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:
151-0238-6122

Issuing Office: Arusha
Telephone: 027-2502946
Date of issue: 24 June 2025
Expiry Date: 31 December 2025

Taxpayer Name	KILINOVA HEALTH COMPANY LIMITED		
Trading Name			
Taxpayer Identification Number	178-459-627	Vat Registration Number	
Company Registration Number	1784597		

Business Premises located at :
REGION : ARUSHA,
DISTRICT : ARUSHA,
STREET : NANE NANE

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	Hospital activities
2	Medical and dental practice activities

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
24 June 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.

MKATABA WA MAUZIANO YA DUKA LA DAWA (PHARMACY)

Mkataba huu umefanyika Leo hii tarehe...18..Mwezi ....06....., Mwaka 2025

BAINA YA

KILINOVA HEALTH COMPANY LIMITED ikiwakilishwa na BEATRICE VEDASTO BYOMA mwenywe nida namba 19870125-23114-00001-14 Wa Arusha, Njiro Engutoto (ambaye atajulikana kama "MUUZAJI") kwa upande mmoja.

NA

Bwana SULEMAN YUSUPH SHEMLUGU mwenye nida namba 19860224-141332-00002-27 na Bibi SALMA KILEO MPINGA mwenywe nida namba 19901001151080000516 amabao ni mke na mume wa Arusha, Tanzania.(ambao watajulikana kama "WANUNUZI") kwa upande mwingine.

AMBAPO PANDE ZOTE MBILI ZIMEKUBALIANA KAMA IFUATAVYO:-

1. Kwamba, BEATRICE VEDASTO BYOMA akiwa na akili timamu bila kushurut- ishwa na mtu anakiri kuuza duka la dawa na makabati vilivyomo kwenye duka kwa Ndugu Bwana SULEMAN SHEMLUGU na Bibi SALMA KILEO MPINGA kwa pesa ya kitanzani Shilingi **Milioni tano tu (5,000,000/=)**

2.Pande zote zinakubaliana kwamba pesa Za kitanzania shillingi **5,000,000/= (Milioni tano) tu** zitalipwa siku ya kusini mkataba huo na duka na makabati yaliyopo dukani yatakabidhiwa kwa wanunuzi siku ya kusaini mkataba

3. Kwamba pande zote mbili zimekubaliana na kufikia Makubaliano ya kuandika mkataba

4. Kwamba pande zote mbili zimejiridhisha juu ya mauziano na kuridhia bila kuwa na pigamizi lolote

5. Kwamba mkataba huu ni mkataba wa uaminifu.

7. Kwamba mkataba huu unatafsiriwa kwa Sheria za Jamhuri ya Muungano wa Tanzania na Kwamba upande wowote utakaovunja mashariti ya mkataba huu, hatua za kisheria zita- chukuliwa dhidi yake.

HIVYO BASI Kwa kuthibitisha hayo hapo juu pande zote mbili zimeridhika zimekubali- ana kuweka saini zao zikiwa na akili timamu bila kushurutishwa/kushawishiwa/ku- lazimishwa na MTU yeyote yule.

Leo hii tarehe.....18..... Mwezi.....06.....2025

UMESAINIWA na KUWASILISHWA na

KILINOVA PHARMACY COMPANY LIMITED

ukiwakilishwa na Beatrice Vedasto Byoma ambaye

namfahamu binafsi/ametambulishwa .....

na .....,..tarehe ..18..... mwezi .....06..... 2025

ByBa.

.....

MUUZAJI

MBELE YANGU

Jina.....MARIA NYAMBO EDWARD MASUKE

Saini.....

Cheo WAKILI

Maria Nyambo Edward Masuke
P.O.Box 1096 Arusha
Advocate, Notary Public &
Commissioner for Oaths

UMESAINIWA na KUWASILISHWA

na Bwana Suleman Yusuph Shemlugu

na bi Salma Kileo Mpinga

ambaye namfahamu/ ametambulishwa kwangu

na ..... leo hii

tarehe .....18... mwezi .....06..... 2025

S. Shemlugu

.....

MNUZUZI

.....

MNUZUZI

MBELE YANGU

Jina.....MARIA NYAMBO EDWARD MASUKE

Saini.....

Cheo WAKILI

Maria Nyambo Edward Masuke
P.O.Box 1096 Arusha
Advocate, Notary Public &
Commissioner for Oaths

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 604051

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **AYMAN PHARMACY** this 7th day of **MAY** year **2025** 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 **604051** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 7th day of **MAY TWO THOUSAND AND TWENTY FIVE**.

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.

C.1

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Certificate of Incorporation of a Company

Section 15

No: 178459627

I HEREBY CERTIFY THAT

KILINOVA HEALTH COMPANY LIMITED

is this day incorporated under the Companies Act, 2002 and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this **2nd** day of **OCTOBER TWO THOUSAND AND TWENTY FOUR.**

REGISTRAR OF COMPANIES ★ TANZANIA ★

PRINC ASST. REGISTRAR OF COMPANIES

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19870125-23114-00001-14

JINA : **BEATRICE VEDASTO**
Given Name

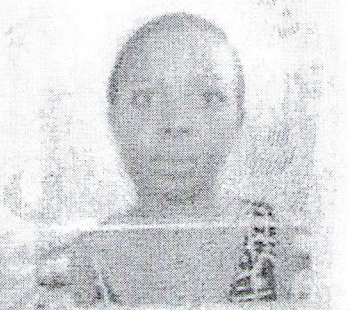
JINA LA MWISHO : **BYOMA**
Last Name

TAREHE YA KUZALIWA : **25 JAN 1987**
Date of Birth

JINSI : **F**
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : **25 FEB 2030**
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19870125231140000114

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi 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 tampered 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.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19901001-15108-00005-16

JINA : **SALMA KILEO**
Given Name

JINA LA MWISHO : **MPINGA**
Last Name

TAREHE YA KUZALIWA : **01 OCT 1990**
Date of Birth

JINSI : **F**
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : **15 APR 2031**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19901001151080000516

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi 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.

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DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103577

This is to certify that the premises owned by M/S ***Kilinova Pharmacy*** of ***P.O Box ,Arusha*** located at ***Plot No 397 Block C Njiro,Engutoto, Arusha jiji , Arusha,*** Municipality/District in ***Arusha*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103577***

Issued in: ***March 2025***

Expires on: ***30 June 2030***

17-04-2025

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar
Pharmacy Council
P.O. Box 1277
Dodoma

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***

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: KILINOVA PHARMACY FIN.....

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

PHYSICAL ADDRESS:
Plot No. 397 Street: NJIRO BLOCK C Ward. ENGUTOTO
District/Municipal. ARUSHA DC Region: ARUSHA
POSTAL ADDRESS: BOX 11403 Contact. No. 0747888890
E-mail: dr.beatrice byoma@gmail.com.

OWNERSHIP:

Directors (Names): 1. BEATRICE VEDASTO BYOMA Qualification: MEDICAL DOCTOR
2. RONALD RWANKANGI Qualification: BUSINESS CONSULTANT
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: ABDURAZACK HUSSEIN PIN: 0103534
Residential Address: ARUSHA Tel: 0767249799 Email: abdurazackh7@gmail.com
Contract commencement date: 18/6/2025 Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: AYMAN PHARMACY

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

PHYSICAL ADDRESS:
Plot No. 397, Block C Street. BLOCK C1 Ward. Engutoto
District/Municipal. ARUSHA DC Region ARUSHA
POSTAL ADDRESS: ..... CONTACT. No. 0719888988

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SALMA KILEO MPINGA Qualification: DIRECTOR
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. Because We Agreed to sell the pharmacy
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: SALMA KILEO MPINGA

(Contact/email if different from the above)

Address: ..... Tel: 0719888988 E-mail: Sumaiya-ramso@yahoo.com

Signature of Applicant: Sall Date: 18/06/2025

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: Sall Date 18/06/2025

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)