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200,000/=

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: LE-CIEL PHARMACY FIN 0102252

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

PHYSICAL ADDRESS:

Plot No. 61 Street: LINGULIA Ward MBUGANI

District/Municipal NYAMAGANA Region: MWANZA

POSTAL ADDRESS: MWANZA Contact. No. 0755805667

E-mail: lewiszabron@gmail.com

OWNERSHIP:

Directors (Names): 1. LEWIS ZABRONI Qualification: PHARMACIST

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

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

SUPERINTENDANT INFORMATION:

Full Name: ELIANA YORAMU PIN: 0102736

Residential Address: MWANZA Tel: 0628397675 Email: yoramueliana@gmail.com

Contract commencement date: 11/06/2024 Cessation date: 10/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: LE TIGER

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

PHYSICAL ADDRESS:

Plot No. 61 Street LINGULIA Ward MBUGANI

District/Municipal NYAMAGANA Region MWANZA

POSTAL ADDRESS: MWANZA CONTACT. No. 0743-318678

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):
1. Elizabeth Elisha Salamba Qualification: Nurse
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ELKANA YORAMU PIN: 0102736

Residential Address: MWANZA Tel: 0623397675 Email: yoramuelkana@gmail.com

Contract commencement date: 11/06/2024 Cessation date 10/06/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Pharmacy sold to Elizabeth Elisha

2. Changing ownership

SECTION D: APPLICANT INFORMATION

Name of Applicant: Elizabeth Elisha Salamba

(Contact/email if different from the above)

Address: P.O.Box 6459 Nyamagana, MWANZA Tel: 0743-318678 E-mail: elizabethsalamba197@gmail.com

Signature of Applicant..... Date 12/11/2024

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 12/11/2024

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 19870101331190001713
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

A WA UPANGAJI WA DUKA KATI YA MWENYE JENGO NA MPANGAJI

KWA UPANDE WA MPANGAJI ANAKIRI YAFUATAYO:-

A. KWAMBA atatumia duka hiyo kwa ajili ya kuuza/kuhifadhi vitu tu

B. KWAMBA. Atalipa kodi yote kama ilivyokubaliwa na kwa muda uliokubaliwa bila ya kukosa

C. KWAMBA. Ataliweka duka hilo katika mazingira ya usafi na bila kusababisha uharibifu mara moja.

D. KWAMBA. Hatafanya matengenezo yoyote kwenye duka hiyo bila idhini ya mwenye jengo, na wala hataruhusiwa kumpangishia mtu mwingine bila idhini ya mwenye jengo.

E. KWAMBA. Atawajibika kulipa gharama zote za umeme na maji kila anapopata bili.

KWA UPANDE WAKE MWENYE NYUMBA ANAKIRI YAFUATAYO:-

A. KWAMBA. Endapo mpangaji atavunja sharti lolote basi, yeye hatambugudhi mpangaji kwa namna yeyote ile.

B. KWAMBA. Jukumu la kulipa kodi ni juu yake.

N. MWISHO PANDE ZOTE ZIMEKUBALIANA KAMA IFUATAVYO:-

1. KWAMBA. Kodi ya mwezi mmoja ni shilingi 250,000/= na italipwa kwa mkupuo 01 kwa mwaka. Mwenye jengo amekiri kupokea shilingi 3,000,000/= Ikiwa ni kodi ya miezi 12 kuanzia mwezi 01/07/2024 Hadi 30/06/2025 Kabla ya kusaini mkataba huu.
2. KWAMBA. Mkataba huu ni wa muda mwaka/~~miaka~~ mmoja tu unaoanzia tarehe 01/07/2024 hadi 30/06/ endapo mpangaji atataka kuendelea kupanga baada ya muda kuisha atawajibika kutoa taarifa ya maandishi ya miezi miwili kabla yamkataba wake kuisha kwa mwenye jengo.
3. KWAMBA Upande wowote unaweza kuvunja mkataba huu kwa kutoa taarifa ya maandishi ya miezi. Ikiwa ni mpangaji basi kodi iliyokwishalipwa haitarudishwa.

MAKUBALIANO YA MKATABA HUU, tumeyasoma na kuelewa na kuyakubali na pande zote tumeweka saini zetu tukiwa na akili timamu, bila kushurutishwa au kulazimishwa na mtu yoyote mbele ya shahidi.

Leo tarehe 07 Mwezi 07 20 24

MWENYE JENGO

Jina KIZAH HUSSEIN MDIDLIWA

Sahihi [signature]

Anuani Box 632 MWANZA

Simu 0752-758216

SHAHIDI

Jina MTATIRO SIRUAP

Sahihi [signature]

Cheo MD

Anuani 622

SIMU 0622696646

MPANGAJI

JINANA Elizabeth Elisha Salam

SAHIHI [signature]

ANUANI Box 120 Mwanza

SIMU 0743-318676

SHAHIDI

JINA JOHN JAMES SIBANDA

SAHIHI [signature]

CHEO —

ANUANI 120, MWANZA

SIMU 0623690833

Form 5

TANZANIA

BRELA

No. 586748

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **LE TIGER PHARMACY** this **11th** day of **OCTOBER** 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 **586748** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **11th** day of **OCTOBER 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.

MKATABA WA MAUZIANO YA FAMASI

Mkataba huu umefanyika leo tarehe 23/02/2024

Kati ya

LEWIS B. ZABRON wa S. L. P 132 Mwanza *simu no 0755805667*

(ambaye atafahamika kama muuzaji wa Famasi)

Na

ELIZABETH ELISHA SALAMBA wa **S.L.P 735** Mwanza ***simu no*** **0743318678**

(ambaye ni mnunuzi *wa famasi)*

MUUZAJI AMEUZA FAMASI KWA MASHARTI YAFUATAYO;-

1. Jina la famasi ni LE CIEL PHARMACEUTICALS BUHONGWA BRANCH famasi, iliyopo mtaa wa UNGUJA Kata ya MBUGANI Halmashauri ya jiji la Mwanza.

2. Mnunuzi wa famasi wa atawajibika kulipa gharama zote za uendeshaji wa famasi ambazo ni umeme, maji, kodi ya ulinzi na nyinginezo zinazoweza kujitokeza.

4. BEI HALALI YA MAUZIANAO YA FAMASI.

Mnunuzi wa famasi amemlipa muuzaji wa famasi kiasi cha **TSHS. MILIONI KUMI NA MBILI TU (Tshs 12,000,000/=)** ikiwa ni bei halisi ya mauziano ya famasi, ikijumuisha bidhaa na vitu vyote vilivyomo ndani ya famasi. Malipo hayo yamefanyika mara moja,

5. Kwa kuwa, muuzaji (mmiliki wa Famasi) amekwishalipia kodi ya pango la famasi ambayo itaisha tarehe 01/08/2024 Na kwa kuwa mmiliki wa mwanzo si mmiliki wa jengo (ni mpangaji tu) basi kodi ya pango itakapoisha, mnunuzi na mmiliki wa sasa wa famasi atalazimika kulipa kodi ya pango kwa mwenye nyumba.

6. Kwa kuwa biashara ya Famasi inasimamiwa na baraza la Famasi na sheria nyingine za nchi, mnunuzi na mmiliki wa sasa atatakiwa kuendesha biashara hiyo kwa mujibu wa sheria zote zinazohusika na biashara ya famasi katika jamhuri ya muungano wa Tanzania.

Mkataba huu umesainiwa na pande zote mbili leo (*tarehe*)..24/02/2024..

Umesainiwa na *(jina)* Lewis B Zabron

(sahihi).....

(ambaye ni muuzaji)

Tarehe 24/02/2024

Mbele ya

Jina ELIAS R. HEZRON

(sahihi).....

Cheo WAKILI

Anuani S.L.P 244 MWANZA

(tarehe) 14/02/2024

Elias Rachuonyo Hezron 0767545654 Mwanza Advocate, Notary Public & Commissioner for Oaths

Umesainiwa na *(jina)* Elizabeth Elisha Salamba

(sahihi).....

Ambaye ni mnunuzi

Tarehe 24/02/2024

Mbele ya

Jina ELIAS R. HEZRON

(sahihi).....

Cheo WAKILI

Anuani S.L.P 244 MWANZA

(tarehe) 14/02/2024

Elias Rachuonyo Hezron 0767545654 Mwanza 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 : 121-201-011
ILEMELA MUNICIPAL COUNCIL
NYAMHONGOLO
735
MWANZA

Tax Certificate Number: **261-0202-7615**

Issuing Office: Mwanza
Telephone: 028 2500906
Date of issue: 03 May 2024
Expiry Date: 31 December 2024

Taxpayer Name	**LE CIEL PHARMACEUTICALS LIMITED**		
Trading Name			
Taxpayer Identification Number	**142-794-780**	Vat Registration Number	
Company Registration Number	**142794780**		

Business Premises located at :
REGION : MWANZA,
DISTRICT : ILEMELA,
STREET : BUZURUGA

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	Medical and dental practice activities
3	Other mining and quarrying n.e.c.

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
03 May 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.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102252

This is to certify that the premises owned by M/S ***Le Ciel Pharmaceuticals Limited - Buhongwa*** of ***P.O. Box, 132, Mwanza*** located at ***Plot No. 61, Unguja Street, Mbugani, Nyamagana*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102252***

Issued in: ***July 2022***

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

30-03-2022

DATE:

Registrar
Pharmacy Council
P. O. Box 277
Dodoma

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***

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925021305204639**
Received from	: Lie ciel Pharmaceutical LTD
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 - HANGE OF OWNERSHIP AND NAME*		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16212021253351844249
Payment Control Number	: ***991620297078***
Payment Date	: **2025-01-21 12:38:43**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-01-21 12:44:02
Signature	: .....