Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924225269478923**
Received from	: BALAL 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 - 0*	200,000.00	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16211225243443133746
Payment Control Number	**: *991620269508***
Payment Date	**: 2024-08-12 11:38:47**
Issued by	: Zena Mango
Date Issued	: 2024-08-12 11:40:29
Signature	: .....

PHARMACY COUNCIL

99162026344 5

99162026950 8

PCF.14

PHARMACY COUNCIL

Alpie 200,000/=
PREMISE ALTERATI

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: BALAL PHARMACY FIN 0101251

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

PHYSICAL ADDRESS:

Plot No. 75 Street: Mawasiliano Ward Sinza C

District/Municipal UBUNGO Region: DAR-ES SALAAM

POSTAL ADDRESS: P.O.BOX DSM Contact. No. 0762470027

E-mail: -

OWNERSHIP:

Directors (Names): 1. NURDIN MSHANA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: GOTHBERT PETER MNYANYI PIN: 0101998

Residential Address: DAR-ES-SALAAM Tel: 0657220657 Email: gosbertmnyanyi@gmail.

Contract commencement date: 01/07/2024 Cessation date: -

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: AGD PHARMA

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

PHYSICAL ADDRESS:

Plot No. 75 Street Mawasiliano Ward Sinza C

District/Municipal UBUNGO Region DSM

POSTAL ADDRESS: P.O.BOX 75334 CONTACT. No. 0657220657

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. GOTHBERT MNYANYI Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: GOTHBERT PETER MNYANYI PIN: 01019 98

Residential Address: DSM Tel: 0657220657 Email: .....

Contract commencement date: 01/07/2021 Cessation date 01/07/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. AGREEMENTS IN SELLING A PHARMACY
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: GOTHBERT PETER MNYANYI

(Contact/email if different from the above)

Address: P.O BOX 75324 Tel: 0657220657 E-mail: gorbertmnyanyi@gmail.

Signature of Applicant..... Date 22/07/2024

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..... Date 22/07/2024

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: **131-0210-3312**

Issuing Office: Kinondoni
Telephone: 022-2771841
Date of issue: 17 July 2024
Expiry Date: 31 December 2024

Taxpayer Name	**GOTHBERT PETER MNYANYI**		
Trading Name	**AGD PHARMA**		
Taxpayer Identification Number	**133-884-629**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : CHAKE,
STREET : Sinza C

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 via stalls and markets of food, beverages and tobacco products
2	Research and development on natural sciences

Alfred T. Mrego
COMMISSIONER FOR DOMESTIC REVENUE
17 July 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.

Pharmacy Sale Agreement

This agreement is made on 01/07/2024, between:

Nurdin Ahmed / **BALALI PHARMACY**, located at Sinza Mawasiliano, hereinafter referred to as the "Seller," And

GOTHBERT MNYANYI/ **AGD PHARMA,** located at MAWASILIANO, hereinafter referred to as the "Buyer."

Details of the Pharmacy:

- Name: BALALI PHARMACY

- Address: MAWASILIANO DAR ES SALAAM

- License Number: FIN 0101251

Terms and Conditions:

1. **Sale of Assets:** The Seller agrees to sell and the Buyer agrees to purchase the following assets related to the operation of the pharmacy:

- Inventory of medicines and pharmaceutical products

- Fixtures, furniture, and equipments

- Customer lists and goodwill associated with the pharmacy

- Any other assets specifically agreed upon

2. **Purchase Price**: The total purchase price for the assets listed above is twenty million shillings, payable as follows:

A lump sum of 15 million shillings on commencing of this agreement and 5 million shillings after two months

3. **Closing Date**: The closing of this sale shall take place on 01/07/2024, at which time possession of the pharmacy and its assets will be transferred from the Seller to the Buyer.

4. Representations and Warranties:

Seller's Representations: The Seller represents that they have the legal right and authority to sell the pharmacy and its assets and that there are no legal impediments to the sale.

Buyer's Representations: The Buyer represents that they have the financial capability to complete the purchase as agreed.

5. Indemnification: Each party agrees to indemnify and hold harmless the other party from any claims, liabilities, or expenses arising from any breach of this agreement by the indemnifying party.

6. Governing Law: This agreement shall be governed by and construed in accordance with the laws of the United Republic of Tanzania

7. Entire Agreement: This agreement constitutes the entire understanding between the parties with respect to the sale of the pharmacy and supersedes all prior agreements or understandings, written or oral.

IN WITNESS WHEREOF, the parties hereto have executed this Pharmacy Sale Agreement as of the date first above written.

Seller:

Signature:

Name: NURDIN AHMED MSHAM

Date: 01/07/2024

Buyer:

Signature:

Name: GOTHBERT P MNYANYI

Date: 01/07/2024

MKATABA WA HIARI WA KUPANGISHA FREMU

Mkataba huu unafanyika baina ya Ndugu **IMMANUEL JAMES NYAKYOMA** wa S.L.P. 6802 Dar es Salaam ambaye ndani ya mkataba huu ametajwa kama **MPANGISHAJI.**

NA

Ndugu **GOTHBERT PETER MNYANYI (AGD PHARMA)** ambaye ndani ya mkataba huu anatajwa kama **MPANGAJI.**

MPANGISHAJI ana hiari kwa kuzingatia kufuatwa kwa masharti yatakayo ainishwa kwenye mkataba huu ya kumpangisha **MPANGAJI** FREMU katika nyumba Na 76 Sinza C iliyopo mtaa was imu 2000 kata ya Sinza Dar es salaam.

WAHUSIKA WA MKATABA HUU WANAKUBALIANA YAFUATAYO KWAMBA:

1. Kwa malipo ya kodi inayoainishwa katika mkataba huu, na kulingana na masharti ya upangaji pango kwa **MPANGAJI.**
2. **MPANGAJI** na **MPANGISHAJI** wamekubaliana kodi ya shilingi laki nne na nusu tu kwa mwezi (450,000/=) tu na **MPANGAJI** amelipa kiasi cha Tsh Millioni kumi na sita na laki mbili tu. (16,200,000) kwa **MPANGISHAJI** ambayo ni KODI ya miezi (36)
3. Mkataba huu utaanza kufanyika siku ya tarehe ..01..mwezi..07..mwaka 2024 hadi tarehe 30....mwezi..06..mwaka 2027

HAPA CHINI MASHARTI YALIYOMO KWENYE MKATABA HUU;

1. Gharama (bills) juu ya matumizi ya umeme, maji, na gharama nyingine zitakazo jitokeza italipwa na Mpangaji .
2. Mpangaji atalazimika kusimamia mali yake na mazingira ya nyumba eneo alilopanga
3. Endapo utataka marekebisho ni sharti maafikiano yawepo kati ya mpangaji na mpangishaji.
4. 4. Mpangaji atakuwa na mamlaka katika eneolake la upangaji, il;imradi tu isiwe kero kwa majirani
5. Endepo mpangaji atavunja mkataba hatorudishiwa pesa zake.

Makubaliano na masharti yaliyoorodheshwa hapo juu yameshuhudiwa na kutiwa Saini na wafuatao;

MPANGISHAJI

Jina ..Immanuel Nyankoma.....sahihi.....tarehe.....01/07/2024.

Jina .....sahihi.....tarehe.....

MPANGAJI

Jina.....GOTHBERT.P.MNYANYI.....sahihi.....tarehe.....01-July-2024.

Jina .....(AGD PHARMA).....sahihi.....tarehe.....

Mbele yangu

Jina: Rosemary D Mwampamba

Sahihi;

Wadhifa; Advocate

Tarehe: 01/07/2024

Rosemary Donald Mwampamba
Bar 6365 Dar es Salaam
Advocate, Notary Public
& Commissioner for Oaths

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 510097

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **AGD PHARMA** this **24th** day of **FEBRUARY** year **2022** 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 **510097** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **24th** day of **FEBRUARY TWO THOUSAND AND TWENTY TWO.**

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

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101251

This is to certify that the premises owned by M/S ***Balal Pharmacy*** of ***P.O. Box 6175, Dar es Salaam*** located at ***Mawasiliano, Sinza, 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) ***0101251***

Issued in: ***April 2020***

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

20-08-2020

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 MU NGANO WA TANZANIA
KITAMBULI SHO CHA TAIFA
THE UNITED R UBLIC OF TANZANIA
CITIZEN DENTITY CARD

19930730-11103-00001-29

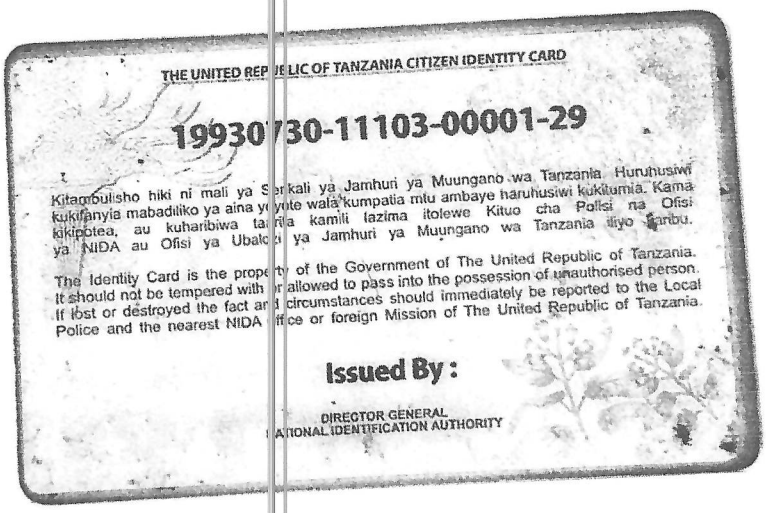
JINA LA KWANZA : GOTHBERT
First Name

MAJINA YA KATI : PETER
Middle Name

JINA LA MWISHO : MNYANYI
Last Name

JINSI : M
Sex

MWISHO WA MATUMIZI : 08 MAY 20
Expiry Date



THE UNITED REP JE LIC OF TANZANIA CITIZEN IDENTITY CARD

19930730-11103-00001-29

Kitambulisho hiki ni mali ya S kali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina y yote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa ta la kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalo ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the prope ty of the Government of The United Republic of Tanzania. It should not be tempered with r allowed to pass into the possession of unauthorised person. If lost or destroyed the fact an circumstances should immediately be reported to the Local Police and the nearest NIDA ffice or foreign Mission of The United Republic of Tanzania.

Issued By :

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY