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 IIEMI

District/Municipal NJEYA CC Region: NJEYA

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

E-mail: Kelvindavidmasuba07@gmail.com

OWNERSHIP:

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

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

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

SUPERINTENDANT INFORMATION:

Full Name: ISAYA NATHAN NDUNGURU PIN: 0103875

Residential Address: NJEYA CC Tel: 0678153954 Email: isayandungu443@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 IIEMI

District/Municipal NJEYA CC Region NJEYA

POSTAL ADDRESS: 489, TUKUYU 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 BRELLA on the grounds That it coincides with The name of public institution.
2. .....

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SECTION D: APPLICANT INFORMATION

Name of Applicant: KELVIN DAVID MASUBA

(Contact/email if different from the above)

Address: .....Tel: .....E-mail: .....

Signature of Applicant.....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..... 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, Ilemi 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

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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

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

SAINI:
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 kukifanyia 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 KABELEGE.....nimempangisha chumba ndugu .....KELVIN DAVID MASUKA.....ambapo 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;

	Jina la mwenye chumba/nyumba	Sahihi	Namba ya simu
1.	SEDIO KABELEGE S.Kabelege		0756516225
2.	Jina la mpangaji	Sahihi	Namba ya simu
	Kelvin David Masuka		0753-621-364
3.	Jina la shahidi	Sahihi	Namba ya simu
	—	—	—

TANZANIA REVENUE AUTHORITY

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	: .....