Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925174341835690**
Received from	: ~~MADABUKE~~ LUPEMBE PHARMACY
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 - 1*		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16210174252403540567
Payment Control Number	: ***991620311668***
Payment Date	: **2025-06-23 10:58:22**
Issued by	: Zena Mango
Date Issued	: 2025-06-24 08:06:04
Signature	: .....

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: LUPEMBE PHARMACY FIN. 0103227

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

PHYSICAL ADDRESS:

Plot No. — Street: MAGENGENI Ward TABATA

District/Municipal ILALA Region: DARES SALAAM

POSTAL ADDRESS: ..... Contact. No. 0629894547

E-mail: lupexkeith@gmail.com.

OWNERSHIP:

Directors (Names): 1. KEITH LUPEMBE Qualification: BUSINESSMAN

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

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

SUPERINTENDANT INFORMATION:

Full Name: SARAFINA LAWRENCE MSIGWA PIN: 0103653

Residential Address: KILUVYA MADUKANI Tel: ..... Email: sarafinamsigwa12@gmail.com

Contract commencement date: 1 August 2024 Cessation date 30 July 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MADABUKE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street MAGENGENI Ward TABATA

District/Municipal ILALA Region DARES SALAAM

POSTAL ADDRESS: ..... CONTACT. No. 0622323185

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

Directors (Names):

1. ERICK JUMA CHARLES Qualification: PHARMACEUTICAL TECHNICIAN
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE) -(NO CHANGES)

Full Name: -N/A- PIN: -

Residential Address: - Tel: - Email: -

Contract commencement date: - Cessation date -

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. The pharmacy has been sold to Erick Juma Charles by previous owner named Keith Gervas Lupembe.
2. The new owner wants to change the name from Lupembe Pharmacy to Madabuke pharmacy.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ERICK JUMA CHARLES

(Contact/email if different from the above)

Address: DAR ES SALAAM Tel: 0622323155 E-mail: madabuke@gmail.com

Signature of Applicant..... Date.....

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 23/6/2025

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)

PCF.20

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☐ Pharm. Technician ☑ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I ERICK JUMA CHARLES with Personal Identification Number (PIN) 0403279 of Year 2021, residing at ILALA district, in DARESSALAAM Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named MADABUKE PHARMACY, with Facility Identification Number (FIN) — of year —, located at TABATA-ILALA District, DAR-ES-SALAAM Region with a Business Tax Identification Number (TIN) 169-067-996 (**TIN Certificate to be attached**)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0622323185 Email Address: madabuke@gmail.com.

Signature: [signature] Date: 23/6/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy. In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103227

This is to certify that the premises owned by M/S ***Lupembe Pharmacy*** of ***P.O.Box , Dar es Salaam*** located at ***Magengeni, Tabata, Ilala*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103227***

Issued in: ***August 2024***

Expires on: ***30 June 2029***

02-09-2024

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 premises***
2. ***This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed***
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***

MKATABA WA KUUZIANA PHARMACY (DUKA LA DAWA)

==========

Mkataba huu umefanyika leo tarehe 28 Mwezi wa 4 2025

KATI YA

KEITH GERVAS LUPEMBE, mkazi wa **Dar es Salaam**, ambaye katika Mkataba huu atajulikana kama **"MUUZAJI"** kwa upande mmoja.

NA

ERICK JUMA CHARLES, mkazi wa Dar es Salaam, ambaye katika mkataba huu atajulikana kama **"MNUNUZI"** kwa upande mwingine.

KWAMBA,katika Mkataba huu **MUUZAJI ni mmiliki halali wa PHARMACY (DUKA LA DAWA) yenye jina la usajili la LUPEMBE PHAMACY iliyopo Magengeni,Tabata,Ilala, Dar es Salaam na imeyopewa cheti cha usajili namba FIN:0103227 kutoka PHARMACY COUNCIL TANZANIA (TAASISI YA DUKA LA MADAWA TANZANIA)**, *(nakala ya cheti hiki imeambatanishwa katika mkataba huu kama kama kiambatanisho nakala C-1).*

KWAMBA, MUUZAJI kama mmiliki halali wa DUKA LA MADAWA tajwa, alifanikiwa kusaliji duka hilo kama mlipa kodi halali mwenye TIN namba.....,(Nakala ya cheti cha mlipa kodi kimeambatanishwa kama nakala namba C-2).

KWAMBA, MNUNUZI mwenye akili timamu bila kushawishiwa na mtu yoyote amekubali kumuuzia LUPEMBE PHARMACY (LUPEMBE DUKA LA MADAWA) MNUNUZI

Kwamba **MUUZAJI** kwa ridhaa yake mwenyewe akiwa na akili timamu na bila ya kushawishiwa na mtu yoyote ana nia ya dhati ya kuuza DUKA LA DAWA tajwa kwa **MNUNUZI** kwa kiasi cha fedha cha **TZSHS. 22,000,000/- (MILIONI ISHIRINI NA MBILI)** na **MNUNUZI** ana nia ya dhati ya kununua DUKA hilo tajwa kwa kiasi cha fedha tajwa hapo juu

HIVYO MKATABA HUU UNASHUHUDIA KWAMBA:

1. **KWAMBA, MUUZAJI** akiwa na akili timamu bila kushawishiwa na mtu yoyote amekubali kumuuzia **MUNUNUZI DUKA LA DAWA (LUPEMBE PHARMACY)** tajwa hapo juu kwa kiasi cha fedha cha **TSHS. 22,000,000/- (MILIONI ISHIRINI NA MBILI).**

2. **KWAMBA, MUUZAJI na MNUNUZI wamekubaliana malipo tajwa ya DUKA LA DAWA yatalipwa kwa awamu moja kiasi cha TZSHS. 22,000,000/- (MILIONI**

ISHIRINI NA MBILI KAMILI) na MNUNUZI atakabidhiwa kiasi cha pesa taslimu tarehe mkataba huu utasainiwa.

3. KWAMBA, imekubalika kati ya **MNUNUZI** na **MUUZAJI** baada ya malipo kukamilika DUKA tajwa litakuwa mali halali ya **MNUNUZI** na atakuwa na haki ya kumiliki hati zote halali za umiliki wa nyumba hiyo kamammiliki halali kisheria.

4. **KWAMBA, MUUZAJI** amekubali kwamba **MNUNUZI** atakuwa na haki ya kubadili jina la biashara kutoka **LUPEMBE PHAMACY** kwenda **MADABUKE PHARMACY LIMITED** kisheria.

5. Kwamba, **MNUNUZI** kusaini mkataba huu ni kuthibitisha kwamba, **MUUZAJI** ameridhia kwamba malipo tajwa yamelipwa kikamilifu na **MNUNUZI** anayohaki ya kuendelea na taratibu za biashara kama mmiliki halali wa DUKA LA DAWA tajwa, na pia atampa ushirikiano **MNUNUZI** katika kukamilisha makabidhiano ya **DUKA LA DAWA** tajwa.

6. Pande zote mbili zimekubaliana kwamba wote watabanwa na masharti yaliyomo kwenye makubaliano haya, iwapo mmoja kati yao **(MUUZAJI au MNUNUZI)** atakiuka sharti lolote pande nyingine ipo huru kumfungulia mashtaka mahakamani.

7. **Kwamba,** kama kutatokea mgogoro wowote baina ya pande mbili katika makubaliano haya basi njia za suluhu na uamuzi ni nje ya mahakama kwanza kama itashindikana basi mfumo wa mahakama ya Tanzania utatumika kumaliza mgogoro.

8. **Mkataba huu umeridhiwa na pande zote mbili (MUUZAJI NA MNUNUZI)** ambapo kwa pamoja wameweka saini zao katika makubaliano haya kama inavyoonyeshwa hapo chini.

KWA KUTHIBISHA MAKUBALIANO haya pande zote mbili zinaweka sahihi kwenye mkataba huu kama inavyoonekana hapo chini:

IMETOLEWA na kutiwa **SAINI** na **KEITH GERVAS LUPEMBE**
ambaye ~~ninamfahamu~~
~~Mimi binafsi~~/ametambulishwa kwangu na
ERICK JUMA CHARLES leo
tarehe 28 mwezi wa 4 2025.

K. Lupembe
MUUZAJI

MBELE YANGU:

Jina: FATUMA ABDUL THABIT

Sahihi: ~~XX~~ P.O BOX, 32578, DSM

Tarehe: 28.4.2025.

Cheo: ADVOCATE.

Fatuma Abdul Thabit Box 32578 Dar es Salaam Advocate, Notary Public & Commissioner for Oaths

IMETOLEWA na kutiwa **SAINI** na **ambaye** ninamfahamu **ERICK JUMA CHARLES** leo tarehe ___mwezi_____mwaka 2025.

MNUNUZI

MBELE YANGU:

Jina: FATUMA ABDUL THABIT

Sahihi: ~~XX~~

Tarehe: 28.4.2025.

Cheo: ADVOCATE

P.O BOX, 32578, DSM.

Fatuma Abdul Thabit Box 32578 Dar es Salaam Advocate, Notary Public & Commissioner for Oaths

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

MADABUKE PHARMACY LIMITED

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

169-067-996

WITH EFFECT FROM: **05 TH OCTOBER 2023**

TRA LOCATION: **ILALA** TAX OFFICE:**TABATA**

PHYSICAL LOCATION **PLOT 0 BLOCK 0**

STREET / AREA: **TABATA**

ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SALAAM

Tax Certificate Number:
231-0183-5399

Issuing Office: Ilala
Telephone: 022-2863190
Date of issue: 20 June 2025
Expiry Date: 31 August 2025

Taxpayer Name	MADABUKE PHARMACY LIMITED		
Trading Name			
Taxpayer Identification Number	169-067-996	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM
DISTRICT : ILALA,
STREET : TABATA

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	Whole sale and Retail of Drugs
2	Whole sale and Retail of Cosmetics
3	Whole sale and Retail of Medical equipments

Alfred T.Mregi
COMMISSIONER FOR DOMESTIC REVENUE
20 June 2025

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.

C.1

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Certificate of Incorporation of a Company

Section 15

No: 169067996

I HEREBY CERTIFY THAT

MADABUKE PHARMACY LIMITED

is this day incorporated under the Companies Act, 2002 and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this **5th** day of **OCTOBER TWO THOUSAND AND TWENTY THREE.**

REGISTRAR OF COMPANIES * TANZANIA *

PRINC ASST. REGISTRAR OF COMPANIES

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : **157-995-146**
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SSALAAM

Tax Certificate Number
239-0197-5789

Issue Officer: **Ilala**
Telephone: **022-2863190**
Date of Issue: **03 July 2025**
Expiry Date: **31 September 2025**

Taxpayer Name	**KEITH GERVAS LUPEMBE**		
Trading Name			
Taxpayer Identification Number	**157-995-146**	Vat Registration Number	
Company Registration Number			

Business Premises located at: Plot Number ; Block Number ; Street Number ; Street TABATA

This is to certify that above registered Taxpayer has complied with tax laws and been granted Tax Clearance Certificate with respect to the following business(es):

1	Wholesale and Retail Market activies

Alfred T.Mregi
COMMISSIONER FOR DOMESTIC REVENUE
03 July 2025

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 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.