MBETA

POSTAL ADDRESS: 287 Contact. No. 0743588102

E-mail: nyanda loveness @gmail.com

OWNERSHIP:

Directors (Names): 1. LOVENESS NYANDA Qualification:.....

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

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

SUPERINTENDANT INFORMATION:

Full Name: .....PIN: .....

Residential Address: .....Tel: .....Email: .....

Contract commencement date: ..... Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MERCY CARE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 1109 Street HATANGA Ward MWAKIBETE

District/Municipal MBETA Region MBETA

POSTAL ADDRESS: MBETA CONTACT. No. 0744756785

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) 0406530

Directors (Names):

1. SIWEMA ANANIA ..... Qualification: PHARMACEUTICAL TECHNICIAN
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: BARAKA MACHARA MWANGWINA PIN: D10 23 65

Residential Address: MBETA Tel: 0752146222 Email: barakamachara@gmail.com

Contract commencement date: 09/08/2025 Cessation date 09/08/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Have new Ownership
2. Leadership change

SECTION D: APPLICANT INFORMATION

Name of Applicant: SIWEMA ANANIA MWABULILO

(Contact/email if different from the above)

Address: MBETA Tel: 0744756785 E-mail: wama.anania@gmail.com

Signature of Applicant 23/07/20 S.anania Date 23/07/2025

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 S.anania Date 23/07/2025

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 KUUZIANA OFISI YA PHARMACY

Mkataba huu Umefanyika Leo Tarehe 11/07/2025

Kati Ya

LOVENESS ZACHARIA NYANDA wa Mbeya na simu Na. **0677053131** ambaye chini ya mkataba huu atafahamika kama **Muuzaji wa ofisi** kwa upande mmoja.

NA

SIWEMA ANANIA MWABULWILO mwenye namba za simu 0744756785 **Mkazi wa MBEYA, jijini Mbeya** (ambaye chini ya Mkataba huu anafahamika kama **"*MNUNUZI*")** kwa upande mwingine.

Kwamba MUUZAJI ni Mmiliki halali wa **ofisi ya pharmacy** iliyopo mtaa **wa MANGA VETA**, ndani ya jiji la Mbeya Wilaya ya Mbeya mjini.

NA KWAKUWA MUUZAJI amehiari mwenyewe bila kushurutishwa na mtu yeyote na akiwa na utimamu wa akili na mwili, anayo nia na lengo la kumuuzia Mnunuzi ofisi hiyo, na Mnunuzi kwa hiari yake mwenyewe anakubali kununua ofisi hiyo .

PANDE ZOTE MBILI WAMEKUBALIANA KAMA IFUATAVYO: -

1. Kwamba, Muuzaji ni mmiliki halali wa Ofisi iliyopo **Mtaa wa Manga veta Mbeya Wilayani Mbeya.**
2. Kwamba Muuzaji anauza ofisi hiyo ambayo haina mgogoro wala hajawahi kukopea ama kumpa mtu mwingine hapo kabla hadi leo hii anapoamua kukiuza kwa mnunuzi ambaye naye ameridhia kwa hiyari yake kununua ofisi hiyo.
3. Kwamba Muuzaji kwa hiari yake mwenyewe anauza ofisi hiyo kwa kiasi cha **shilingi Milioni tano tu (5,000,000) =** na Mnunuzi kwa hiari yake anakubali kununua kwa kiasi hicho .
4. Kwamba muuzaji na mnunuzi wamekubalina kuuziana ofisi hiyo Pamoja na vitu vilivyomo kwenye ofisi hiyo ikiwa ni Pamoja vipodozi, freezer, ambayo jumla ya vitu hivyo pamoja na ofisi hivyo vinauzwa kwa thamani ya **milioni tano(5,000,000) tu.**

5. Kwamba leo tarehe **11/07/2025** muuzaji na mnunuzi wamekubaliana mnunuzi atamkabidhi Muuzaji kiasi cha pesa shillingi million **nne na laki tano (4,500,000) tu.**

6. Kwamba Mnunuzi na Muuzaji wamekubaliana Pesa inayobaki Mnunuzi atamalizia baada ya wiki moja yani tarehe **18/07/205.**

7. Kwamba, muuzaji anakiri kupokea fedha hizo kutoka kwa mnunuzi leo hii tarehe 11/07/2025 kiasi cha **million nne na laki tano (4,500,000) tu.** kupitia **Accaunt** namba **01525598517100. Ya CRDB Bank,** Yenye majina **MARTHA MLYAKADO BUSAGALA.**

8. Kwamba baada ya mauziano ya ofisi hiyo mnunuzi atawajibika kulipa kodi ya pango kwa mwenye jengo lilichopo mtaa wa manga veta.

9. Kwamba baada ya Kuisaini Mkataba huu Muuzaji hatakiwi kutumia ofisi hiyo wala kuuza kwa mtu mwingine kwa kuwa tayari amepokea pesa za mauzo ya ofisi hiyo kutoka kwa mnunuzu na kwamba kufanya vinginevyo itatafsiriwa kuwa ni utapeli na kwamba vyombo vya dola vitamchukulia hatua.

10. Mkataba huu unatawaliwa na sheria za Jamuhuri ya muungano wa Tanzania kwa yeyote atakaye vunja mkataba huu atachukuliwa hatua kali za kisheria

KWA KUTHIBITISHA HAYO IMETIWA SAINI KAMA IFUATAVYO: -

LOVENESS ZACHARIA NYANDA	**SIWEMA ANANIA MWABULWILO**
(MUUZAJI WA OFISI)	**(MNUNUZI WA OFISI)**
.....	.....
VICTA NYANDA	**MUSSA KIPALA KYANDO**
(Shahidi upande wa muuzaji	**(shahidi upande wa Mnunuzi)**

MBELE YANGU

EZEKIEL A. MWAMPAKA
WAKILI

MKATABA WA KUPANGISHA CHUMBA CHA BIASHARA JIJINI MBEYA.

Mkataba huu ni wa kisheria na ni makubaliano halali na ya hiari kwa pande zote mbili zilizotajwa hapo chini.

Upande wa kwanza=Mpangaji **Mr. MUSSA KYANDO** Box ....Mbeya, SIMU; No. 0769 282 209

Upande wa pili= Mwenye Mali - Bwana Romuald A.Matteru- SIMU; No. 0754 695 590

Gharama ya kupangisha chumba kwa mwezi **Tshs. 250,000/= (***Laki mbili na hamsini elfu tu).*

Jumla ya fedha ya pango aliyolipa mpangaji ni Tshs. **1,000,000/=** BADO- 500,000/= ***(ambayo italipwa kabla ya tarehe 15/10/2025).***

Tarehe ya kuanza kwa mkataba [ambayo ndiyo tarehe ya malipo]..... **15/8/25**

Mkataba ni wa **Miezi 6** na tarehe ya kuisha kwa mkataba **14/2/26**

Aina ya biashara iliyoombewa kwenye mkataba huu: **PHARMACY**

Makubaliano Yanayoambatana na Upangaji wa chumba hiki.

Utatakiwa kutoa ushirikiano wa dhati kwa wenzako kuhusu matumizi ya umeme, maji na huduma za choo na gharama ndogo ndogo zitakazojitokeza kuhusu huduma hizo.

Tozo la ada ya ukusanyaji wa taka ngumu n.k. zitakazoelekezwa na Halmashauri ya Jiji na Mamlaka nyinginezo zitalipwa na wewe mpangaji kwa wakati bila kuchelewa.

Wewe Mpangaji UMEKUTA *wiring ya umeme* kwenye chumba chako.Unatakiwa uitunze miundo mbinu ya umeme ulioikuta na usifanye mabadiliko yoyote bila kuwasiliana na mwenye mali. Wiring ya chumba pamoja na nyongeza yoyote ya extension ya umeme itakayofanywa na wewe Mpangaji kwa ridhaa ya Mwenye Mali, vitakuwa chini ya uangalizi na umiliki wa Mwenye Mali kwa sababu za usalama uhakiki na ukaguzi.Mpangaji atakapoondoka hatatoa chochote kinachohusu umeme (Meter au Wiring) ikiwa ni pamoja na extension ya umeme aliyofanya mpangaji kwenye chumba hicho na hivi vyote vitabakia kuwa mali ya Mwenye Mali. *Kama utakuwa hukubaliani na agizo hili usifanye extension yoyote ya umeme kwenye chumba hicho ili kuepuka usumbufu pande zote mbili.*

Masharti:- Chumba au vyumba vitatunzwa na mpangaji kwa hali ya usafi wa ndani ya chumba na mazingira yake pamoja na miundo mbinu yote ya chumba aliyoikuta mpangaji. Uharibifu au uchafu wowote utagharamiwa na mpangaji kwa hiari yake mwenyewe baada ya kushauriana na mwenye mali (au mwakilishi wake) au ikibidi kwa kutumia mkondo wa sheria. Hairuhusiwi kubadilisha miundo mbinu ya chumba chochote bila makubaliano na Mwenye Mali.

Ieleweke kuwa idhini ya matumizi ya chumba husika ni kwa biashara ile tu aliyoombea mpangaji na kama atahitaji kubadilisha biashara yake ni vyema kushauriana na Mwenye Mali na kupata kibali cha matumizi mapya kama muafaka wa mazungumzo utafikiwa. Siku ya kuisha kwa mkataba Mwenye Mali atarejeshewa chumba chake/vyumba vyake bila masharti na ni kwa ridhaa ya Mwenye Mali kumkubalia Mpangaji kuanza mkataba mwingine au la. Endapo Mpangaji atakiuka masharti haya na mengine yote atakayoelezwa na Mwenye Mali ndani ya kipindi cha mkataba, basi mkataba utakuwa umevunjika na mpangaji atalazimika kukirejesha chumba/vyumba husika bila kurejeshewa fedha ya pango iliyosalia.

YALIYOANDIKWA HAPO JUU YAMEKUBALIWA NA PANDE ZOTE MBILI

Majina na Saini za wahusika kukiri kuyaelewa sawasawa na kuyakubali kabisa makubaliano hayo hapo juu.

Jina na saini ya Mpangaji..MUSSA KYANDO.....

Jina na saini ya Mwenye Mali.....Romuald matteru.....

Jina na saini ya Shahidi wa Mpangaji.....

Jina na saini ya Shahidi wa Mwenye Mali.....

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority, TIN : 101-903-478
MBEYA CITY COUNCIL
UHINDINI-SISIMBA
149
MBEYA

Tax Certificate Number
231-0235-0233

Issuing Office: Mbeya
Telephone: 025 2502165
Date of issue: 04 April 2025
Expiry Date: 31 December 2025

Taxpayer Name	LOVENESS ZACHARIAH NYANDA		
Trading Name			
Taxpayer Identification Number	169-521-638	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MBEYA,
DISTRICT : MBEYA,
STREET : ILOMBA

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	Other retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
04 April 2025

Disclaimer :

MBEYA ZONAL REFERRAL HOSPITAL

P O Box 419 Mbeya Tel +255 25 2503456 Email: info@mzrh.go.tz

STAFF IDENTITY CARD

PF 2047533

VICTOR NYANDA

INTERNAL MEDICINE

MEDICAL OFFICER II

EMPLOYEE SIGNATURE EMPLOYER SIGNATURE

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19980803-53715-00002-18

JINA : SIWEMA ANANIA
Given Name

JINA LA MWISHO : MWABULWILO
Last Name

TAREHE YA KUZALIWA : 03 AUG 1998
Date of Birth

JINSI : F
Sex

SAINI :
Signature

S. anania

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19980803537150000218

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuhanibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi 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

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 03055-2024

This Permit is hereby granted to M/S ***Salvacare Pharmacy*** of ***287, Uzunguni B*** to operate a ***Retail Only Business*** at the premises situated/lying between ***287, Uzunguni B Mbeya*** Municipality/District in ***Mbeya*** Region with Facility Identification Number (FIN) ***0103055*** under a superintendent Pharmacist ***Nsalu F Sijabaje*** with Personal Identification Number (PIN) ***0102918***

Issued in: ***February 2024***

Expires on: ***30 June 2025***

02-10-2024

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*

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925255365652275**
Received from	: MERCY CARE PHARMACY
Amount	: 200,000.00
Amount in Words	: Two 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 - 16212255250439417292*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16212255250439417292
Payment Control Number	**: *991620334482***
Payment Date	**: 2025-09-12 13:14:09**
Issued by	: sharoon Muro
Date Issued	: 2025-09-12 15:25:54
Signature	: .....

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925258366126028**
Received from	: MERCY CARE PHARMACY
Amount	: 50,000.00
Amount in Words	: Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142201611404 - Duplicates Certificate - 16208258250256957260*	**50,000.00**	
	Total Billed Amount :	**50,000.00 (TZS)**

Bill Reference	: 16208258250256957260
Payment Control Number	: ***991620334591***
Payment Date	: **2025-09-15 08:15:36**
Issued by	: sharoon Muro
Date Issued	: 2025-09-15 09:02:22
Signature	: .....