



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 925083319242931

Received from : Vitavault Pharmaceuticals limited

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 - FEES FOR APPLICATION OF CHANGE OF BUSINESS NAME		100,000.00

**Total Billed Amount : 100,000.00 (TZS)**

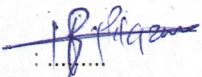
Bill Reference : 16215083251234565617

Payment Control Number : 991620301137

Payment Date : 2025-03-24 15:19:54

Issued by : Timotheo Ngoda

Date Issued : 2025-03-24 15:26:56

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



## 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: VITAVULT PHARMACEUTICALS LIMITED FIN: .....

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

PHYSICAL ADDRESS: Retail & Wholesale ☒

Plot No. 1300 Street: Ngorongoro Road Ward: TFA

District/Municipal: KARATU Region: ARUSHA

POSTAL ADDRESS: KARATU Contact No. 0684560006

E-mail: murali@99pharma.co.tz

**OWNERSHIP:**

Directors (Names): 1. MURACI MOKON LOKA Qualification: M.COM  
 2. VISAYALAKSHMI LOKA Qualification: M.COM  
 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: VITAVULT PHARMACEUTICALS (AMBT) LIMITED

TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐ - KARATU BRANCH

PHYSICAL ADDRESS: Retail & Wholesale ☒

Plot No. 1300 Street: Ngorongoro Road Ward: TFA

District/Municipal: KARATU Region: ARUSHA

POSTAL ADDRESS: KARATU CONTACT No. 0684560006

**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. ....
2. ....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: MURALI MOHAN LOKALA

(Contact/email if different from the above)

Address: P.O. Box 10836, Kowloon Tel: 0684560006 E-mail: murali@agromplanning.co.hkSignature of Applicant: M. F. Murali Mohan Date: 17/03/2015**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: M. F. Murali Mohan Date: 17/03/2015**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)



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300648

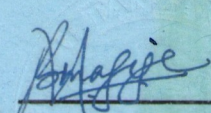
This is to certify that the premises owned by M/S Vitavault Pharmaceuticals Limited of P.O Box 10836 Arusha located at Plot No.1300, TFA Street, Karatu Ward, Karatu, Arusha Municipality/District in Arusha Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300648

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







TANZANIA

C.1



## Certificate of Change of Name

No: 152727526

I HEREBY CERTIFY THAT

### **AQRAM PHARMA (T) LIMITED**

having, with sanction of a special Resolution of the said company, and with the approval of the Registrar signified in writing Changed its name, is now called **VITAVault PHARMACEUTICALS (AMKT) LIMITED** and I have entered such new name on the Register accordingly this 3<sup>rd</sup> day of **JANUARY, TWO THOUSAND AND TWENTY FIVE.**



PRINC ASST. REGISTRAR OF COMPANIES





## TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-916-995

ARUSHA CITY COUNCIL

MANISPAA

3013

ARUSHA

Tax Certificate Number:

151-0227-9933

Issuing Office: Arusha

Telephone: 027-2502946

Date of issue: 17 February 2025

Expiry Date: 31 December 2025

Taxpayer Name	VITAVALT PHARMACEUTICALS (AMKT) LIMITED		
Trading Name			
Taxpayer Identification Number	152-727-526	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : ARUSHA,

DISTRICT : ARUSHA,

STREET : LEVOLOSI

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 of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	wholesale and Retail of pharmaceuticals
3	Wholesale of other household goods

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

17 February 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.





भारत गणराज्य / REPUBLIC OF INDIA

2784 / Type

P

कोड : Code  
IND

IND

संस्कृत / Sanskrit  
भारतीय / Indian

भारतीय / INDIAN

पासपोर्ट नं. / Passport No.

U9667916

LOKALA

दिया गया नाम : Given Name(s)

MURALI MOHAN

DATE / Date of Birth

15/06/1975

11/14/2004

M

जन्म स्थान / Place of Birth

NUZVID, ANDHRA PRADESH

जारी करने का स्थान / Place of Issue

VIJAYAWADA

DATE OF ISSUE

08/02/2021

समस्या की तिथि / Date of Expiry

07/02/2031

P<INDLOKALA<<MURALI<MOHAN<<<<<<<<<<<<<<<<<<<  
U9667916<OIND7506154M31020752073246277321<48



