99162032555 2

PCF.14

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar
Pharmacy Council
P.O. Box ....
Dodoma.

APPLICATION FOR CHANGE OF

1 PREMISES LOCATION [ ]
2 BUSINESS NAME [x] Mobile. 0766020017
3 BUSINESS OWNERSHIP [✓]

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES LICO PHARMACY PIN 0103543

TYPE OF BUSINESS Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS
Plot No 69 Street LUGALA Ward MISEGESI
District/Municipal MALINYI Region MOROGORO
POSTAL ADDRESS Contact No 0713162591
E-mail

OWNERSHIP
Directors (Names) 1. HALIDI RAJABU DAFFA Qualification
2. Qualification
3. Qualification

SUPERINTENDANT INFORMATION:
Full Name ADAM LUNGUYA PIN 0103790
Residential Address MALINYI Tel 0747621898 Email adamlunguya68@gmail.com
Contract commencement date 29NOV2024 Cessation date 31OCT 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES CATH PHARMACY

TYPE OF BUSINESS Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS
Plot No 69 Street LUGALA Ward MISEGESI
District/Municipal MALINYI Region MOROGORO
POSTAL ADDRESS P.O BOX 11 MALINYI CONTACT No 0687972520

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names)

1. PRISCA NGOZI Qualification PRINCIPAL ASSISTANT NURSE OFFICER
2. ~~DAUDI LOTH~~ Qualification ~~PRINCIPAL ASSISTANT NURSE OFFICER~~
3. Qualification

0688972520
29/07/2025

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name PIN:

Residential Address Tel NA Email

Contract commencement date Cessation date

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Change of ownership
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant HALIDI RASHIDI DAFFA

(Contact/email if different from the above)

Address Tel E-mail

Signature of Applicant Daffa Date 18/07/25

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 Daffa Date 18/07/25

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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269
PHARMACY COUNCIL
MWENGE
31818
DAR ES SALAAM

Tax Certificate Number:
241-0246-2543

Issuing Office: Morogoro
Telephone: 023-2614770
Date of issue: 28 July 2025
Expiry Date: 31 December 2025

Taxpayer Name	HALIDI RASHIDI DAFFA		
Trading Name			
Taxpayer Identification Number	152-771-711	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MOROGORO,
DISTRICT : MALINYI,
STREET : mwembeni

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	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
28 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 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.

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 558523

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **LICO PHARMACY** this **13th** day of **NOVEMBER** year **2023** 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 **558523** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **13th** day of **NOVEMBER TWO THOUSAND AND TWENTY THREE.**

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 MAUZO YA DUKA LA DAWA (PHARMACY)

MKATABA huu umefanyika leo tarehe 29. Mwezi 5 Mwaka 2025

KATI YA

HALIDI RASHIDI OMARI wa S.L.P 18 MALINYI (ambaye katika Mkataba huu anajulikana kama Muuzaji) kwa upande mmoja wa Mkataba huu.

NA

Fiisa Mohamed Ngozi wa S.L.P 18 MALINYI (ambaye katika Mkataba huu anajulikana kama Mnunuzi) kwa upande wa pili wa Mkataba huu.

KWAMBA Muuzaji ni mmiliki halali wa Pharmacy yenye Usajili Na. 0103543 iliyopo Mwembeni, Kijiji cha Misegese, Kata ya Malinyi, Halmashauri ya Wilaya ya Malinyi, Mkoa wa Morogoro.

KWAMBA Mnunuzi anakusudia kununua Pharmacy tajwa hapo juu kutoka kwa Muuzaji kwa makubaliano yatakayo shuhudiwa hapa chini.

HIVYO BASI, MKATABA HUU UNASHUHUDIA Makubaliano yafuatayo:

1. Kwa makubaliano ya Muuzaji kupewa Shilingi za Kitanzania Milioni nne na laki tano tu (4,500,000.00) ikiwa ni bei iliyokubaliwa kwa ajili ya mauziano ya Pharmacy iliyotajwa hapo juu.Na malipo yatakuwa ni kwa awamu ambapo itaanza kulipwa cash sh.(2,000,000),na baada ya hapo kila mwezi italipwa shilling laki tano sh.(500,000)Muuzaji hapa anakubali na atauza Pharmacy iliyo tajwa hapa juu ikiwa ni pamoja na maendelezo yote yaliyomo kwenye Fremu hiyo.

2. Thamani za ndani ya jengo ni mali ya mwenye duka,ambazo ni viti 3,bench 2,meza 1,kabati 3,feni 3,na shelf 6

3. Muuzaji anakiri na kuthibitisha kuwa umilikiwa Pharmacy Na. 0103543 Hauhusiani na mtu mwingine zaidi yake,na hakuna mgogoro wowote.

4. Gharama za manunuzi ya pharmacy tajwa zitalipwa kwa njia ya Benki au Fedha taslimu.

5. Wahusika hapa wamekubali kusaini na kuhakikisha kuwa Mkataba huu unafanikiwa na kuwekwa saini kama inavyopaswa. Imekubalika kuwa kwa

wahusika kusaini mkataba huu ni uthibitisho kwamba Muuzaji amepokea fedha kama ilivyoainishwa hapo juu.

6. Mgogoro wowote utakaojitokeza kutokana au utakaounganishwa kwenye mkataba huu utasuluhishwa pamoja kati ya pande mbili husika, itakaposhindikana, wahusika kwenye mkataba huu watapeleka mashauri yao kwenye Mamlaka husika kama sheria husika zinavyoelekeza.

KWA USHUHUDA BASI, pande zote mbili zinazohusika katika Mkataba zinakiri kuusoma, kuuele wanawanathibitisha kuingia katika mkataba huu bila kushurutishwa nakulazimishwa na mtu yeyote, zimeweka saini zao hapa chini kama ifuatavyo:-

Mkataba huu umesainiwa hapa MALINYI na HALIDI RASHIDI DAFFA } Daffa.
Ambaye ninamfahamu leo tarehe 09/5/25. } MUUZAJI

MBELE YANGU:
JINA: MASINDE M. KICHELE
S.L.P: 375 GEITA
SAHIHI: [signature]
TAREHE: 01/06/2025
CHEO: WAKILI.

Mkataba huu umesainiwa hapa MALINYI na PASCA M'NGOZI } HMgozi
Ambaye ninamfahamu leotarehe 29 MEI 2025 } MNUNUZI
C/D. DAUDI LOTH

MBELE YANGU
JINA: MASINDE M. KICHELE
S.L.P: 375 GEITA
SAHIHI: [signature]
TAREHE: 01/06/2025
CHEO: WAKILI

MKATABA WA KUKODISHA FREMU YA BIASHARA

MKATABA huu umefanyika leo tarehe 29 Mwezi May Mwaka 2025

KATI YA

Shaaban Ubhiiwa S.L.P 18 MALINYI (ambaye katika Mkataba huu anajulikana kama MMILIKI) kwa upande mmoja wa Mkataba huu.

NA

Priscy Mohamed Ngozi wa S.L.P 18 MALINYI (ambaye katika Mkataba huu anajulikana kama MPANGAJI) kwa upande wa pili wa Mkataba huu.

KWAMBA Mwenye Nyumba ni mmiliki halali wa Fremu No.69.. iliyopo Mwembeni, Kijiji cha Misegese, Kata yaMalinyi, Halmashauri ya Wilaya ya Malinyi, Mkoa wa Morogoro.

KWAMBA Mpangaji anakusudia kukodisha Fremu tajwa hapo juu kutoka kwa Mmiliki kwa makubaliano yatakayoshuhudiwa hapa chini.

HIVYO BASI, MKATABA HUU UNASHUHUDIA Makubaliano yafuatayo:

1. Kodi ya Fremu ni Tsh ..70,000/=.. kwa Mwezi naitalipwa kwa kipindi cha miezi sita (06).
2. Kwakuwa MPANGAJI ametumiaTsh. 2,500,000/= Katika ukarabati wa Fremu tajwa, MMILIKI ameridhiakiasihicho cha fedha kifidiwe kupitia malipo ya Kodi kwa utaratibu ufuatao:-
   a) MPANGAJI atakata Kodi ya miezi sita (06) kila mwaka kwa ajili ya kufidia gharama ya ukarabatiwa Fremu hadi kiasi hicho cha fedha kitakapokamilika. Hivyo, kila mwaka MMILIKI atapokea malipo ya kodi ya miezi sita (06) tu.

   b) MMILIKI anakiri kulipwa malipo kwa mwaka 2025 ambayo ni **Tsh. 210,000/=**kwa kipindi cha kuanzia tarehe **02 Februari, 2025** hadi tarehe **31Julai2025,**

   c) Malipo hayo yatafika ukomo mnamo 31December2028.

   d) Endapo MPANGAJI ataamua kuuza Biashara yake kwa Mfanyobiashara mwingine, utaratibu huu utaendelea kutumika kama ilivyokubali wa hapo juu.

KWA USHUHUDA HUU BASI, pande zote mbili zinazohusika katika Mkataba zinakiri kuusoma, kuuelewa na kuthibitisha kuingia katika mkataba huu bila kushurutishwa nakulazimishwa na mtu yeyote, zimeweka saini zao hapa chini kama ifuatavyo:-

UPANDE WA MMILIKI

1. JINA: SABICK M MICHILE (Mmiliki) 0682211073

   Tarehe: 29-5-2025 SAINI: ....

2. JINA: BAKARI T. MICHILE (ShahidiwaMmiliki)

   Tarehe: 29/05/2025 SAINI: ....

UPANDE WA MPANGAJI

1. JINA: Pascal Mohamed Ngozi (Mpangaji)

   Tarehe: 29/5/2025 SAINI: ....

2. JINA: ANTHONY EMANUEL JOHN (ShahidiwaMpangaji)

   Tarehe: 29/5/2025 SAINI: ....

THE UNITED REPUBLIC OF TANZANIA

BUSINESS LICENCE

B.L. NO : BL01547222024-2500002115

The Business Licensing Act (Act No. 25 of 1972)

Issuing Office:	MALINYI DISTRICT COUNCIL
Tax Identification No:	149-145-516
License Issued To :	LICO DUKA LA DAWA
for the Business of :	SELLING MEDICINES RETAIL (DUKA LA DAWA MUHIMU) - PART II POISON SHOP

Business Location

Region :	Morogoro
Ward	Malinyi
Street	Misegese
Principal/Branch :	PRINCIPAL
Amount of Fee Paid :	100,000.00
Date Of Issue:	2024-11-09
Expiring Date :	2025-11-08

This is Digital Copy does not require a signature of authority

NOTE - This license must be kept in a conspicuous position at the place of business. Any change in the particulars originally registered must be notified to the license Issuer

TANZANIA REVENUE AUTHORITY

DOMESTIC REVENUE DEPARTMENT

If undelivered please return to P.O.Box 988 Morogoro, Tanzania

PRISCA MOHAMED NGOZI
P.O. Box 18
MALINYI

Date: 8/19/2016

Reference: 131-142-676

Dear Madam/Sir,

RE: REGISTRATION FOR TAXPAYER IDENTIFICATION NUMBER - (TIN)

This is to inform you that text record for registration of Taxpayer Identification Number (TIN) have been captured, you are therefore requested to proceed for BIOMETRIC ENROLLMENT as directed by TRA Officer.

You have to present this letter to TRA Officer at the Biometric Enrollment Station.

Together We Build Our Nation

.....

Nassoro Azizi
For Regional Manager

Morogoro Tax Region

Address:
TRA Morogoro
Station Road

Mail:
P. O. Box 988
Morogoro, Tanzania

Telephone:
023-2614770
023-2613560

Fax:
023-2613634
027-2750502

Internet:
www.tra.go.tz
e-mail:
rm_morogoro@tra.go.tz

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

19740911-67808-00001-11

JINA : **PRISCA MOHAMED**
Given Name

JINA LA MWISHO : **NGOZI**
Last Name

TAREHE YA KUZALIWA : **11 SEP 1974**
Date of Birth

JINSI : **F**
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : **18 NOV 2026**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19740911678080000111

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukiharibu mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kimepotea, au kuharibiwa taarifa kamili lazima ilolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania ilyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered 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