

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: VETA PHARMACY FIN: 0103375

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

PHYSICAL ADDRESS:

Plot No. — Street: VETA Ward: ILEMI

District/Municipal: MBEYA CC Region: MBEYA

POSTAL ADDRESS: 489, MBEYA Contact No. 0753-621-364

E-mail: Kelvindavidmasub07@gmail.com

OWNERSHIP:

Directors (Names): 1. KELVIN D. MASUBA Qualification: —

2. — Qualification: —

3. — Qualification: —

SUPERINTENDANT INFORMATION:

Full Name: ISAYA NATHAN NDUNCURU PIN: 0103875

Residential Address: MBEYA CC Tel: 0678153954 Email: isayandunguru43@gmail.com

Contract commencement date: 1-2-2025 Cessation date: 31-1-2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: ZERI PHARMACY

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

PHYSICAL ADDRESS:

Plot No. — Street: VETA Ward: ILEMI

District/Municipal: MBEYA CC Region: MBEYA

POSTAL ADDRESS: 489, TUKWU CONTACT No. 0753-621-364

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. 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. The Current Pharmacy name was not approved by BRELA on the grounds that it coincides with the name of public institution.
2.
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SECTION D: APPLICANT INFORMATIONName of Applicant: KELVIN DAVID MASUBA

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: [Signature] Date: 23-10-2025**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: 23-10-2025**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)

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103375

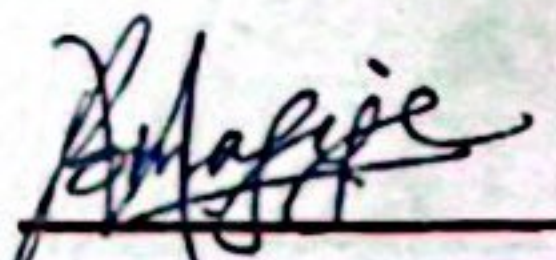
This is to certify that the premises owned by M/S Veta Pharmacy of P.o.box 489, Tukuyu located at P.o.box 489, Veta Street, Ilembi ward, Mbeya CC, Mbeya Municipality/District in Mbeya Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103375

Issued in: November 2024

Expires on: 30 June 2029

11-12-2024

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



Registrar
Pharmacy Council
P.O. Box 1277
Dodoma



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



19970324-53505-00002-23

JINA : **KELVIN DAVID**
Given Name

JINA LA MWISHO : **MASUBA**
Last Name

TAREHE YA KUZALIWA : **24 MAR 1997**
Date of Birth

JINSI : **M**
Sex

SANI:
Signature

MWISHO WA MATUMIZI : **15 OCT 2028**
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

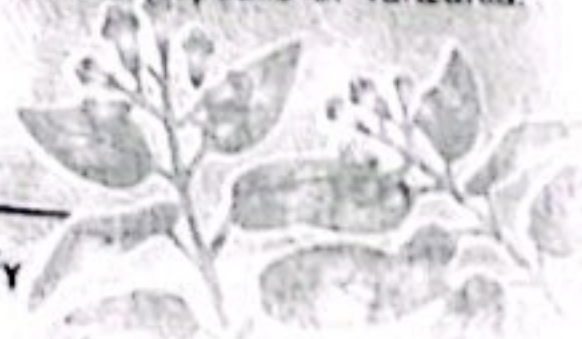


19970324535050000223

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukitumia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi 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.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



MKATABA WA KUPANGISHA CHUMBA

Nyumba / Chumba no. 2...Manga veta-Ilemi-Mbeya

Simu: 0756 516 225/ 0783 126 487

Mimi ndugu SEDIO KABELLEGE...nimempangisha chumba ndugu
...KELVIN DAVID MASUKAMBAPU mkataba huu utakuwa unaanza tarehe 19-04-2024
Hadi 19-10-2025 Mpangaji ametoa Tsh: 300,000... na makubaliano yetu kwa
mwezi ni Tsh. 50,000...hivyo ametoa kiasi cha Tsh: 300,000... ikiwa ni gharama
ya miezi 6.....

Masharti ya mwenye chumba

- 1. Malipo ya chumba yalipwe mwanzoni mwa mwezi unaoishia (pindi tu kodi inapomalizika)
- 2. Mpangaji anatakiwa alipie chumba kuanzia miezi mitatu (3)
- 3. Mpangaji anatakiwa kuhakikisha mazingira kuzunguka chumba chake ni safi na yanatunzwa vizuri.

MAKUBALIANO YAMEFANYIKA MBELE YA;

- | | | |
|---------------------------------|--------|---------------|
| 1. Jina la mwenye chumba/nyumba | Sahihi | Namba ya simu |
|---------------------------------|--------|---------------|

SEDIO KABELLEGE S. KABELLEGE		0756 516 225
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- | | | |
|---------------------|--------|---------------|
| 2. Jina la mpangaji | Sahihi | Namba ya simu |
|---------------------|--------|---------------|

Kelvin David Masuka	[Signature]	0753-621-364
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- | | | |
|--------------------|--------|---------------|
| 3. Jina la shahidi | Sahihi | Namba ya simu |
|--------------------|--------|---------------|

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ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-903-478
MBEYA CITY COUNCIL
UHINDINI-SISIMBA
149
MBEYA

Tax Certificate Number:
231-0247-2246
Issuing Office: Mbeya
Telephone: 025 2502165
Date of issue: 07 August 2025
Expiry Date: 31 December 2025

Taxpayer Name	KELVIN DAVID MASUBA		
Trading Name			
Taxpayer Identification Number	177-885-509	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MBEYA,
DISTRICT : MBEYA,
STREET : manga veta

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	Other activities of human health
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
07 August 2025



Disclaimer :

- 1. This certificate is issued free of charge



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925296377801800

Received from : VETA PHARMACY FIN:0103375

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 - 16209296250844947233		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16209296250844947233

Payment Control Number : 991620339117

Payment Date : 2025-10-23 09:14:08

Issued by : sharoon Muro

Date Issued : 2025-10-23 09:22:54

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)