PCF.14

PHARMACY COUNCIL RECEIVED 16 FEB 2024 P.O. Box 93, MWANZA

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: 0300587

NAME OF PREMISES: NYAMONGE PHARMACY FIN: [redacted]

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

PHYSICAL ADDRESS:

Plot No. 33 Street: MWANZA ROAD Ward MAGANZO

District/~~Municipal~~ KISHAPU Region: SHINYANGA

POSTAL ADDRESS: 12 88 - SHINYANGA Contact. No. 0767160990

E-mail: .....

OWNERSHIP:

Directors (Names): 1. RASHID NYAMONGE MALALA Qualification: .....

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

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

SUPERINTENDANT INFORMATION:

Full Name: SHIDA MASHAKERI MANYAKENDA PIN: 102569.

Residential Address: SHINYANGA Tel: 0683409882 Email: Shidamashaki48@gmail.com

Contract commencement date: 1ST JULY 2023 Cessation date: 30th JUNE 2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: BUPAMBA DG PHARMACY.

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

PHYSICAL ADDRESS:

Plot No. 33 Street MWANZA ROAD Ward MAGANZO

District/~~Municipal~~ KISHAPU Region SHINYANGA

POSTAL ADDRESS: 2137 CONTACT. No. 0716686462

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. DOMINICK MBOLTO BUPAMBA ..... 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. CHANGE OF NAME

2. CHANGE OF OWNERSHIP

SECTION D: APPLICANT INFORMATION

Name of Applicant: DOMINICK MBOLTO BUPAMBA

(Contact/email if different from the above)

Address: 2137 Tel: 0716686462 E-mail: bupambadepharmacy@gmail.com

Signature of Applicant [signature] Date 25th Sept 2023

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 [signature] Date 25th Sept 2023

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 : 125-847-269
PHARMACY COUNCIL
MABIBO EXTERNAL
31818
DAR ES SALAAM

Tax Certificate Number: **301-0181-5404**

Issuing Office: Singida
Telephone: 026 2502320
Date of issue: 25 September 2023
Expiry Date: 31 December 2023

Taxpayer Name	**RASHID NYAMONGE MALALA**		
Trading Name	**NYAMONGE PHARMACY**		
Taxpayer Identification Number	**124-245-486**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : SINGIDA,
DISTRICT : IRAMBA,
STREET : SHELUI

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	Other human health activities

Michael T. Muhoja
COMMISSIONER FOR DOMESTIC REVENUE
25 September 2023

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.

MKATABA WA KUUZIANA FAMASI

Umefanyika leo tarehe 06 Mwezi JULAI 2023

KATI YA

RASHIDI NYAMONGE MALALA wa **S.L.P 1288, SHINYANGA, TANZANIA**, (ambaye katika Mkataba huu atajulikana kama '**MUUZAJI**') kwa upande mmoja.

NA

DOMINICK MBOGO BUPAMBA wa S.L.P.2137 -SHINYANGA **TANZANIA** (ambaye katika Mkataba huu atajulikana kama '**MNUNUZI**,) kwa upande mwingine.

KWA KUWA muuzaji ni mmiliki halali wa FAMASI iliyoko **BARABARA YA MWANZA, KATA YA MAGANZO, WILAYA YA KISHAPU, MKOA WA SHINYANGA** ikijulikana kama NYAMONGE PHARMACY, na ameamua kuuza FAMASI yake hiyo kwa mnunuzi,

NA KWA KUWA mnunuzi amekubali kununua FAMASI hiyo tajwa hapo juu kwa makubaliano yake na muuzaji;

HIVYO BASI MKATABA HUU UNASHUHUDIA YAFUATAYO:-

1. Kwamba anamuuzia MNUNUZI na mnunuzi ananunua FAMASI tajwa hapo juu kwa bei ya shilingi za kitanzania **milioni kumi na mbili tu (Tshs 12,000,000/-)**
2. Kwamba **mnunuzi anamlipa muuzaji fedha zote** za manunuzi ya FAMASI tajwa katika mkataba huu,
3. Kwamba, **malipo yaliyoainishwa katika kifungu cha 2 hapo juu yanalipwa siku na tarehe ya kusaini mkataba huu.**
4. Kwamba, **baada ya kupokea malipo** ya manunuzi ya FAMASI hii, **basi muuzaji atakabidhi umiliki wa FAMASI hii bila masharti yoyote**,
5. Kwamba, **tokea kusainiwa kwa mkataba huu FAMASI hii itatambulika kama mali ya mnunuzi** na umiliki wote wa FAMASI husika utakuwa wa **MNUNUZI.**
6. Kwamba, **muuzaji anauza kwa mnunuzi famasi ikiwa ni pamoja na PANGO, MADAWA YALIYOMO, NA FREMU ZAKE, MEZA NA KABATI ZINAZOTUMIKA KATIKA FAMASI HII.**
7. Kwamba, **makubaliano haya ni ya pekee katika mauzo na manunuzi ya FAMASI hii na kwamba hakutakuwa na**

EDWARD NYELLO
Notary Public
&
Commissioner for Oaths
P.O. Box 516, NZEGA

6/7/2023

makubaliano mengine nje ya haya yaliyotajwa waziwazi katika mkataba huu,

8. Kwamba, **makubaliano haya yatazibana pande zote husika, wawakilishi wao wa kisheria pamoja na warithi wao kwa mujibu wa sheria,**
9. Endapo kutatokea mgogoro wowote, mkataba huu utafanya kazi kwa kufuata sheria za Tanzania Bara.

USHUHUDA

Mkataba huu umesainiwa leo hii tarehe 06, mwezi JULAI, mwaka 2023 na pande zote mbili mbele ya mashahidi wafuatao:-

UMESAINIWA hapa **NZEGA** na **RASHIDI NYAMONGE MALALA** ambaye ninamfahamu binafsi/ametambulishwa kwangu na ..... ambaye ninamfahamu binafsi leo tarehe 06 mwezi wa...JULAI...mwaka **2023**

MUUZAJI

MBELE YANGU
Jina: **EDWARD MALANDO**
Sahihi .....
Tarehe 06.07.2023
Anuani: **S.L.P. 516, NZEGA-TANZANIA.**

EDWARD MALANDO Advocate, Notary Public & Commissioner for Oaths P.O. Box 516, NZEGA

UMESAINIWA hapa **NZEGA** na **DOMINICK MBOGO BUPAMBA amb**aye ninamfahamu binafsi/ ametambulishwa kwangu na ..... ambaye ninamfahamu binafsi leo tarehe 06 mwezi wa JULAI mwaka **2023**

MNUNUZI

MBELE YANGU
Jina: **EDWARD MALANDO**
Sahihi .....
Tarehe .....
Anuani: **S.L.P. 516, NZEGA-TANZANIA**

EDWARD MALANDO Advocate, Notary Public & Commissioner for Oaths P.O. Box 516, NZEGA

MKATABA WA UPANGAJI

MKATABA HUU wa upangaji unafanywa leo tarehe 07. Mwezi wa 02., 2024

BAINA YA

SALUM SAID MASUD wa S.L.P Kishapu (ambaye kwa madhumuni ya mkataba huu ataitwa {"**MWENYENYUMBA**"} kwa upande mmoja.

NA

DOMINIC MBOGO BUPAMBA wa S.L.P 2137 Shinyanga (ambaye kwa madhumuhi ya mkataba huu ataitwa {"**MPANGAJI**"} kwa upande mwingine.

KWA KUWA MWENYENYUMBA ni mmiliki halali wa nyumba iliyoko kwenye kiwanja **Na 33**, Mwanza Road, Maganzo Wilaya ya Kishapu.

NA

KWA KUWA mwenyenyumba kwa hiari yake mwenyewe ana nia na ameamua kumpangisha mpangaji na mpangaji kwa hiyari yake mwenyewe anakubali kupangishwa , upande mmoja wa nyumba hiyo

HIVYO BASI MKATABA HUU UNASHUHUDIA MAKUBALIANO YAFUATAYO:-

1. Kwa kodi ya pango ya shilingi Hamsini elfu tu (50,000/=) kwa mwezi, mwenye nyumba anampangisha mpangaji na mpangaji anapanga upande mmoja nyumba hiyo iliyoko Maganzo Wilaya ya Kishapu.

2. Pango ya jumla ya miezi 12 (mwaka mzima), ambayo ni sawa na shilingi laki Sita tu (600,000/=) imeshalipwa na mpangaji na mwenye nyumba kwa kusaini mkataba huu anathibitisha kupokea pango hiyo.

3. Chumba hiki kinapangishwa kwa ajili ya Biashara tu.

1. Mkataba huu wa upangaji ni kwa kipindi cha mwaka mmoja kuanzia tarehe 1/1/2024 hadi tarehe 31/12/2024, ambapo unaweza kurejelewa kadiri wahusika hapo juu watakavyoona inafaa.

2. Gharama za bili za maji safi na taka na za umeme zitakuwa ni juu ya mpangaji akichangia na wapangaji wengine.

3. Mpangaji hataruhusiwa kumpangisha mpangaji mwingine bila kupata kwanza kibali cha maandishi cha mwenyenyumba.

4. Kila upande unayo haki ya kusitisha mkataba huu lakini ni kwa kuupa upande mwingine taarifa ya maandishi ya nia ya kusitisha mkataba huu ya miezi mitatu(3)kabla ya tarehe unayokusudiwa kusitisha lakini bila kuathiri haki na wajibu wa upande wa pili wa mkataba huu.

5. Katika kipindi chote cha mkataba huu, sheria, taratibu na kanuni zote zinazoongoza upangaji zitafuatwa.

6. Endapo kutatokea mgogoro wowote katika kutafsiri na/au utekelezaji wa mkataba huu, basi kabla ya kufikishwa mahakamani au chombo chochote cha kisheria, ni lazima upitie kwanza kwenye baraza la usuluhishi ambalo litajumuisha watu watatu, mmoja atakayechaguliwa kutoka kila upande na kiongozi atakayechaguliwa na wasuluhishi watakao chaguliwa na kila upande kama ilivyo elezwa hapo juu.

Pande zote mbili zinakubaliana na masharti ya mkataba huu kwa kutia sahihi zao mbele ya majina yao kama invyoonekena hapa chini.

UMESAINIWA na **SALUM SAID MASUD**
Ambaye ninamfahamu leo tarehe
.01.mwezi FEBRARI 2024

SAHIHI .....
ANUANI .....BOX 21566 DSM.....
WADHIFA .....WAKILI.....

John Arthur Gama Box 21566 Dar es Salaam Advocate, Notary Public & Commissioner for Oaths

Salum S M.
Mwenye Nyumba

IMESAINIWA na **DOMINICK MBOGO BUPAMBA**
Ambaye ametambulishwa kwangu na
..... ninamfahamu leo tarehe
.01.. mwezi wa .02., 2024 mbele yangu

SAHIHI .....
ANUANI .....BOX 21566 DSM.....
WADHIFA .....WAKILI.....

John Arthur Gama Box 21566 Dar es Salaam Advocate, Notary Public & Commissioner for Oaths

MBupamba.
MPANGAJI

Form 5

TANZANIA

BRELA

BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 548760

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **BUPAMBA DE PHARMACY** this 25th day of **JULY** year **2023** 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 **548760** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 25th day of **JULY TWO THOUSAND AND TWENTY THREE.**

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.

Form 21

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 25/07/2023 16:52:52
Registration date and time: 25/07/2023 16:52:45

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	**Name of Business:**	**BUPAMBA DE PHARMACY**
2.	**Registration number:**	**548760**
3.	**Principale Place of Business:**	Region Shinyanga, District Kishapu, Ward Maganzo, Postal code 37521, Unsurveyed area near by police station
4.	**Contacts:**	Email dmbpamba@gmail.com, Phone 0716686462, P.O.Box 2137
5.	**Business activity:**	4610 - Wholesale on a fee or contract basis 8690 - Other human health activities 8890 - Other social work activities without accommodation
6.	**Propriator/Partners:**	DOMINICK MBOGO BUPAMBA
7.	**Authorized to Operate Bank Account etc:**	DOMINICK MBOGO BUPAMBA

REGISTRAR OF BUSINESS NAMES *TANZANIA*

Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19850228-12109-00002-24

JINA LA KWANZA : **DOMINICK**
First Name

MAJINA YA KATI : **MBOGO**
Middle Name

JINA LA MWISHO : **BUPAMBA**
Last Name

JINSI : **M**
Sex

MWISHO WA MATUMIZI : **30 AUG 2024**
Expiry Date

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19800101-43310-00004-29

JINA : **RASHIDI NYAMONGE**
Given Name

JINA LA MWISHO : **MALALA**
Last Name

TAREHE YA KUZALIWA : **01 JAN 1980**
Date of Birth

JINSI : **M**
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : **20 JAN 2031**
Expiry Date

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01728-2023

This Permit is hereby granted to M/S ***Nyamonge Pharmacy*** of ***P.O. Box 1288, Shinyanga*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Maganzo, Kishapu, Shinyanga*** Municipality/District in ***Shinyanga*** Region with Facility Identification Number (FIN) ***0101728*** under a superintendent Pharmacist ***Shida Mashauri*** with Personal Identification Number (PIN) ***0102569***

Issued in: ***September 2021***

Expires on: ***30 June 2024***

15-08-2023

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

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01728-2023

This Permit is hereby granted to M/S ***Nyamonge Pharmacy*** of ***P.O. Box 1288, Shinyanga*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Maganzo, Kishapu, Shinyanga*** Municipality/District in ***Shinyanga*** Region with Facility Identification Number (FIN) ***0101728*** under a superintendent Pharmacist ***Shida Mashauri*** with Personal Identification Number (PIN) ***0102569***

Issued in: ***September 2021***

Expires on: ***30 June 2024***

15-08-2023

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: 0300587

This is to certify that the premises owned by M/S ***Nyamonge Pharmacy*** of ***P. O. Box 1288, Shinyanga*** located at ***Plot No. 33, Mwanza Road Street, Maganzo, Kishapu DC*** Municipality/District in ***Shinyanga*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300587***

Issued in: ***December 2023***

Expires on: ***30 June 2029***

07-12-2021

DATE:

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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 Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924045232664740**
Received from	: Nyamonge 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 - Change of Business Name*		**100,000.00**
: *142202540104 - Application for change of name/ ownership - Change of Ownership*		**100,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16217044240101095429
Payment Control Number	: ***991620240026***
Payment Date	: **2024-02-14 10:10:48**
Issued by	: Beatuss Mpogoza
Date Issued	: 2024-02-16 18:31:40
Signature	: .....