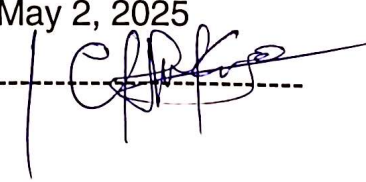




UNITED REPUBLIC OF TANZANIA
JAMHURI YA MUUNGANO WA TANZANIA
EXCHEQUER RECEIPT
STAKABADHI YA MALIPO YA SERIKALI

RECEIPT NUMBER	925122328427449
RECEIVED FROM	SAFINA PHARMACY
AMOUNT	TZS 100,000.00
AMOUNT IN WORDS	ONE HUNDRED THOUSAND
IN RESPECT OF	APPLICATION FOR CHANGE OF NAME/ OWNERSHIP
BANK REFERENCE	GWX101504745374
CONTROL NUMBER	991620303693
PAYMENT DATE	May 2, 2025
ISSUED BY	PHARMACY COUNCIL
DATE ISSUED	May 2, 2025
SIGNATURE	

**TANZANIA REVENUE AUTHORITY**

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE*(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)*

Licencing Authority; TIN : 122-334-465

MAKAMBAKO TOWN COUNCIL

MAKAMBAKO

405

MAKAMBAKO

Tax Certificate Number:

521-0223-4660

Issuing Office: Njombe

Telephone: 0262782030

Date of issue: 13 January 2025

Expiry Date: 31 December 2025

Taxpayer Name	BETA CHESCO MFIKWA		
Trading Name			
Taxpayer Identification Number	175-412-654	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : NJOMBE,

DISTRICT : NJOMBE,

STREET : Soko la mbao

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
---	---

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE

13 January 2025

**Disclaimer :**

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 type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: SAFIMA PHARMACY FIN. 0103271

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

PHYSICAL ADDRESS:

Plot No. 54 Street: SOKO LA MBAO ^{STREET} Ward. MJI MWEMA,
District/Municipal. MAKAMBAKU Region: NJOMBE
POSTAL ADDRESS: P.O BOX 1010 Contact. No. 0765312106.
E-mail: m.fikwabeta 211@gmail.com

OWNERSHIP:

Directors (Names): 1. BETA CHESCO MAKWA Qualification: PROPRIETOR
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: STEPHAN MAKEBU PIN: 0102577
Residential Address: NJOMBE Tel: 0769449669 Email: Stephanmakebu01@gmail.com
Contract commencement date: 03.06.2024 Cessation date: 03.06.2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: KARISMA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 54 Street: SOKO LA MBAO Ward. MJI MWEMA
District/Municipal. MAKAMBAKU Region NJOMBE
POSTAL ADDRESS: P.O BOX 1010 CONTACT. No. 0765312106

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Qualification:
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. We wish to inform you that the current name "SAFINA PHARMACY" has been rejected by brela on the grounds that it is
2. already in use elsewhere, we kindly request your assistance in changing the name of our pharmacy from Safina pharmacy to KARISMA PHARMACY,

SECTION D: APPLICANT INFORMATION

Name of Applicant: STEPHANO MAKERU

(Contact/email if different from the above)

Address: N. JUMBE Tel: 0769449669 E-mail: stephenmakeru01@gmail.com

Signature of Applicant: Date: 02. may 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: Date: 02. may - 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)



TANZANIA

Form 22



No. 598872

Certificate of Registration of Change

(Pursuant Section 14 of the Business Names (Registration) Act (Cap 213))

I HEREBY CERTIFY THAT the following change occurred on **15th** day of **APRIL TWO THOUSAND AND TWENTY FIVE** in the particulars registered in respect of **CARITAS PHARMACY:**

1. Business name changed to read **Karisma pharmacy.**

And this change was registered on the **15th** day of **APRIL TWO THOUSAND AND TWENTY FIVE**

GIVEN under my hand at Dar es Salaam this **15th** day of **APRIL TWO THOUSAND AND TWENTY FIVE.**



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.



TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 122-334-465

MAKAMBAKO TOWN COUNCIL

MAKAMBAKO

405

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Company Registration Number			

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DISTRICT : NJOMBE,

STREET : Soko la mbao

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---	---

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

13 January 2025



Disclaimer :

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103271

This is to certify that the premises owned by M/S Safina Pharmacy of P.O.Box 1010, Makambako located at Soko la Mbao street, Mjimwema, Makambako, Njombe Municipality/District in Njombe Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103271

Issued in: August 2024

Expires on: 30 June 2029

07-09-2024

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

