Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924352297590851**
Received from	: LEO PHARMACY
Amount	: 100,000.00
Amount in Words	: One 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*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16212352243555067441
Payment Control Number	**: *991620285256***
Payment Date	**: 2024-12-17 12:51:54**
Issued by	: Zena Mango
Date Issued	: 2024-12-17 13:00:55
Signature	: .....

PHARMACY COUNCIL

99162028 5256

Assadue control number
100,000/=

PCF.14

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: LEO PHARMACY ..... FIN.....

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

PHYSICAL ADDRESS:

Plot No. ..... Street: MAITARA ..... Ward... WAZO .....

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

POSTAL ADDRESS: ..... Contact. No. 0769 731072

E-mail: edify18@gmail.com .....

OWNERSHIP:

Directors (Names): 1. EDIFA I EDSON ..... Qualification: PHARMACIST .....

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

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

SUPERINTENDANT INFORMATION:

Full Name: CHRISTINE ANYANGO ..... PIN: 0102376 .....

Residential Address: TEMEKE ..... Tel: 0686 ..... Email: christinemartine4@gmail.com

Contract commencement date: 1st September 2024 ..... Cessation date: 31st August 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SUPERMEDIC PHARMACY & COSMETICS .....

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

PHYSICAL ADDRESS:

Plot No. ..... Street. WAITARA ..... Ward. WAZO .....

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

POSTAL ADDRESS: ..... CONTACT. No. 0769 731072 .....

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. EDIFAI EDSON ..... Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: CHRISTINE ANYANGO ..... PIN: P102376

Residential Address: TEMEKE ..... Tel: 0686200602 Email: christinemartine4@gmail.com

Contract commencement date: 1st September 2024 ..... Cessation date 31st August 2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Particular Alteration is because the previous name was rejected by Business Registration AND Licensing Agency as it has been already used by other applicant.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: EDIFAI EDSON

(Contact/email if different from the above)

Address: ..... Tel: 0769731072 E-mail: .....

Signature of Applicant E. Edson ..... Date 17th DEC 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 E. Edson ..... Date 17th December 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)

EDIFAI EDSON BUZAILE

S.L.P

DAR ES SALAAM.

12/12/2024.

MSAJILI,

BARAZA LA FAMASI,

S.L.P 1277,

DODOMA.

NDG Msajili,

YAH: OMBI LA KUBADILISHA JINA LA FAMASI .

Tafadhali husika na kichwa cha barua hapo juu,

Mimi Edifai Edson mmiliki wa famasi mpya inayoitwa LEO PHARMACY Kama ilivo thibitishwa katika barua ya uthibitsho wa usajili wa eneo na kibali Cha kuendesha biashara ya famasi yenye kumb na BC.43/311/01F/250. Jina hili la LEO PHARMACY limekataliwa na wakala wa usajili wa biashara na leseni(BRELA) Kwa sababu tayari limesajiliwa kwa mwombaji mwingine nakushauri nibadilishe jina ili kuondoa mkanganyiko.

Kupitia Barua hii naomba kubadilisha jina la biashara kutoka LEO PHARMACY & COSMETICS na kuwa SUPERMEDIC PHARMACY & COSMETICS ambalo ndilo limekubalika na kusajiliwa na BRELA.

Pamoja na barua hii nimeambatanisha nakala ya cheti Cha usajili kutoka BRELA

Natanguliza shukrani.

Wako mtiifu,

Edifai Edson Buzaile,

0769731072

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 591119

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **SUPERMEDIC PHARMACY & COSMETICS** this **10th** day of **DECEMBER** 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 **591119** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **10th** day of **DECEMBER 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.