

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: MOCASH PHARMACY FIN. 0101338

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

PHYSICAL ADDRESS:

Plot No. _____ Street: KILOLELI Ward: IBUNGILLO

District/Municipal: ILMELA Region: MURURUA

POSTAL ADDRESS: 1576 MURURUA Contact No. 0719908001

E-mail: mocashinvestment.xm@gmail.com

OWNERSHIP:

Directors (Names): 1. MAXMILLIAN Qualification: _____
2. CHRISTOPHER Qualification: BUSINESS MANAGEMENT
3. MOCASH Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: OLIVA BEDEDU KINYA PIN: 0101478

Residential Address: 35-BUSWELU Tel: 0652 618190 Email: kinyasoliva@gmail.com

Contract commencement date: 9/8/2023 Cessation date: 9/8/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: IFAKARA PHARMACY - KILOLELI

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

PHYSICAL ADDRESS:

Plot No. _____ Street: KILOLELI Ward: IBUNGILLO

District/Municipal: ILMELA Region: MURURUA

POSTAL ADDRESS: P.O. BOX 453 CONTACT. No. 0757353078

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. CEOGGE MAGE Qualification: BUSINESS
2. MALAKI MHOJA Qualification: BUSINESS
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. Transfer of working station from Mwanza to Shinyanga
I sold the Pharmacy in Mwanza and opened another
at Shinyanga for close supervision of the business.
2. _____

SECTION D: APPLICANT INFORMATIONName of Applicant: MAXMILLIAN CHRISTOPHER MOCASH

(Contact/email if different from the above)

Address: _____ Tel: _____ E-mail: _____

Signature of Applicant: [Signature] Date: 8/11/2023**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: 8/11/2023**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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924008225439107
Received from : Mocash 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 Business Name	100,000.00	
: 142202540104 - Application for change of name/ ownership - Change of Ownership	100,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16210008240404815558
Payment Control Number : 991620233944
Payment Date : 2024-01-08 16:14:57
Issued by : Beatuss Mpogoza
Date Issued : 2024-01-09 15:10:28
Signature :



TANZANIA

Form 5



No. 466890

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT IFAKARA PHARMACY this 27th day of FEBRUARY year 2020 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 466890 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 27th day of FEBRUARY TWO THOUSAND AND TWENTY.



Deputy Registrar of 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.

PARTNERSHIP DEED

BETWEEN

**MALAKI PHILIP MHOJA
(PARTNER)**

AND

**GEORGE JOSEPH MAIGE
(PARTNER)**



DEED OF PARTNERSHIP

THIS DEED is made this ⁷⁴ 27 day of December 2019.

BETWEEN

MALAKI PHILIPO MHOJA OF P.O.BOX 453, IFAKARA KILOMBERO

AND

GEORGE JOSEPH MAIGE OF P.O. BOX 453, IFAKARA KILOMBERO

"hereinafter referred to as partners"

WHEREAS:

- A. The Partners are businesses men.
- B. Out of the said relationship the said partners have become desirous of forming a partnership between themselves which will be regulated by the terms and conditions as they shall appear herein below.

NOW THEREFORE THIS DEED WITNESSETH as follows:

1. THE PARTNERSHIP

- (a) The partners shall form the partnership that shall carry on its business in accordance, save as is expressly or impliedly hereinafter contained, with the law of contract Act, the laws of Tanzania) and other governing laws thereto.
- (b) The all Partners shall be the Managing Partner of the partnership.

2. NAME OF PARTNERSHIP

The Partnership name shall be IFAKARA PHAMANCY

3. COMMENCEMENT OF PARTNERSHIP

The partnership shall commence upon the execution or signing of the Deed of partnership and shall continue until determined as herein provided.

4. PREMISES OF THE PARTNESHIP

10. **DEATH OF A PARTNER**

In the event that any of the partner dies, his or her shares in respect of this Deed of Partnership shall be governed by his or her own written will or in the absence of the said written will then his or her such shares shall be bequeathed to his or her Children or Spouse.

11. **DISPUTE**

Save for dispute which shall arise and be settled among the partners, in the event of misunderstanding, the majority of two partners can buy the shares of the minority partners at a fair market price.

12. **TERMINATION**

No partner shall terminate this DEED unless the party desiring to do so has first served to the remaining partners a three months notice in writing of his or her intention to terminate the partnership and on expiry of the period specified in that notice the partnership Deed shall deem terminated as desired.

13. **AMENDMENT**

Amendment to this Deed may be made whenever such need arises at the mutual understanding of the partners.

IN WITNESS WHEREOF the parties hereto have fixed their hands to this Deed in the manner hereinafter appearing.

SIGNED and DELIVERED by the said
MALAKI PHILIPO MHOJA who is
Identified to me by Mary Lisakeli
the latter being known to me personally
this 27th day of DEC, 2019.



Witness's:

Name: JOSEPHINE F. MBENA

Signature: [Signature]

Postal Address: 263, IFNEN

Qualification: Advocate



SIGNED and DELIVERED by the said
GEORGE JOSEPH MAIGE who
is identified to me by Mary Lisakeli
the latter being known to me personally
This 27th day of Dec 2019.

[Signature]

Witness's:

Name: JOSEPHINE F. MBENA

Signature: [Signature]

Postal Address: 263, IFNEN

Qualification: Advocate



MKATABA WA KUUZA DUKA LA DAWA
(PHARMACY)

BAINA YA

MOCASH INVESTMENT
(MUUZAJI)

NA

IFAKARA PHARMACY
(MNUNUZI)



PHARMACY

MKATABA WA KUUZA DUKA DAWA KUNDI LA PHARMACY

Mkataba huu umesainiwa hapa MWANZA leo tarehe 12 Mwezi 10 Mwaka,
2023

BAINA YA

MOCASH INVESTMENT, wa S. L. P 1333, Mwanza, ambayo imesajiliwa kwa mujibu wa Sheria za Tanzania na kupata namba ya usajili 489790 na kupewa namba ya utambulisho wa mlipa kodi namba 152-777-523 (Ambaye katika Mkataba huu atatambulika kama ("**MUUZAJI**") kwa upande mmoja.

NA

IFAKARA PHARMACY, wa S. L. P, 453, Ifakara - Morogoro, yenye namba ya Utambulisho wa Biashara 142 - 043 - 068 (Ambaye katika Mkataba huu atatambulika kama ("**MNUNUZI**") kwa upande mwingine.

KWA KUWA, ni mmiliki wa Duka la dawa ambalo lipo katika kundi la PHARMACY ambayo imeasajiliwa kwa mujibu wa Sheria za Nchi na kupata namba ya usajili 489790 na kupewa namba ya utambulisho wa mlipa kodi namba 152-777-523.

HIVYO BASI,, mnunuzi ameridhia kununua Duka la Dawa ambalo lipo katika kundi la PHARMACY kwa masharti ambayo pande zote zimeamua kuyatekeleza..

HIVYO MASHAHIDI WANAKUBALIANA YAFUATAYO: -

1. **KWAMBA**, pande zote mbili zimekubalina kuuza na kununua Duka la Dawa ambalo lipo katika kundi la Pharmacy ambalo lipo katika eneo la Kiloleli, Hamashauri ya Manispaa ya Ilemela, Jiji la Mwanza.
2. **KWAMBA**, duka la dawa lililotajwa katika kipengele cha kwanza cha makubaliano haya limesajiliwa kwa mujibu wa Sheria za nchi na kupata namba ya usajili 489790 na kupewa namba ya utambulisho wa mlipa kodi namba 152-777-523.
3. **KWAMBA**, Muuzaji anauza Duka lote pamoja na vitu vingine ambavyo vinahamishika ambavyo wakati wa mauziano Wanunuzi wamevikuta kama vile shelve, Television, king'amuzi cha Television, dawa za binadamu n.k

Saini ya Muuzaji Saini ya Mnunuzi
Saini ya Mnunuzi

4. **KWAMBA**, kwamba Muuzaji anauza duka ambalo limetajwa katika kipengele cha kwanza cha mkataba huu kwa fedha halali za Tanzania milioni thelathini na tano tu (35,000,000/=) ambazo zitalipwa kwa mkupuo kupitia benki akaunti namba 0150620640600 CRDB ambayo inasoma jina la Muuzaji.
5. **KWAMBA**, pande zote mbili zimekubalina kuwa Muuzaji atalipa kodi ya pango kwa kipindi cha mwaka mzima ikiwa ni pamoja na kuwatambulisha kwa mmiliki wa nyumba.
6. **KWAMBA**, pande zote mbili zimekubaliana kuwa, kwa kuwa Mocash Investkiwanja kinachouzwa hakina jengo lolote, hivyo baada ya kukamilisha malipo na umilikishwaji litakuwa jukumu la mmiliki kujenga na kulipa kodi ya jengo kwenye mamlaka husika.
7. **KWAMBA**, pande zote mbili zimekubaliana kuwa, Muuzaji atawajibika kulipa madeni ambayo anadaiwa na watumishi wake na taasisi za kuidhinisha uwepo wa Duka la dawa aina ya Phamarcy kama tu atakuwa anadaiwa.
8. **KWAMBA**, pande zote mbili zimekubaliana kuwa, Mnunuzi hatawajibika na mkataba wowote ambayo aliingia Muuzaji na wafanyakazi wake au taasisi zingine, isipokuwa muuzaji atatakiwa kumaliza hoja zote ambazo hazitamuingiza Mnunuzi katika migogoro.
9. **KWAMBA**, endapo kuna udanganyifu wowote basi pande zote mbili zitarudi katika hali ya kawaida kwa njia ya maridhiano ikiwemo na kurejesha gharama mauziano na fidia ya hasara ya atakayevunja mkataba huu, endapo itashindikana basi sheria za nchi zitatumika.

KWA UTHIBITISHO WA MAKUBALIANO HAYA WAHUSIKA WANAWEKA SAINI KATIKA MKATABA HUU KWA NAMNA NA TAREHE KAMA ILIVYOONEKANA HAPO CHINI: -

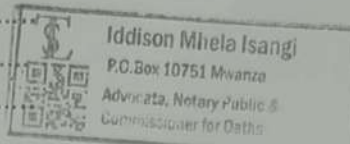
Saini ya Muuzaji Saini ya Mnunuzi
 Saini ya Mnunuzi

IMETIWA SAINI hapa MWANZA na
MAXIMILLIAN CHRISTOPHER MOCASH
ambaye ninamfahamu/ametambulishwa
kwangu na
ambaye ninamfahamu
leo hii tarehe 11 mwezi 10 mwaka, 2023.


.....
MUUZAJI

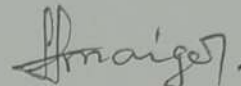
MBELE YANGU

JINA: IDDISON MHELA ISANGI
SAINI: THAP
ANUANI: S.L.P 10751
MWANZA
WADHIFA: WAKILI



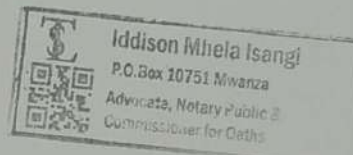
IMETIWA SAINI hapa MWANZA na **GEORGE JOSEPH MAIGE** ambaye ninamfahamu
/ametambulishwa kwangu na

ambaye ninamfahamu leo hii tarehe 11 mwezi
wa 10 mwaka 2023.


.....
MNUNUZI

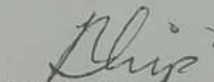
MBELE YANGU

JINA: IDDISON MHELA ISANGI
SAINI: THAP
ANUANI: S.L.P 10751
MWANZA
WADHIFA: WAKILI



IMETIWA SAINI hapa MWANZA na **MALAKI PHILIPO MHOJA** ambaye ninamfahamu
/ametambulishwa kwangu na

ambaye ninamfahamu leo hii tarehe 11 mwezi
wa 10 mwaka 2023.


.....
MNUNUZI

MBELE YANGU

JINA: IDDISON MHELA ISANGI
SAINI: THAP
ANUANI: S.L.P 10751
MWANZA
WADHIFA: WAKILI





ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 121-201-011

ILEMELA MUNICIPAL COUNCIL

BUSWELU

735

MWANZA

Tax Certificate Number:

261-0183-1682

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 13 October 2023

Expiry Date: 31 December 2023

Taxpayer Name	MAXMILLIAN CHRISTOPHER MOCASH		
Trading Name	MOCASH INVESTMENT		
Taxpayer Identification Number	152-777-523	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MWANZA,

DISTRICT : ILEMELA,

STREET : Kiloileli A

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	Hospital activities
---	---------------------

Michael T. Muhoja

COMMISSIONER FOR DOMESTIC REVENUE

13 October 2023



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.

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 Mocash Pharmacy of P.O. Box 889, Tabora 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





JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19770505-67501-00003-24

JINA LA KWANZA : **GEORGE**
First Name

MAJINA YA KATI : **JOSEPH**
Middle Name

JINA LA MWISHO : **MAIGE**
Last Name

JINSI : **M**
Sex

MWISHO WA MATUMIZI : **08 FEB 2026**
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19770505-67501-00003-24

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huna haki
kukipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi
ya NIDA au Ofisi ya Ubalizi 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.

Issued By:

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



29 MAY 32

TAE480898

~~12/2/00~~

P<TZAMOCASH<<MAXMILLIAN<CHRISTOPHER<<<<<<<<
TAE4808980TZA9107119M3205297<<<<<<<<<<<<04




 JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
 THE UNITED REPUBLIC OF TANZANIA
 CITIZEN IDENTITY CARD

19700502-67501-00004-27
 JINA : MALAKI PHILIP
 Given Name
 JINA LA MWISHO : MHOJA
 Last Name
 TAREHE YA KUZALIWA : 02 MAY 1970
 Date of Birth
 JINSI : M
 Sex
 SAINI : 
 Signature
 MWISHO WA MATUMBI : 25 MAR 2023
 Expiry Date




THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19700502675010000427

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhuswa kuitunzia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwa kukituma. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi au Ofisi ya NIDA au Ofisi ya Ubalazi 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