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: MZINZA PHARMACY FIN. 0100722

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

PHYSICAL ADDRESS:

Plot No. ..... Street: ..... Ward. IGOMA

District/Municipal. NYAMAGANA Region: MWANZA

POSTAL ADDRESS: 1080 IGOMA-MWANZA Contact. No. 0756-809043

E-mail: —

OWNERSHIP:

Directors (Names): 1. SOPHIA APORINARY MTATONDWA Qualification: MUUGUZI

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

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

SUPERINTENDANT INFORMATION:

Full Name: PETER ZACHARIA SONDORE PIN: 0101565

Residential Address: BOX 1719 MWANZA Tel: 0658021121 Email: psondore@gmail.com

Contract commencement date: 01/07/2023 Cessation date 30/06/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: DREAMROSE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street ..... Ward. IGOMA

District/Municipal. NYAMAGANA Region MWANZA

POSTAL ADDRESS: 21 MUSOMA CONTACT. No. 0763-803150

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. LAZARO NYAKIRIGA ... Qualification: PHARMACEUTICAL TECHNICIAN
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. IMEUZWA KUTOKA KWA SOPHIA APORINARY MTAFONDWA KWA LAZARO NYAKIRIGA
2. KUBADILISHA UMILIKI

SECTION D: APPLICANT INFORMATION

Name of Applicant: LAZARO NYAKIRIGA.

(Contact/email if different from the above)

Address: P.O.BOX 21 MUSOMA Tel: 0763803150 E-mail: Lnyakiriga@gmail.com

Signature of Applicant: L Nyakiriga Date: 29/01/2024

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: L Nyakiriga Date 29/01/2024

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)

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 563726

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **DREAMROSE PHARMACY** this **26th** day of **JANUARY** 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 **563726** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **26th** day of **JANUARY 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.

Form 21

TANZANIA

BRELA

Extract date and time: 26/01/2024 17:24:11
Registration date and time: 26/01/2024 17:24:09

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	Name of Business:	DREAMROSE PHARMACY
2.	Registration number:	563726
3.	Principale Place of Business:	Region Mwanza, District Nyamagana, Ward Igoma, Postal code 33118, IGOMA NEAR BY VODA SHOP CENTER
4.	Contacts:	Email lnyakiriga@gmail.com, Phone 255763803150, P.O.Box 21
5.	Business activity:	4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores, Main activity 6499 - Other financial service activities, except insurance and pension funding activities, n.e.c. 9609 - Other personal service activities n.e.c.
6.	Propriator/Partners:	LAZARO KICHUCHU NYAKIRIGA
7.	Authorized to Operate Bank Account etc:	LAZARO KICHUCHU NYAKIRIGA

REGISTRAR OF BUSINESS NAMES *TANZANIA*

Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

CTIN: 2320067

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION
FOR
TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

Ms. SOPHIA APORINARY MTATONDWA

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

139-752-171

WITH EFFECT FROM: **22 August 2019**

TRA LOCATION: **MWANZA** TAX OFFICE: **NYAMAGANA**

PHYSICAL LOCATION:

STREET / AREA: IGOMA

ABDUL Y. MAPEMBE

OFFICIAL SEAL AG. COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269
PHARMACY COUNCIL
MABIBO EXTERNAL
31818
DAR ES SALAAM

Tax Certificate Number: **261-0191-2826**

Issuing Office: Mwanza
Telephone: 028 2500906
Date of issue: 31 January 2024
Expiry Date: 31 December 2024

Taxpayer Name	SOPHIA APORINARY MTATONDWA		
Trading Name			
Taxpayer Identification Number	139-752-171	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MWANZA,
DISTRICT : NYAMAGANA,
STREET : IGOMA

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
31 January 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.

BID 30235

(Rev. 2/96)

Bilmcc/29511

JAMHURI YA MUUNGANO WA TANZANIA

LESENI YA BIASHARA

B 4459292

(Imetolewa chini ya Sheria ya Leseni za Biashara Na. 25 ya Mwaka 1972 marekebisho ya mwaka 1980 na masharti yaliyo nyuma)

*Futa isiyotakiwa.

1. Ofisi iliyotolewa MWANZA CITY COUNCIL
2. Nambari ya Ushuru wa Mapato 139 - 752 - 171
3. Leseni imetolewa kwa SOPHIA A. MTATONDWA
   kuendesha biashara ya DUKA LA DAWA
   katika Wilaya/Kanda* ya NYAMAGANA Mtaa 1 GCMA
   1 GCMA
4. Ni ya Shina/Tawi*
   Ada Sh. 100,000/= Nambari ya Stakabadhi 2GG721
   ya tarehe 31.01.2023
5. Mpya/Inaendeleza* Muda wa Leseni Na. 39G7647
   ya tarehe 23.03.2022

(ii) Muda wa Leseni hii utaishia 27 DEC 2023

Tarehe 30/03/2023

Sahihi na Muhuri wa Mtoaji Leseni

R.B PHARES

GP-Dsm

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19730303-33118-00003-18

JINA *Given Name* SOPHIA APORINARY

JINA LA MWISHO *Last Name* MTATONDWA

TAREHE YA KUZALIWA *Date of Birth* : 03 MAR 1973

JINSI *Sex* : F

SAINI *Signature*:

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19730303331180000318

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hakitakiwi kuharibiwa makosa ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kimepotea au kuharibiwa taarifa zitatakiwa zitolewe 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 unauthorized person. If lost or destroyed, the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or through Mission of The United Republic of Tanzania.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19940201-33419-00001-21

JINA : **LAZARO KICHUCHU**
Given Name

JINA LA MWISHO : **NYAKIRIGA**
Last Name

TAREHE YA KUZALIWA : **01 FEB 1994**
Date of Birth

JINSI : **M**
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : **03 MAR 2031**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19940201334190000121

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 kuharibiwa 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

Control No: 9984114472323

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

Tax Payment Slip

Name of Account Holder(s): N/A
Bank Account Number: N/A
Name of Commercial Bank: N/A
Mobile Phone: 0756809043

Please transfer from my/our account the amount of TZS 227,500.00
Amount in Words: Two Hundred Twenty Seven Thousand Five Hundred Only

Value Date: 31/12/2023
To: N/A
Tanzania Revenue Authority

Account Number: **N/A**
SWIFT Code: **N/A**
Control Number: **9984114472323**
Taxpayer TIN: **139752171**
Taxpayer Name: **SOPHIA APORINARY MTATONDWA**

TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

#	Tax Description	Item Reference	GFS Code	Tax Amount(TZS)
1	Individuals - Presumptive Tax	635656432	11111105	113,750.00
2	Individuals - Presumptive Tax	635656433	11111105	113,750.00

Signature ..... Date...../...../20.....
Signature..... Date...../...../20.....

Bank use only
Reference number

Note to Commercial Bank:

1. Please capture the above information correctly.
2. Field 70 of MT103 carries a payment control number, must be captured correctly.

Printed from TRA-RGS

Date: Sunday, 31 December 2023 Time: 12:23:14 (12:23:14 PM)

OJ65120666 – Ref.

Control No: 9984111790643

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

Tax Payment Slip

Name of Account Holder(s): N/A
Bank Account Number: N/A
Name of Commercial Bank: N/A
Mobile Phone: 0756809043

Please transfer from my/our account the amount of TZS 239,500.00
Amount in Words: Two Hundred Thirty Nine Thousand Five Hundred Only

Value Date: 15/06/2023
To: N/A
Tanzania Revenue Authority

Account Number: **N/A**
SWIFT Code: **N/A**
Control Number: **9984111790643**
Taxpayer TIN: **139752171**
Taxpayer Name: **SOPHIA APORINARY MTATONDWA**

TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

#	Tax Description	Item Reference	GFS Code	Tax Amount(TZS)
1	Individuals - Presumptive Tax	635656430	11111105	113,750.00
2	Individuals - Presumptive Tax	635656431	11111105	113,750.00
3	Stamp Duty Other than Sales of Revenue Stamp	635656442	11610127	12,000.00

Signature ..... Date...../...../20.....
Signature..... Date...../...../20.....

Bank use only
Reference number

Note to Commercial Bank:

1. Please capture the above information correctly.
2. Field 70 of MT103 carries a payment control number, must be captured correctly.

Control No: 9984111790665

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

Tax Payment Slip

Name of Account Holder(s): N/A
Bank Account Number: N/A
Name of Commercial Bank: N/A
Mobile Phone: 0756809043

Please transfer from my/our account the amount of TZS 120,000.00
Amount in Words: One Hundred Twenty Thousand Only

Value Date: 15/06/2023
To: N/A
Tanzania Revenue Authority

Account Number: **N/A**
SWIFT Code: **N/A**
Control Number: **9984111790665**
Taxpayer TIN: **139752171**
Taxpayer Name: **SOPHIA APORINARY MTATONDWA**

TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

#	Tax Description	Item Reference	GFS Code	Tax Amount(TZS)
1	Rental Tax	635656450	11310101	120,000.00

Signature ..... Date...../...../20.....
Signature..... Date...../...../20.....

Bank use only
Reference number

Note to Commercial Bank:

1. Please capture the above information correctly.
2. Field 70 of MT103 carries a payment control number, must be captured correctly.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100722

This is to certify that the premises owned by M/S ***Mzinza Pharmacy*** of ***Mwanza*** located at ***Igoma, Nyamagana*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100722***

Issued in: ***January 2019***

02-02-2019

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*

TAREHE 01/04/2023

MKATABA WA KUPANGISHA FREMU KWA AJILI YA BIASHARA, FREM IPO JIJI LA MWANZA WILAYA YA NYAMAGANA KATA YA IGOMA MTAA WA MANDELA

NOTE: Fremu inalipiwa kwa kipindi chote cha miezi **12** yaani muda wa mwaka moja ambayo ni **800,000/=**

Kichwatajwa chahusika, mimi **MADAMA MASUNGA** Mmiliki wa fremu, nimempangisha ndugu **SOFIA APOLINARY MTATONDWA** mmiliki wa **MZIMNZA PHARMACY**. Kwa ajili ya kufanya biashara kwa kodi y ash. **800,000/=** na amelipia jumla ya Tsh. **800,000/=** ambayo ni kodi ya miezi 12. Au mwaka moja.

Kuanzia **1/4/2023** hadi tarehe **30/3/2024.**

MASHARTI YA MKATABA: (ZINGATIA)

1. Mpangaji atumie **FREMU** kufanya biashara halali kwa mujibu wa sheria ya **JAMHURI YA MUUNGANO WA TANZANIA.**
2. Mpangaji afuate sheria na kanuni ndogo ndogo watakazo kubaliana katika umoja wao wa igoma mfano. Shughuli za usafi, ulinzi n,k
3. Kodi zinatakiwa kulipwa kwa kipindi cha miezi 12 yaani mwaka moja kabla ya kupewa mkataba mpya.
4. Mpangali aliyepangishwa fremu na mmiliki, haruhusiwi kumpangisha mpangaji mpya bila ridhaa ya mmiliki.
5. Kushindwa kulipa kodi ya frem uliyopangishwa unapoteza sifa ya kuwa mpangaji kwa kuwa fremu ni kwa matumizi ya kibiashara na siyo makazi hivyo unatakiwa kuhama mara moja kupisha mpangaji mpya.
6. Mpangaji anatakiwa kufanya matengenezo ya uharibifu wowote atakao sababisha wakati akiitumia fremu hiyo kipindi atakapo hama.
7. Mpangaji haruhusiwi kupikia ndani ya fremu bila ruhusa ya mmiliki

JINA LA MMILIKI MASUNGA MADAMA YUMA

SAHIHI

NAMBA YA SIMU 0764205185

ALAMA YA DOLE GUMBA.

UTHIBITISHO:

MIMI SOFIA A MTATONDWA AMBAYE NI MPANGAJI

NIMESOMA NA KUELEWA MKATABA HUU NA NAKUBALIANA KUTEKELEZA MASHARTI NA VIPENGELE VYA MKATABA HUU.

JINA LA MPANGAJI SOFIA A MTATONDWA

SAHIHI

NAMBA YA SIMU 0754[illegible]03

ALAMA YA DOLE

MKATABA HUU UMESAINIWA LEO TAREHE 01/04/2023

HAPA IGOMA

CTIN:

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION
FOR
TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

LAZARO KICHUCHU NYAKIRIGA

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

153-795-975

WITH EFFECT FROM **15 OCTOBER 2021**

TRA LOCATION: **DODOMA** TAX OFFICE: **DODOMA**

PHYSICAL LOCATION: **PLOT No. -**

STREET / AREA: **MERIWA**

OFFICIAL SEAL

HERBERT M.T KABYEMELA
Ag. COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924031229973759**
Received from	: DREMROSE 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 - CHANGE OF BUISNES NAME AND OWNERSHIP*		200,000.00
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16214031243245465604
Payment Control Number	: ***991620239066***
Payment Date	: **2024-01-31 14:55:26**
Issued by	: Beatuss Mpogoza
Date Issued	: 2024-01-31 15:17:11
Signature	: