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: RODIZA PHARMACY FIN. 0300476

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

PHYSICAL ADDRESS:

Plot No. ..... Street: KISHIMA Ward. KAGONGWA

District/Municipal. KAHAMA Region: SHINYANGA

POSTAL ADDRESS: P.O Box 56 Contact. No. 0787921050

E-mail: Robertisack55@gmail.com

OWNERSHIP:

Directors (Names): 1. ROBERT - ISACK Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: ZAINAB SULEIMAN ALLY PIN: 0103427

Residential Address: ..... Tel: ..... Email: .....

Contract commencement date: 24-06-2024 Cessation date. 23-06-2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: DALIAN PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street. KISHIMA Ward. KAGONGWA

District/Municipal. KAHAMA Region. SHINYANGA

POSTAL ADDRESS: P.O.Box 56 CONTACT. No. 0756609276

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. DAVIS - BENJAMIN Qualification: OWNER
2. LILIAN - BENJAMIN Qualification: OWNER
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. The property have been sold to MR. DAVIS BENJAMIN to proceed the operations
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: DAVIS BENJAMIN LUGEJUNA

(Contact/email if different from the above)

Address: ..... Tel: 0756609276 E-mail: dlugebenjamin1996@gmail.com

Signature of Applicant: D Benjamin Date 11-02-2025

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: D Benjamin Date 11-02-2025

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)

MAKUBALIANO YA KUHAMISHA UMILIKI WA HAKI ZA PANGO KWENYE JENGO LILILO SAJILIWA KWA JINA LA RODIZA PHARMACY NA USAJILI WA NAMBA FIN 0300476

MKATABA huu unafanyika leo tarehe ..24.... Mwezi...07..., 2024

KATI YA

ROBERT ISACK MUSSA Mwenye simu namba 0787921050 (ambaye katika mkataba huu atajulikana kama **(MMILIKI WA HAKI ZA PANGO)** kwa upande mmoja.

NA

DAVIS BENJAMIN LUGEJUNA na **LILIAN BENJAMIN LUGEJUNA** Mwenye simu namba 0756609276/0762484971 (ambao katika mkataba huu watajulikana kama **(WANUNUZI WA HAKI ZA PANGO)** kwa upande mwingine

KWA KUWA ndugu **ROBERT ISACK MUSSA** ni mmiliki halali wa haki za jengo La biashara yenye jina la **RODIZA PHARMACY** na lenye usajili wa namba **FIN 0300476** liliyopo mtaa wa masadukilo kata ya kagongwa kahama Mkoa wa Shinyanga katika kiwanja ambacho ni mali ya **SALUM SHIJA MAYUNGA** na kina simamiwa na **JUMA SALUM SHIJA** ambaye nim toto wa mmiliki wa kiwanja hicho. leo tarehe 24/07/2024 ndugu **ROBERT ISACK MUSSA** ameamua kuuza haki zake kwa **DAVIS BENJAMIN LUGEJUNA na LILIAN BENJAMIN LUGEJUNA** kwa makubaliano yafuatayo.

MKATABA HUU UNABAINI MASHARTI YAFUATAYO.

1. **KWAMBA**, haki za pango pamoja na vyote vilivyomo kwenye duka hilo vimethaminishwa kwa thamani ya shilingi za kitanzania milioni ishirini na saba tu **Tsh. 27.000.000/=** ambayo imelipwa yote leo hii tarehe 24/07/2024 na WANUNUZI na kupokelewa na MNÚUZAJI ambapo ni makubaliano ya muda wa miaka sita kuanzia tarehe 22/06/2024 hadi tarehe 01/07/2030 na si vinginevyo.

2. **KWAMBA**, ni wajibu wa MUUZAJI wa haki hizo kuwatambulisha WANUNUZI kwa mmiliki halali wa kiwanja yalipo majengo hayo ili muda wa haki hizo za pango utakapokwisha yaani kabla/ama tarehe 01/07/2030 WANUNUZI waweze kuwajibika moja kwa moja kwa mmiliki huyo, ambaye watatakiwa kuingia makubaliano mapya ya upangaji na si vinginevyo.

3. **KWAMBA** WANUNUZI wamemlipa kiasi hicho chote cha pesa ndugu ROBERT ISACK MUSSA Tshs **27,000,000/=** ikiwa ni thamani ya haki hizo na mkataba huu una shuhudia utolewaji wa kiasi hicho chote cha pesa cha Tshs **27,000,000/=** na si vinginevyo.

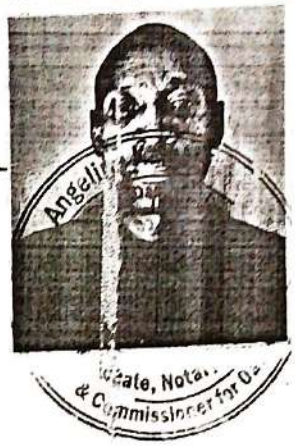
4. **KWAMBA**, gharama ya umeme na maji na ulinzi zitalipwa na **WANUNUZI** na stakabadhi za malipo zitahifadhiwa ili kuepuka usumbufu wa baadaye.

5. **KWAMBA, MUUZAJI** amewakabidhi **WANUNUZI** majengo hayo yakiwa katika hali nzuri na ya kuridhisha na wanunuzi wameridhika na hali halisi ya majengo hayo.

6. **KWAMBA,** mkataba huu utasomwa na kutafasiriwa kwa sheria za mikataba za Jamhuri ya Muungano wa Tanzania na sheria nyingine yeyote itakayokuwa inatumika kwa wakati huo.

Uthibitisho: Kwa kuthibitisha hayo hapo juu pandè zote mbili zimeridhika zimekubaliana kuweka saini zao wakiwa na akili timamu bila kushurutishwa/kushawishiwa/kulazimishwa na Mtu yeyote yule Mbele ya Kamishna wa viapo na Mashahidi wao Leo hii tarehe 24 Mwezi 07 mwaka 2024.

Mkataba huu umesainiwa hapa KAHAMA na **ROBERT ISACK MUSSA** ambaye namfahamu/ ametambulishwa kwangu na.....
Leo tarehe 24 Mwezi 07 mwaka 2024.

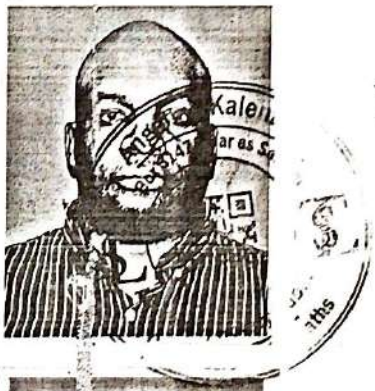


.....
MUUZAJI

SHAHIDI
JINA: .....Juma Salum Sitta.....
SIMU NA: .....0785458470.....
WADHIFA.....Mshtakiwa.....

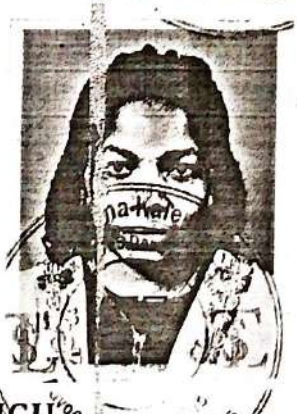
.....
SAINI

Mkataba huu umesainiwa hapa KAHAMA na **DAVIS BENJAMIN LUGEJUNA** ambaye Namfahamu/ametambulishwa kwangu na .....leo tarehe 24 Mwezi 07 mwaka 2024.



.....
MNUNUZI

Mkataba huu umesainiwa hapa KAHAMA na **LILIAN BENJAMIN LUGEJUNA** ambaye Namfahamu/ametambulishwa kwangu na .....leo tarehe 24 Mwezi 07 mwaka 2024.



.....
MNUNUZI

SHAHIDI
JINA: .....Sadath M. Mohamed.....
SIMU NA: .....0759208729.....

.....
SAINI

MBELE YANGU
JINA ...ANGELINA KALE.....
SAINI .....
TAREHE.....24/07/2024.....
CHEO: KAMISHINA WA VIAPO/WAKILI

TUME YA TAIFA YA UCHAGUZI

KADI YA MPIGA KURA

Jina Kamili - Full Name
LILIAN B LUGEJUNA

Tarehe ya Kuzaliwa - Date of Birth
05/02/1982

Jinsia - Gender KE

Kata - Ward
IGOMA

Mtaa/Kijiji - Street/Village
IGOMA MASHARIKI

Kituo cha Kuandikisha - Registration Centre
ZAHANATI YA IGOMA "B"

L. Benjamin

Namba ya Mpiga Kura T-1000-1334-571-0

KADI HII IMETOLEWA NA TUME YA TAIFA YA UCHAGUZI

TUME YA TAIFA YA UCHAGUZI

MKURUGENZI WA UCHAGUZI

Kadi hii ni mali ya Tume ya Taifa ya Uchaguzi huruhusiwi kuifanyia mabadiliko ya aina yoyote wala kumpatia mtu asiyehusishwa kuitumia, kama ikipotea au kuharibika toa taarifa ofisi ya Tume ya Taifa ya Uchaguzi
S.L.P 10923 Dar es Salaam
Simu +255 22 21 14963 - 6

TANZANIA

VISA / VISAS

JAMHURI YA MUUNGANO WA TANZANIA-UNITED REPUBLIC OF TANZANIA-RÉPUBLIQUE-UNIE DE TANZANIE

PASIPOTI/PASSPORT/PASSEPORT

URT

Aina/Type/Type: P

Nchi/Country/Pays: TZA

Namba ya Pasipoti/Passport No/No. Passeport: TAE595217

Jina la ukoo/Surname/Nom: LUGEJUNA

Jina/Given Names/Prénoms: DAVIS BENJAMIN

Uraia/Nationality/Nationalité: TANZANIAN

Tarehe ya kuzaliwa/Date of birth/Date de Naissance: 02 AUG 1996

Jinsia/Sex/Sexe: M

Mahali pa kuzaliwa/Place of birth/Lieu de Naissance: NYAMAGANA

Tarehe ya kutolewa/Date of issue/Date de Délivrance: 08 JUN 23

Mamlaka ya kutoa/Issuing Authority/Autorité de Délivrance: PCO, DAR ES SALAAM

Tarehe ya Mwisho wa Matumizi/Date of expiry/Date d'expiration: 07 JUN 33

Sahihi ya mwenye pasipoti/Signature/Signature

P<TZALUGEJUNA<<DAVIS<BENJAMIN<<<<<<<<<<<<<<<

TAE5952178TZA9608029M3306079<<<<<<<<<<<<<<02

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00476-2024

This Permit is hereby granted to M/S ***Rodiza Pharmacy*** of ***P.O. Box 56, Shinyanga*** to operate a ***Retail and Wholesale Business*** at the premises situated/lying between ***Kagongwa, Kahama Mjini*** Municipality/District in ***Shinyanga*** Region with Facility Identification Number (FIN) ***0300476*** under a superintendent Pharmacist ***Zainab Suleiman Ally*** with Personal Identification Number (PIN) ***0103427***

Issued in: ***July 2022***

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

08-07-2024

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. ***This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation***
2. ***The nature of conducting business shall conform to the category of pharmacist business registered***
3. ***This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.***
4. ***When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit***
5. ***The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated***

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300476

This is to certify that the premises owned by M/S ***Rodiza Pharmacy*** of ***P.O. Box 56, Shinyanga*** located at ***Kagongwa, Kahama Mjini*** Municipality/District in ***Shinyanga*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300476***

Issued in: ***July 2022***

Expires on: ***30 June 2027***

06-04-2022

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

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 587798

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **DALIAN PHARMACY** this **25th** day of **OCTOBER** 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 **587798** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **25th** day of **OCTOBER 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.

TRA

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 156-093-963
KAHAMA MUNICIPAL COUNCIL
MALUNGA
472
KAHAMA

Tax Certificate Number:
391-0219-2802

Issuing Office: Kahama
Telephone: 0282710
Date of Issue: 01 Nover
Expiry Date: 31 Decer

Taxpayer Name	DAVIS BENJAMIN LUGEJUNA		
Trading Name	DALIAN PHARMACY		
Taxpayer Identification Number	138-952-940	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : SHINYANGA,
DISTRICT : KAHAMA,
STREET : Namanga

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

1	Private consultants' services to inpatients
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
01 November 2024

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

ZAINAB SULEIMAN ALLY

PIN NO: 0103427

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:02 February 2023

Expires on:31 December 2025

Registrar
Pharmacy Council

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 DAVIS BENJAMIN with Personal Identification Number (PIN) 0404309 of Year 2022, residing at ~~NYAMAGANA~~ district, in ~~MWANZA~~ Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named _____, with Facility Identification Number (FIN) 0300476 of year 2022, located at ~~KAHAMA~~ District, ~~SHINYANGA~~ Region with a Business Tax Identification Number (TIN)_____ **(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: 0756092776 Email Address: drossbenjamin1996@gmail.com

Signature: _____ Date: 13-02-2025

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**

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

DAVIS BENJAMIN

PIN NO: 0404309

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311 is entitled to practice as a **Pharmaceutical Technicians** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**11 March 2022**

Expires on:**31 December 2024**

Registrar
Pharmacy Council