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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: LEANA PHARMACY FIN: 0102205

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

PHYSICAL ADDRESS:

Plot No. 46 Street: KIRUMBA KATI Ward: KIRUMBA

District/Municipal: ILELELA Region: MWANZA

POSTAL ADDRESS: Contact No. 0687 168326

E-mail: Leanapharmacy@gmail.com

OWNERSHIP:

Directors (Names): 1. LEOCAROLUS A. MASAGA Qualification: PHARMACEUTICAL TECHNICIAN
2. LUCA MASAGA Qualification: PHARMACEUTICAL TECHNICIAN
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: MAGENI MAGEURIE PIN: 0100786

Residential Address: HAWEKAMO Tel: 0786375151 Email:

Contract commencement date: 1/08/2024 Cessation date: 30/07/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES:

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

PHYSICAL ADDRESS:

Plot No. 46 Street: KIRUMBA KATI Ward: KIRUMBA

District/Municipal: ILELELA Region: MWANZA

POSTAL ADDRESS: CONTACT No. 0687 168326

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names): Lucas Masaga Qualification: Pharmaceutical technician
 1. Lucas 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. ASIGNING M.Q. LUCAS G. MASAGA TO OPERATE BUSINESS.
 2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: LEONARDO A. MASAGA
 (Contact/email if different from the above)
 Address: Box 660 Tel: 0754425205 E-mail: MasagaLaki@yahoo.com
 Signature of Applicant: [Signature] Date: 23/07/2025

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: [Signature] Date: 23/07/2025

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)

MKATABA WA UPANGAJI

Mkataba huu umefungwa leo tarehe 08 mwezi 10 mwaka 2024.

KATI YA

Ndugu ZAYWAB ABULHA wa s.l.p (ambaye katika mkatana huu atajulikana kama "MWENYE NYUMBA") kwa upande mmoja.

NA

Ndugu LEONARDUS A. MASAGA wa s.l.p 660 (ambaye katika mkatana huu atajulikana kama "MPANGAJI") kwa upande mwingine.

KWA PAMOJA WAMEKUBALIANA KAMA IFUATAVYO:-

1. Kwamba mpangaji anapanga chumba cha biashara / kuishi kilichopo katika PLOT NO. 46 KITALU BLOCK "A VI" kwenye nyumba iliyopo Kirumba Wilaya ya Ilemela Jijini Mwanza. Kwa kipindi cha MWAKA MMOJA (1)..... kuanzia leo tarehe 08/10/2024..... Hadi tarehe 08/10/2025.....
2. Mpangaji atamlipa mwenye nyumba kiasi cha shilingi tu (1,500,000/= MILIONI MOJA TAKIYANO) kama kodi ya pango.
3. Ni jukumu la mpangaji kuhakikisha analipa bili ya umeme na maji kwa kila mwezi kwa kadri atakavyo tumia.
4. Ni jukumu la mpangaji kuhakikisha kuwa anatunza mazingira ya chumba husika kwa kufanya usafi wa nje na ndani na kukitunza chumba kama alivyokabidhiwa.
5. Kwamba mpangaji haruhusiwi kupangisha chumba hicho kwa mtu mwingine bila ruhusa ya mwenye nyumba.
6. Kwamba uharibufu wowote utakaotokea kwa kusababishwa na mpangaji mwenyewe gharama za matengenezo zitakuwa ni juu yake.
7. Kwamba mpangaji anatakiwa kutoa taarifa mwezi mmoja kabla ya kipindi cha mkataba kuisha, ikiwa atapenda kuendelea kuwa mpangaji wa chumba hicho kwa awamu nyingine tena.

PARTNERSHIP DEED

THIS PARTNERSHIP DEED is made at MWANZA on this 19 day of 06 2025

BETWEEN

LEOCARDIUS ANACLETUS MASAGA of MWANZA (hereinafter referred to as a FIRST PARTNER) on the one part

AND

LUCAS GUNZE MASAGA of MWANZA (hereinafter referred to as a SECOND PARTNER) on the other part

WHEREAS Partners are hereby agreed to be bound by terms provided under this Partnership Deed as follow:

1. **PARTNERSHIP NAME:**

The name of the partnership business will be LEANA PHARMACY.

2. **PLACE OF BUSINESS:**

The place of business of partnership shall be in Mwanza Region.

3. **BUSINESS OF THE PARTNERSHIP:**

The business of the partnership shall be:

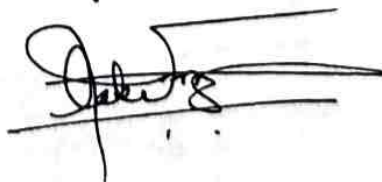
(a) Pharmaceutical Activities.

4. **CAPITAL:**

The partnership business will be funded through contributions from both partners which is TZS 3,000,000 (Three million Tanzania Shillings). The First Partner, Mr. LEOCARDIUS ANACLETUS MASAGA, will provide 50% of the capital, while the Second Partner, Mr. LUCAS GUNZE MASAGA will contribute 50% of the capital, respectively.

5. **MANAGEMENT OF THE PARTNERSHIP:**

Both partners will have equal authority in managing the partnership business, and they will work together to make decisions that will help achieve the business's objectives. Both partners will be responsible for ensuring that the business runs smoothly and efficiently, and they will work collaboratively to ensure that all aspects of the business are functioning optimally. This includes activities such as financial management, inventory management, marketing, and



CABLE LAW

that this Agreement shall be governed by, and construed in accordance with Tanzanian Laws and may be execute in counterparts, each of which shall be an original but all of which shall together constitute one and the same instrument

IN WITNESSETH WHEREOF the parties hereto have executed these presents on the day and date first above written.

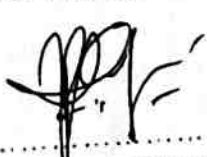
Signed and Delivered at **MWANZA** by the said
LEOCARDIUS ANACLETUS MASAGA who is known /
Identified to me by
Who is known to me personally in my presence
this 19 day of 06 2025.


First Partner

Signed and Delivered at **MWANZA** by the said
LUCAS GUNZE MASAGA who is known
to me / Identified to me by
Who is known to me personally in my presence
this 19 day of 06 2025.


Second Partner

BEFORE ME

Signature: 

Name: **PROSPER JOSEPH SHAGINA**

Address: **P.O BOX 2082, MWANZA**

Qualification: **ADVOCATE, NOTARY PUBLIC & COMMISSIONER FOR OATHS.**





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925205351321689
Received from : LEANA PHARMACY
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 - CHANGE OF OWNSHIP		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16214205252314625529
Payment Control Number : 991620323414
Payment Date : 2025-07-24 15:11:46
Issued by : Beatuss Mpogoza
Date Issued : 2025-07-24 15:21:42
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)