Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924193262466089**
Received from	: LO SIENTO 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 NAME AND OWNERSHIP*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16213193240007870346
Payment Control Number	: ***991620259387***
Payment Date	: **2024-07-11 14:02:29**
Issued by	: Zena Mango
Date Issued	: 2024-07-11 14:29:46
Signature	: .....

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101971

This is to certify that the premises owned by M/S ***Ilulu Pharmacy*** of ***P.O. Box 1249, Dodoma*** located at ***Plot No. 3, Kisasa west, Dodoma Makulu*** Municipality/District in ***Dodoma*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0101971***

Issued in: ***September 2021***

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

02-05-2022

DATE:

REGISTRAR PHARMACY COUNCIL P.O.BOX 31HR DAR ES SALAAM

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***

99162025938T

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: ILULA PHARMACY FIN 0101971

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 3 B Street: KISASA Ward: DIMA Kuu

District/Municipal: DODOMA CITY Region: DODOMA

POSTAL ADDRESS: 2502 – DODOMA Contact. No. 0782240153 /

E-mail: allanbondera 67 @ gmail.com 0653280776

OWNERSHIP:

Directors (Names): 1. MAIHADITI MMOTO Qualification: MD

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

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

SUPERINTENDANT INFORMATION:

Full Name: CRISPIN MAMKINGA PIN: 782

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

Contract commencement date: ..... Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: LO SIENTO PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 3 B Street KISASA Ward DIMA Kuu

District/Municipal. DODOMA CITY Region DODOMA.

POSTAL ADDRESS: 0782-240153 ~~CONTACT~~ No. DODOMA TZ

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):
1. ALLAN BENDERA Qualification: MBA
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 OWNERSHIP AND WORKING STATION.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: ALLAN D. BENDERA.

(Contact/email if different from the above)

Address: 2502 Tel: ..... E-mail: allan-bandera@upc.go.tz

Signature of Applicant: ADBen Date: 10.07.2024

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: ADBen Date: 10.07.2024

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)

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 574747

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **LO SIENTO PHARMACY** this **6th** day of **JUNE** 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 **574747** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **6th** day of **JUNE 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.

MAKUBALIANO YA PAMOJA (MoU) YA KUUZIANA ENEO LA BIASHARA (PHARMACY)

Mkataba huu umefanyika hapa Dodoma leo hii tarehe 01 Mwezi _Mei, 2024

KATI YA

MAHADHI Y. MMOTO Mtu mzima mwenye akili timamu wa S.L.P Nachingwea Lindi (Tanzania) mwenye namba ya simu 0653-280776 (hapa kujulikana kama mmiliki wa Biashara ya Kuuuza Dawa Rejareja **(ILULU PHARMACY)"** Eneo la Kisasa – Halmashauri ya Jiji la Dodoma wa upande mmoja.

NA

ALLAN D. BENDERA Mtu mzima mwenye akili timamu wa S.L.P 2502 Dodoma Tanzania mwenye namba za simu 0782-240153 (hapa kujulikana kama " **Mnunuzi ")** wa upande mwingine.

KWAMBA mmiliki wa eneo la biashara lililopo mtaa wa Kisasa, Kata ya Dodoma Makulu Jiji la Dodoma Mkoani Dodoma (hapa kujulikana kama mmiliki wa Biashara ya Kuuza na Kununua dawa **(Pharmacy)**

KWAMBA Mnunuzi amekubali kununua chumba cha biashara na uendeshaji wake pamoja na bidhaaa, kibali cha kuuza dawa rejareja **(Pharmacy)** kutoka kwa mmiliki wa duka hilo

NA KWAMBA kwasababu hiyo mmiliki ameamua kumuuzia **Mnunuzi** chumba hicho cha biashara dawa, pamoja na mali zingine kukiwa hakuna kikwazo (kizuizi) chochote kwa thamani ya Tsh.....6,800,000/00

2.0 MPANGAJI (MNUNUZI) ANAKIRI KAMA IFUATAVYO: -

2.1 Kwamba atatumia chumba hicho kwa biashara ya kuuza dawa za Rejareja (Pharmacy)

2.2 Kwamba ataweka mazingira ya usafi na bila kusababisha uharibifu wowote kwa makusudi. Ikitokea uharibifu wowote, atawajibika kufanya matengenezo kwa gharama zake mwenyewe.

2.3 Kwamba atahakikisha sehemu za nje na ndani zinakuwa katika mazingira mazuri kama zilivyokua wakati mpangaji anaingia katika chumba hicho.

2.4 Kumruhusu mwenye nyumba au mtu yeyote aliyeagizwa na mwenye nyumba wakati wowote kuingia kufanya marekebisho katika chumba hicho. Mwenye nyumba atatakiwa kutoa notisi kwampangaji kabla ya siku na muda wa marekebisho kufika.

3.0 SHERIA

Mkataba huu unaongozwa na Sheria za Jamhuri za Muungano wa Tanzania zitakazokuwepo wakati husika.

NA KWA USHAHIDI pande zote katika Mkataba huu zinaweka sahihi zao katika Mkataba huu hapa Dodoma leo siku ya tarehe 01 Mwezi MAY, 2024.

UMESAINIWA na KUTOLEWA hapa Dodoma
na MAHADHI Y. MMOTO
ambaye ninamfaham/aliyetambulishwa kwangu na
_____ leo tarehe_____ mwezi April,2024

(MUUZAJI)

UMESAINIWA na KUTOLEWA hapa Dodoma
na ALLAN BENDERA
ambaye ninamfaham/aliyetambulishwa kwangu na
_____ leo tarehe_____ mwezi April,2024

(MNUNUZI)

MBELE YANGU:

Jina: RICHARD J MOSILE

Sahihi: _____

Anuani: 1374, DAR-ES-SALAAM

Cheo: WAKILI

Richard Enhard Mosile
Box 1374 Dar es Salaam
Advocate, Notary Public
& Commissioner for Oaths

TANZANIA REVENUE AUTHORITY

ISO: 9001:2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority, TIN: 101-221-490

MKURUGENZI WA JIJI DODOMA
VIWANDANI-TOFIKI
P. O. Box 1249
DODOMA

Tax Certificate Number:
211-0107-1808

Issuing Office: Lindi
Telephone: 023 2202509
Date of Issue: 01 October 2021
Expiry Date: 31 December 2021

Taxpayer Name	**MAHADHI YUSUPH MMOTO**
Trading Name	**ILULU PHARMACY**
Taxpayer Identification Number	**114-534-609** VAT Registration Number
Company Registration Number	-

Business Premises located at: Plot Number -; Block Number -; Street SOKONI

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

1. Other retail sale not in stores, stalls or markets
2.
3.

This certificate should be tendered in its original form and it is valid only if it is embossed with the Official Seal

Official Seal

ABDUL Y. MAPEMBE

AG. COMMISSIONER FOR DOMESTIC REVENUE

01 October 2021

Disclaimer: This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

This Certificate is issued free of charge