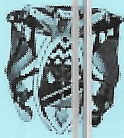


Jamhuri ya Muungano wa Tanzania
United Republic of Tanzania
Pharmacy Council
Exchequer Receipt
Stakabadi ya Malipo ya Serikali



Receipt No : 924005224888262

Received from : SILVER 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)

: 142202540104 - Application for
change of name/ ownership -
CHANGE OF NAME

100,000.00

Item Amount

Bill Reference

: 16214005240935477085

Payment Control Number : 991620233738

Payment Date : 2024-01-05 14:58:39

Issued by

: Zena Mango

Date Issued

: 2024-01-09 10:17:07

Signature

: 

Government Payment Gateway © 2017 All Rights Reserved (GPG)

PHARMACY COUNCIL

991620233738

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: SILVER PHARMACY MJIWI

TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

PHYSICAL ADDRESS: Plot No. 26 Street: MAJENZI Ward: IFARAHA MJIWI Region: MOROGORO

POSTAL ADDRESS: 307 IFARAHA Contact No. 0784-627917 E-mail: silverpharmacy@ymail.com

OWNERSHIP:

- 1. JOSEPH A. MANENZI Qualification: BEEFF
- 2. AMIRI P. MANENZI Qualification: BEEFF
- 3. MARIAM S. KURAVA Qualification: BEEFF

SUPERINTENDANT INFORMATION:

Full Name: JOSEPH A. MANENZI Residential Address: 105368 BSM Tel: Email: ymanenzi@gmail.com PIN: 00001641 Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: PLATINUM PHARMACY MJIWI

TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse

PHYSICAL ADDRESS: Plot No. 26 Street: MAJENZI Ward: IFARAHA Region: MOROGORO

POSTAL ADDRESS: 307 IFARAHA CONTACT No. 0784-627917

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

- 1. **MUSUPH A. MANENDO** BEGEEF Qualification:
- 2. **AMIRI B. MANENDO** BEGEEF Qualification:
- 3. **MARIAM S. BULAWA** BEGEEF Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: **MUSUPH A. MANENDO**

Pin: **0653**

Residential Address: **DAR ES SALAAM** Tel: **0784622919** Email: **ymando@gmail.com**

Contract commencement date: Cessation date:

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

- 1. **FOR MARKETING AND REBRANDING THE BUSINESS**
- 2. **TRANSFERRE ISSUES AND NEW NAME STATUS OUT**

SECTION D: APPLICANT INFORMATION

Name of Applicant: **MUSUPH A. MANENDO**

(Contact/Email if different from the above) Tel: **0784622919** E-mail: **platinum grade Hhd@gmail.com**

Address: **1053 018** Date: **9/12/2023**

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: **M. Manendo**

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)

