

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: KINGS MEDICS FIN. 0300220

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

PHYSICAL ADDRESS:

Plot No. 5 & 6 Block G Street: JAMUHURI ROAD Ward: BILELE

District/Municipal: KAGERA/BUKOB Region: KAGERA

POSTAL ADDRESS: P.O. Box 109 Contact. No. 0786759635

E-mail: hetalvithlani@hotmail.com

OWNERSHIP:

Directors (Names): 1. JUSTIN G DAUDA Qualification:

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: SOLOMON PAUL SELEMAN PIN: 0103402

Residential Address: KILIMAHENA, BKB Tel: 0656321399 Email: sopamase1@gmail.com

Contract commencement date: 01-07-2023 Cessation date: 30 JUNE 2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES:

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

PHYSICAL ADDRESS:

Plot No. Street: Ward:

District/Municipal: Region:

POSTAL ADDRESS: CONTACT. No.

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. DHARMA HETAL VITHLANI 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. SHOWING DIFFERENT OWNERSHIP IN PHARMACY
COUNCIL SYSTEM
.....
2.
.....
.....

SECTION D: APPLICANT INFORMATIONName of Applicant: DHARMA HETAL VITHLANI

(Contact/email if different from the above)

Address: PLOT NO. 11/T NYERERE Tel: 0786759635 E-mail: hetalvithlani@hotmail.com
ROAD, MWANZA P.O. 11415Signature of Applicant: D.H. Vithlani Date: 20.06.2024**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: D.H. Vithlani Date: 20.06.2024**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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924176258125305

Received from : KINGS MEDICS - BUKOBA
BRANCH

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
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: 142202540104 - Application for change of name/ ownership -	100,000.00	
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CHANGE OF OWNERSHIP OF
PHARMACY

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16214176243832106549

Payment Control Number : 991620252257

Payment Date : 2024-06-24 14:56:12

Issued by : Beatuss Mpogoza

Date Issued : 2024-06-24 14:59:22

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16214176243832106549

Payment Control Number : 991620252257

Payment Date : 2024-06-24 14:56:12

Issued by : Beatuss Mpogoza

Date Issued : 2024-06-24 14:59:22



Form 5

No 156494

THE UNITED REPUBLIC OF TANZANIA

Certificate of Registration

The Business Names (Registration) Ordinance (Cap 213)

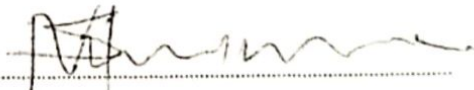
I HEREBY CERTIFY THAT KINGS MEDICS =====

this 9TH day of JANUARY 200 6 has been duly registered

Pursuant to and in accordance with the provisions of the Business Names (Registration) Ordinance and the Rules made thereunder, and has been entered the Number 156494 in the Index of Registration.

GIVEN under my hand at Dar es salaam this 20TH day of JANUARY

Two thousand and SIX


Deputy Registrar of 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.



BN. 21

THE UNITED REPUBLIC OF TANZANIA

The Business Names(Registration) Ordinance (Cap. 213)

Search No _____ Fees paid Shs. 1000/= ERV 25353795 of 9/1/2006

Extract from Register

Business Names No 156494 Date of Registration 9/1/2006

1. Name of Business **KINGS MEDICS** =====2. Proprietor **DHARMA HETAL VITHLANI**
Partners =====3. Principal Place of Business **PLOT NO. 95 S HOUSE NO. 002 NYERERE ROAD MWANZA**

4. Authorized to operate Bank Account etc _____

DHARMA HETAL VITHLANI
=====**DAR ES SALAAM.**20TH

JANUARY, 2006

Deputy Registrar of Business Names

/SK



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

MWENGE

31818

DAR ES SALAAM

Tax Certificate Number:

261-0207-7684

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 24 June 2024

Expiry Date: 31 December 2024

Taxpayer Name	DHARMA HETAL VITHLANI		
Trading Name	KINGS MEDICS		
Taxpayer Identification Number	104-576-745	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MWANZA,

DISTRICT : NYAMAGANA,

STREET : NYERERE RD

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

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

24 June 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 recovering taxes established after issuance of this Certificate.

CTIN: 2667347



TANZANIA REVENUE AUTHORITY.

CERTIFICATE OF REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

DHARMA HETAL VITHLANI

T/A KINGS MEDICS

**HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER.**

104-576-745

WITH EFFECT FROM: 21 April 2006

TRA LOCATION: MWANZA

TAX OFFICE: NYAMAGANA

PHYSICAL LOCATION:

STREET / AREA: NYERERE RD

ELIJAH G. MWANDUMBYA

OFFICIAL SEAL

COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

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

19750501-33101-00001-16

JINA : DHARMA HETAL
 Given Name

JINA LA MWISHO : VITHLANI
 Last Name

TAREHE YA KUZALIWA : 01 MAY 1975
 Date of Birth

JINSHI : F
 Sex

SAINI: *D.H. Vithlani*
 Signature

MWISHO WA MATUMIZI : 09 MAR 2028
 Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD


 19750501331010000116

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhiwa
 kufanyia mabadiliko ya aina yeyote wala kumpatia mfu ambaye haruhusiwa kukubama. Kama
 kipeleka, au kuharibiwa taswira kamili lazima ifelewe. Kibu cha Polisi na Ofisi
 ya NIDA au Ofisi ya Ubalizi 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.

MmmqAW
 DIRECTOR GENERAL
 NATIONAL IDENTIFICATION AUTHORITY

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00220-2023

This Permit is hereby granted to M/S Kings Medics Pharmacy, Bukoba Branch of P.O. Box 109 Bukoba to operate a Retail and Wholesale Business at the premises situated/lying between Plot No. 5&6 Block G, Jamuhuri Road, Bukoba MC Municipality/District in Kagera Region with Facility Identification Number (FIN) 0300220 under a superintendent Pharmacist Solomon Paul Seleman with Personal Identification Number (PIN) 0103402

Issued in: March 2019

Expires on: 30 June 2024

19-09-2023

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

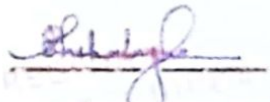
FIN: 0300220

This is to certify that the premises owned by M/S Kings Medics Pharmacy, Bukoba Branch of P.O. Box 109 Bukoba located at Plot No. 5&6 Block G, Jamuhuri Road, Bukoba MC Municipality/District in Kagera Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300220

Issued in: March 2019

08-03-2019

DATE:


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

