Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924053234263608**
Received from	: RICTA 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 - APPLICATION FOR CHANGE OF THE NAME*	**100,000.00**	
: *142202540104 - Application for change of name/ ownership - APPLICATION FOR CHANGE OF OWNERSHIP*	**100,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16214053243637322039
Payment Control Number	**: *991620240695***
Payment Date	**: 2024-02-22 15:36:36**
Issued by	: George Hanta
Date Issued	: 2024-03-15 15:29:57
Signature	: .....

RIPOTI CHA AFYA MKOANI
S. L. P 30112
KIBAHA

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: MEKI PHARMACY FIN. 0102736

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

PHYSICAL ADDRESS:

Plot No. ..... Street: MACHINJIONI

District/Municipal. KIBAHA Ward. MAILIMOJA

POSTAL ADDRESS: 9818 Region: PWANI

E-mail: ..... Contact. No. 0715800592

OWNERSHIP:

Directors (Names): 1. RICHARD L. MOTA Qualification: .....

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

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

SUPERINTENDANT INFORMATION:

Full Name: SALAMA S. SHERIA

Residential Address: KIBAMBA PIN: 0103092

Contract commencement date: 2/01/2023 Tel: 0716255564 Email: Sheria Salm1995@gmail.com

Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: RUCIA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street. MACHINJIONI

District/Municipal. KIBAHA Ward. MAILIMOJA

POSTAL ADDRESS: — Region PWANI

CONTACT. No. 0715863864

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

Directors (Names):

1. TAUSI I EBETH Qualification: BUSINESS
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: SALAMA S. SHEZIA PIN: 0103092

Residential Address: KIBAMBA Tel: 0716255564 Email: Sherasalm1995@gmail.com

Contract commencement date: 2/01/2023 Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. TO Change ownership
2. TO Change Name.

SECTION D: APPLICANT INFORMATION

Name of Applicant: TAUSI ISSA EBETH

(Contact/email if different from the above)

Address: DARESALAAM Tel: 0715863864 E-mail: Ebethsarah429@gmail.com

Signature of Applicant..... Date 29/02/2024

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..... Date 29/02/2024

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)

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02736-2023

This Permit is hereby granted to M/S *Meku Pharmacy* of *P.O.Box 9818, Dar es Salaam* to operate a *Retail Only Business* at the premises situated/lying between *machinjio, mtangini, Kibaha* Municipality/District in *Pwani* Region with Facility Identification Number (FIN) *01027736* under a superintendent Pharmacist *Salama Salmini Sheria* with Personal Identification Number (PIN) *0103092*

Issued in: *August 2023*

Expires on: *30 June 2024*

16-08-2023

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*

RICHARD L. MOTTA
S.L.P 9818
PWANI
18/03/2024

Mfajili
Baraza la Famasi
S.L.P 1277
DODOMA

YAH: TAARIFA YA KIBALI CHA JENGO

Tafadhali husika na somo hapo juu

Mimi mmiliki wa MSKU Pharmacy iliyopo Kibaha Mpaka sasa nilipata Kibali cha Biashara tu ila Kibali Cha ufajili cha Jengo Sijapata.
Nimeandika Barua hii Kutokana famasi hii Nimebadilisha umiliki na Jina.
Ninaomba Kuwasilisha

Richard L Motta
[signature]

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 565599

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **RICTA PHARMACY** this **15th** day of **FEBRUARY** 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 **565599** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **15th** day of **FEBRUARY 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.

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-896-595
HALMASHAURI YA MJI KIBAHA
MKOANI A
30112
KIBAHA

Tax Certificate Number: **271-0189-7922**

Issuing Office: Pwani
Telephone: 023 2402117
Date of issue: 19 January 2024
Expiry Date: 31 December 2024

Taxpayer Name	**TAUSI ISSA ELBITH**		
Trading Name			
Taxpayer Identification Number	**120-437-917**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : PWANI,
DISTRICT : KIBAHA,
STREET : Machinjioni

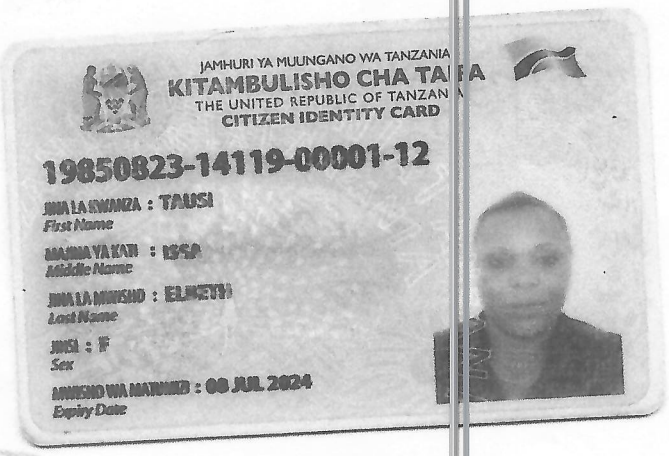
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

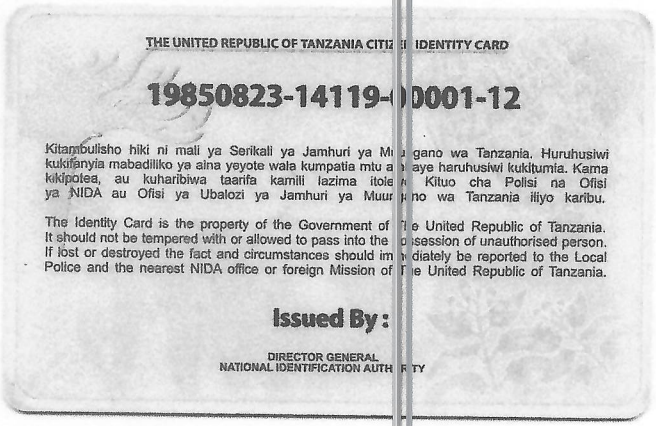
1	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Retail sale of beverages in specialized stores

Alfred T. Mr[illegible]gi
COMMISSIONER FOR DOMESTIC REVENUE
19 January 2024

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


JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TA A
THE UNITED REPUBLIC OF TANZAN
CITIZEN IDENTITY CARD
19850823-14119-00001-12
JINA LA KWANZA : TAUSI
First Name
JINA LA KATI : ISSA
Middle Name
JINA LA MWISHO : ELIMETH
Last Name
JINSIA : F
Sex
Expiry Date


THE UNITED REPUBLIC OF TANZANIA CITI IDENTITY CARD
19850823-14119-0 0001-12
Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya M gano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu a aye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itole Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muur no wa Tanzania iliyo karibu.
The Identity Card is the property of the Government of e United Republic of Tanzania. It should not be tempered with or allowed to pass into the session of unauthorised person. If lost or destroyed the fact and circumstances should im diately be reported to the Local Police and the nearest NIDA office or foreign Mission of e United Republic of Tanzania.
Issued By :
DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTH TY

MAKUBALIANO YA KUBADILI UMILIKI WA PHARMACY

JINA LA PHARMACY (LA ZAMANI MEKU PHARMACY)

JINA LA UMILIKI MPYA RICTA PHARMACY

Mimi RICHARD LUDOVICK MOTA .....Mmiliki wa MEKU PHARMACY kibaha Pwani (Loliondo) nakiri na kuridhia kumpa umiliki Ndugu TAUSI ISSA ELBETH kuwa mmiliki halali wa Pharmacy ambayo itaitwa jina la RICTA PHARMACY.

Jina la mmiliki wazamani RICHARD LUDOVICK MOTA.
Sahihi .....
Tarehe 06/3/2024

Jina la mmiliki wa sasa TAUSI ISSA ELBETH
Sahihi .....
Tarehe 06/03/2024

Rita Nibwo Ntagazwa
Box 23164 Dar es Salaam
Advocate, Notary Public & Commissioner for Oaths

06/03/2024

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-896-595
HALMASHAURI YA MJI KIBAHA
MKOANI A
30112
KIBAHA

Tax Certificate Number: **581-0153-8181**

Issuing Office: Tegeta
Telephone:
Date of issue: 17 February 2023
Expiry Date: 31 December 2023

Taxpayer Name	**RICHARD LUDOVICI MOTTA**		
Trading Name	**MEKU PHARMACY**		
Taxpayer Identification Number	**106-788-219**	Vat Registration Number	
Company Registration Number			

Business Premises located at: Plot Number ; Block Number ; Street TEGETA - AZANIA

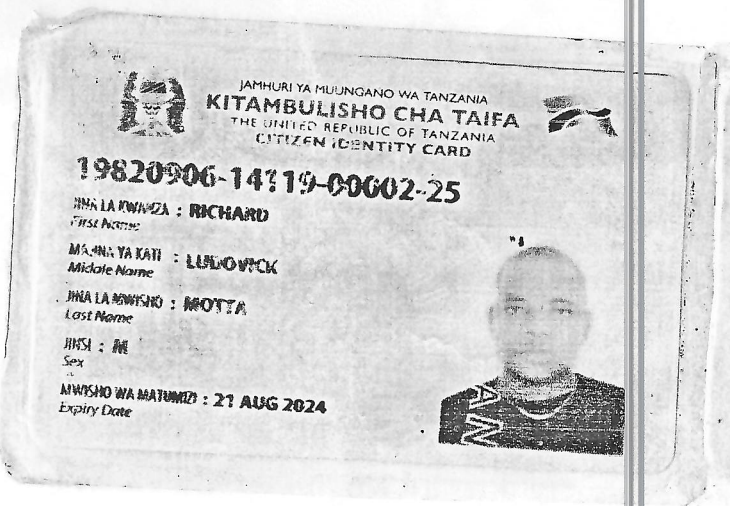
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
17 February 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.



JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD

19820906-14119-00002-25

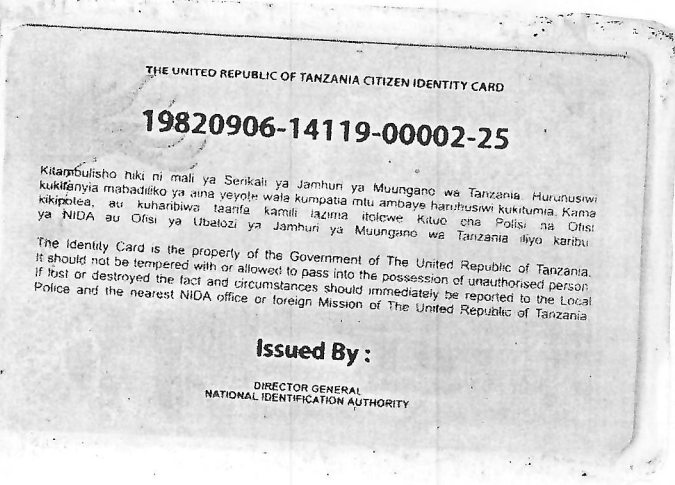
JINA LA KWANZA : RICHARD
First Name

MAJINA YA KATI : LUDOVICK
Middle Name

JINA LA MWISHO : MOTTA
Last Name

JINSI : M
Sex

MWISHO WA MATUMIZI : 21 AUG 2024
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19820906-14119-00002-25

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hurudishwi kukitanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye hastahusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

Issued By :

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY