



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924359299254182

Received from : WALT 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 - 1	200,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214359241858148319

Payment Control Number : 991620287634

Payment Date : 2024-12-24 14:22:28

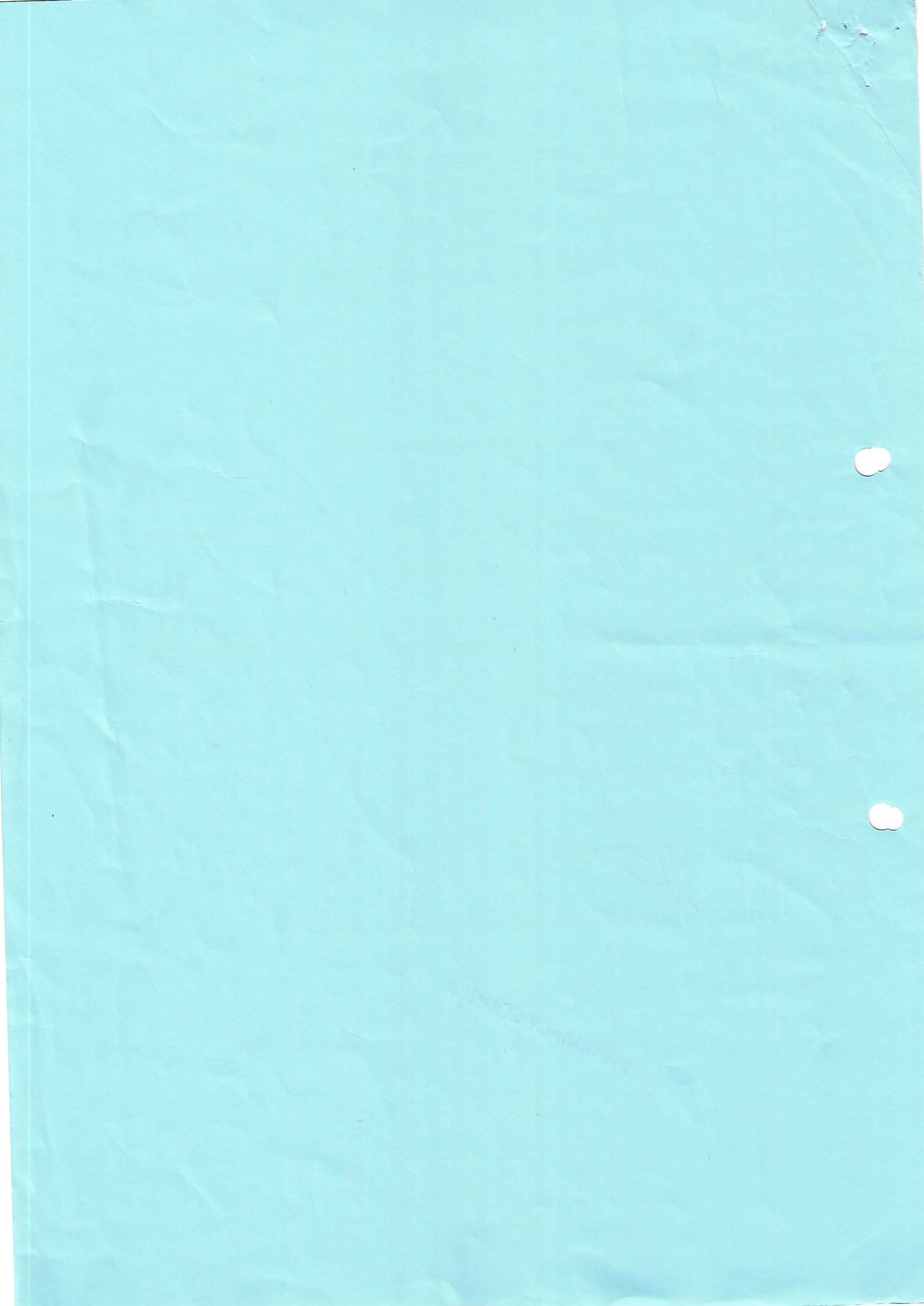
Issued by : Zena Mango

Date Issued : 2024-12-24 14:25:09

Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL



991620287634

Malipo ya Kubadilisha umwoko wa jina la
bushara (pharmacy). Mmojawapo ni
Mfamaia. Tsh 200,000/-

PCF.14

PHARMACY COUNCIL 24/12/2024



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: WALT PHARMACY FIN. 0102871

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

PHYSICAL ADDRESS:

Plot No. Street: KWA MTOGOLE Ward. TANDALE

District/Municipal. KINONDONI Region: DAR-ES-SALAAM

POSTAL ADDRESS: P.O. BOX 100 Contact. No. 0716550848

E-mail: wcharles@gmail.com

OWNERSHIP:

Directors (Names): 1. WALTER CHARLES Qualification: PHARMACEUT

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: ROCH PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street: KWA MTOGOLE Ward. TANDALE

District/Municipal. KINONDONI Region DAR-ES-SALAAM

POSTAL ADDRESS: P.O. BOX 100 CONTACT. No. 0756-799-336

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ROTTA CHARLES Qualification: PHARMACIST
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ROTTA CHARLES PIN: 0103918

Residential Address: UBUNGO DSM Tel: 0956779286 Email: charlesrotta 06@gmail.com

Contract commencement date: 23/12/2024 Cessation date 22/12/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. I have bought the Pharmacy from the previous owner (WALTER CHARLES).
2.
-

SECTION D: APPLICANT INFORMATION

Name of Applicant: ROTTA CHARLES

(Contact/email if different from the above)

Address: UBUNGO DSM Tel: 0956779286 E-mail: charlesrotta 06@gmail.com

Signature of Applicant: R. Luboa Date: 23/12/2024

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: R. Luboa Date: 23/12/2024

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 : 101-186-555

HALMASHAURI YA MANISPAA YA KINONDONI

MWANANYAMALA/ MWINJUMA ROAD

31902

DAR ES SALAAM

Tax Certificate Number:

131-0223-4155

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 13 January 2025

Expiry Date: 31 December 2025

Taxpayer Name	ROTTA CHARLES LUKIZA		
Trading Name			
Taxpayer Identification Number	167-703-305	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : DAR ES SALAAM,

DISTRICT : CHAKE,

STREET : Chakula Bora

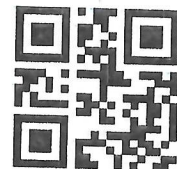
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Other activities of human health
2	PHARMACY
3	Activity for Non Business Purposes
4	Other personal service activities n.e.c.

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

13 January 2025



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.

This **Contract of Sale Agreement** is made and entered into on this **1st day of December 2024**, by and between **Walter Charles**, of Ubungo, Dar es Salaam, hereinafter referred to as the "Seller," and **Rotta Charles** of Kinondoni Dar es Salaam, hereinafter referred to as the "Buyer."

The Seller agrees to sell, and the Buyer agrees to purchase, the retail pharmacy business located at Tandale Kwa Mtogole, Kinondoni Dar es Salaam, for a total purchase price of **Twenty-five Million Tanzanian Shillings (TZS 25,000,000)**. The Seller acknowledges receipt of the full payment from the Buyer on the date of this Agreement. The ownership of the pharmacy, including all physical assets such as furniture, equipment, and inventory, is hereby transferred to the Buyer. Additionally, the Seller confirms the transfer of all necessary business permits, licenses, operational documents, and intellectual property associated with the pharmacy, including but not limited to the brand name and signage.


The Seller further confirms having the full legal right and authority to sell the pharmacy and guarantees that all information provided to the Buyer regarding the business is accurate and complete. The Buyer acknowledges conducting due diligence and agrees that the purchase is made based on their own inspection of the pharmacy.

Both parties agree that the Seller will indemnify and hold harmless the Buyer against any claims, liabilities, or losses arising from events or actions that occurred before the transfer of ownership. This Agreement shall be governed by and construed in accordance with the laws of the **United Republic of Tanzania**.

This document represents the entire agreement between the Parties regarding the sale of the pharmacy and supersedes any prior agreements, whether written or oral. By signing below, both Parties confirm their understanding and acceptance of the terms herein.

Seller

Name: **Walter Charles**


Signature: 

Date: 1/12/2024

Buyer

0716550848

Name: **Rotta Charles**

Signature: 

Date: 01/12/2024

0756970336

Witness 1


Name: NAPENDAELI OMBENI

Signature: 

Date: 1/12/2024

Witness 2

Name: Irene Basso

Signature: 

Date: 1/12/2024

This Agreement is executed in duplicate, with each Party retaining one signed copy for their records.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☒ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐Owner's Responsibilities: Superintendent ☒ Other Pharmaceutical Personnel ☐

I ROTTA CHARLES LUKIZA with Personal Identification Number
(PIN) 0102891 of Year 2023, residing at KINONDONI district, in DARES SALAAM
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named ROCH PHARMACY
, with Facility Identification Number (FIN) _____ of year _____, located at TANDALE
District, DARES SALAAM Region with a Business Tax Identification Number (TIN) 164703205
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 0756 779236 Email Address: charlesrotta06@gmail.com

Signature: R. lukiza Date: 23/12/2024

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma. ROTTA CHARLES PIN 0102371
2. Namba ya simu. 0756-779-336 barua pepe charlesrotta06@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention).....
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?
(<http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php>) ☒ NDIYO, Stakabadhi Na. 1928df6817ca7ad ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi... ROTTA CHARLES mwenye
taaluma ya dawa ngazi ya UFAMASIA nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
ROCH PHARMACY FIN lililopo katika
Wilaya ya KINONDONI Mkoani DARES SALAAM
Sahihi R. Luba Tarehe 23/12/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi JAELINE FRANCIS Tarehe 23/12/24

Muhuri KNY:
DMO

KNY: MGENA MKUU WA MANISPAA
HALMASHAURI YA MANISPAA YA KINONDONI

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) JAELINE KILIMA Kata ya MANISPAA
Nathibitisha kwamba Ndugu ROTTA CHARLES andishi
langu mtaa/kijiji JITEGEMEE kuanzia mwaka 2023
Sahihi Afisamtendaji JAELINE KILIMA Tarehe 23/12/2024

Muhuri
Mtendaji

JITEGEMEE

DARES SALAAM



THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00002632

CERTIFICATE OF FULL REGISTRATION*(Section 20 of the Pharmacy Act, CAP. 311)*Full Name Rotta Charles Lukiza

* I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
01039	20th November, 2024	6th June, 2000	Tanzanian	P.O. Box 42 Biharamulo Kagera	Bachelor of Pharmacy	Muhimbili University of Health and Allied Sciences 2023

Date 19th December, 2024

..... Amagije

REGISTRAR

- NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.



THE PHARMACY COUNCIL OF INDIA

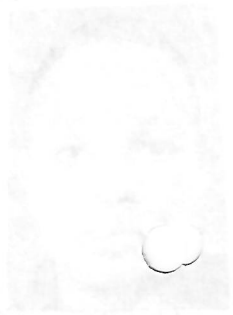
THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 13 of the Pharmacy Act, 1954)

Pratibha Chatterjee Mukherjee

Full Name



I hereby certify that the following is a true and correct copy of the entry in the Register of Full Registration maintained by the Council of India in pursuance of the provisions of the Pharmacy Act, 1954.

Registration Number	Registration Date	Registration Category	Registration Status	Registration Remarks
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	
10000000000000000000	10/01/2010	Pharmacist	Full	

Pratibha Chatterjee Mukherjee
Registration Number: 10000000000000000000

(1) The Council of India is empowered to issue a certificate of full registration to a person who has been registered as a pharmacist in the Register of Full Registration maintained by the Council of India in pursuance of the provisions of the Pharmacy Act, 1954.

Rotta Charles Lukiza
P.O.Box 65001,
Dar es Salaam

TANZANIA

24th December, 2024



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

**RE: COMMITMENT LETTER AS SOLE PROPRIETOR, SUPERINTENDENT AND
DISPENSING PERSONNEL OF ROCH PHARMACY**

Refer to the title above.

I, Rotta Charles Lukiza residing at Kinondoni Dar es salaam, hereby make this formal commitment as the sole proprietor and superintendent of Roch Pharmacy, located at Tandale Kwa Mtogore, Kinondoni Municipal in the Dar es Salaam Region.

I pledge to dedicate myself fully to the management and operation of Roch Pharmacy as my full-time responsibility. I assure you of my unwavering commitment to running the pharmacy to the best of my ability and capacity, ensuring the provision of professional and ethical pharmaceutical services.

Furthermore, I affirm that I will strictly adhere to all applicable laws, regulations, and guidelines as established by the Pharmacy Council of Tanzania. I fully understand the importance of complying with these standards to maintain the integrity and quality of pharmaceutical services provided at Roch Pharmacy.

Should you require any further clarification or documentation to support this commitment, please do not hesitate to contact me.

Thank you for your consideration.

Yours sincerely,
Rotta Charles Lukiza
charlesrotta06@gmailcom

0756 779 336

R. Lukiza.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102371

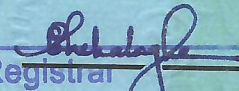
is to certify that the premises owned by M/S Walt pharmacy-Tandale Branch of P.O.Box 100, Dar es Salaam located at Mtogole Street, Tandale, Kinondoni Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102371

Issued in: November 2022

Expires on: 30 June 2027

28-11-2022

DATE:


Registrar
SIGNATURE OF REGISTRAR
P. O. AND STAMP
Dodoma

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





CTIN: **1613158**



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

ROTTA CHARLES LUKIZA

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

167-703-305

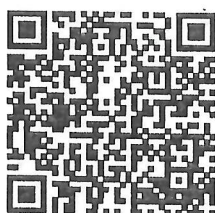
WITH EFFECT FROM: 12 AUGUST 2023

TRA LOCATION: KINONDONI

TAX OFFICE: MANZESE

PHYSICAL LOCATION:

STREET / AREA: CHAKULA BORA



**ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE**

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



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



20000606-35601-000001-26

JINA : ROTTA CHARLES
Given Name

JINA LA MWISHO : LUKIZA
Last Name

TAREHE YA KUZALIWA : 06 JUN 2000
Date of Birth

JINSI : M
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : 02 APR 2031
Expiry Date





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



19941203-35601-00005-27

JINA : WALTER CHARLES
Given Name

JINA LA MWISHO : KATABARO
Last Name

TAREHE YA KUZALIWA : 03 DEC 1994
Date of Birth

JINSI : M
Sex

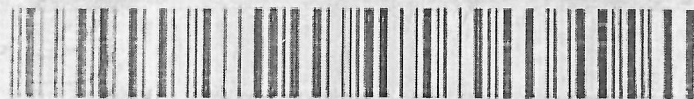
SAINI :
Signature

Walter Charles

MWISHO WA MATUMIZI : 01 APR 2031
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19941203356010000527

Kitambulisho hiki ni mali ya Senkati ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kufanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi ikuhitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima ilolewe 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.

A. K. K. K.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

MKATABA WA KUPANGISHA FREM

Mimi Jackson Paul..... Wa Kinondoni dar es salaam nimempangisha ndugu
Rotta Charles..... eneo langu la biashara. Kwa mkataba wa miezi Sita (06)
mkataba huu utanza tarehe 01/09/24 mapaka tarehe 01/03/24 Na kodi kwa mwezi ni
shilingi 200,000 amelipa kodi ya miezi/mwaka sita ambayo ni sawa na Tsh
1,200,000

MASHARITI

1. Mkataba mwingine unatakiwa kuandaliwa mwezi mmoja kabla ya mkataba wa mwanzo kuisha
2. Endapo mpangaji ataamua kuhama kabla ya kumaliza makataba wake hatarudishiwa kiasi cha fedha cha miezi iliyobaki.
3. Mpangaji haruhusiwi kumpangisha mpangaji mwingine
4. Gharama za umeme ni jukumu la mpangaji
5. Usafi wa eneo ni jukumu la mpangaji

Sisi tunaoweka sahihi zetu hapa chini tunakiri kukubaliana na mkataba huu.

JINA LA MWENYE NYUMBA/ MSIMAMIZI

JACKSON PAUL

SAHIHI [Signature] TAREHE 23/08/2024

JINA LA SHAHIDI WA MWENYE NYUMBA

INNOCENT MICHAEL

SAHIHI [Signature] TAREHE 23/08/2024

JINA LA MPANGAJI

ROTTA CHARLES LUKIZA

SAHIHI [Signature] TAREHE 23/08/2024

JINA LA SHAHIDI WA MPANGAJI

WALTER CHARLES

SAHIHI [Signature] TAREHE 24/08/2024

