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PCF.14

## 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: GASTANNA PHARMACY FIN 0102054

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

#### PHYSICAL ADDRESS:

Plot No. 168 Street IMAGE Ward KIKUYU

District/Municipal DODOMA CITY Region DODOMA

POSTAL ADDRESS: P.O. Box 11025 DODOMA Contact No. 0658092088

E-mail: .....

#### OWNERSHIP:

Directors (Names): 1. CASTO I. MTEI Qualification: OWNER

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

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

#### SUPERINTENDANT INFORMATION:

Full Name: EDGAR SIMFUKWE PIN: 0102724

Residential Address: 11088 DODOMA Tel: ..... Email: edgarcmfukwe@gmail.com

Contract commencement date: 01/12/2023 Cessation date: 30/03/2024

#### SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: GIDANA PHARMACY

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

#### PHYSICAL ADDRESS:

Plot No. 168 Street IMAGE Ward KIKUYU

District/Municipal DODOMA CITY Region DODOMA

POSTAL ADDRESS: 72 DODOMA CONTACT No. 0765375446



## NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. NAKEMBETWA MARCO Qualification: PHARMACIST / OWNER
2. .... Qualification: .....
3. .... Qualification: .....

## SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: NAKEMBETWA MARCO PIN: 0101399  
 Residential Address: 743 DODOMA Tel: 0765375446 Email: kyangalanakebo@gmail.com  
 Contract commencement date: 01/04/2024 Cessation date: .....

## SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Due to change of ownership.
2. ....

## SECTION D: APPLICANT INFORMATION

Name of Applicant: NAKEMBETWA MARCO  
 (Contact/email if different from the above)  
 Address: ..... Tel: ..... E-mail: .....  
 Signature of Applicant: [Signature] Date: 02/04/2024

## 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: 02/04/2024

## 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: 0102054**

This is to certify that the premises owned by M/S Gastana Pharmacy of P.O Box 11025, Dodoma located at Plot No. 168, Image Street, Kikuyu Kusini, Dodoma City Municipality/District in Dodoma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102054

Issued in: June 2022

Expires on: 30 June 2027

11-03-2020

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





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

**19870410-12105-00001-20**

**BIHA LA KRWANZA : MAKEMBEWA**  
First Name

**MAADINI YA KATI : MARCO**  
Middle Name

**BIHA LA MWINSHO : KIVANGALA**  
Last Name

**JINSI : M**  
Sex

**AIWESINGWA MATUMBI : 29 MAY 2024**  
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

**19870410-12105-00001-20**

Kitambulisho hiki ni mali ya Senkati ya Jamhuri ya Muungano wa Tanzania. Huruhusiri kuliandaa mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwa kukitumia. Kuna kinyakula, au kuharibiwa taarifa kambe lazima itokuwe Kiluo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubelozi ya Jamhuri ya Muungano wa Tanzania iliye 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.

**Issued By:**

DIRECTOR GENERAL  
NATIONAL IDENTIFICATION AUTHORITY



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 NAKEMBETWA MARCO with Personal Identification Number  
(PIN) 0101399 of Year 2016, residing at DODOMA district, in DODOMA  
Region, Hereby declares that:

I am a Sole proprietor/~~shareholder~~ of pharmaceutical business named GIDANA PHARMACY  
, with Facility Identification Number (FIN) 0102054 of year \_\_\_\_\_, located at DODOMA  
District, DODOMA Region with a Business Tax Identification Number (TIN) \_\_\_\_\_  
(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: 0765375446 Email Address: gidanapharm24@gmail.com

Signature: [Signature] Date: 02/04/2024

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



## **MKATABA WA MAUZIANO YA DUKA LA DAWA**

**MKATABA HUU** umefanyika hapa Dodoma hii leo tarehe 26 mwezi 03 2024.

### **KATI YA**

**GASTO I. MTEI** wa Mkonze mwenye namba ya simu 0658092088 **DODOMA**, ambaye katika mkataba huu atatambulika kama **"muuzaji"** kwa upande mmoja.

### **NA**

**NAKEMBETWA MARCO KYANGALA** wa Ilazo kata ya Ipagala **DODOMA**, Mwenye namba ya simu 0765375446 ambaye katika mkataba huu atajulikana kama **"mnunuzi"** kwa upande mwingine.

**AMBAPO**, muuzaji ni mmiliki wa duka la dawa linalojulikana kama Gastanna Pharmacy ambapo ni mpangaji halali wa chumba hicho cha biashara kilichopo mtaa wa Image, kata ya Kikuyu Kusini, Dodoma mjini, chumba ambacho ni mali ya ndugu  
JOSEPHINE RWEHUMBIZA

**NA AMBAPO** muuzaji anayo nia ya dhati ya kuuza biashara hiyo katika chumba hicho pamoja na vifaa vyote vilivyopo ndani yake kwa mnunuzi.

**NA AMBAPO**, mnunuzi kwa hiari yake ameridhia kupangisha chumba tajwa hapo juu na vifaa vyake vyote ikiwemo, makabati, AC, meza ya mfamasia na kiti, viti vya watoa dawa, dust bin, kifaa cha kubebea ndoo ya kunawia na ndoo yake, DDA Box, gharama ya kodi ya pango pamoja na kibali cha famasi kutoka baraza la Famasi Tanzania na hivyo pande zote mbili zimekubaliana kuuziana chumba hicho na vifaa vilivyomo kwa bei ya shilingi Milioni Kumi na Sita tu, (Tsh 16,000,000/=) kwa makubaliano yafuatayo;

### **HIVYO BASI MKATABA HUU UNASHUHUDIA MAKUBALIANO YAFUATAYO:-**

1. Kwamba, pande zote mbili zimekubaliana kuwa muuzaji anauza chumba cha duka pamoja na vifaa vilivyomo ndani ya duka hilo kama vilivyoainishwa hapo juu kwa thamani ya shilingi Milioni kumi na sita (Tsh 16,000,000/=) tu.
2. Kwamba, fedha hizo tajwa hapo juu zitalipwa kwa mkupuo mmoja Mnunuzi atalipa pesa taslimu milioni kumi na sita (**Tsh 16,000,000/=**), zitatumwa kwenye akaunti **CRDB** yenye jina la **ANNA DOMINICK MALEWA** yenye nambari **0112018290300**.

Pande zote mbili zinazohusika na mkataba huu zimeweka sahihi mbele ya shuhuda wao  
leo tarehe 26. mwezi wa 03....., 2024.

Umesainiwa hapa **DODOMA** na

**GASTO I. MTEI**

ambaye namfahamubinafsi/ametambulishwa  
kwangu na .....

ambaye namfahamu binafsi

mbele yangu leo tarehe 28. mwezi 03.....2024.

**MUUZAJI**

**MBELE YANGU:**

Jina: LYDIA SHUKURU MNETE

Sahihi:

Anuani: S.L.P 774 DODOMA

Sifa: WAKILI



Umesainiwa hapa **DODOMA** na

**NAKEMBETWA MARCO KYANGALA**

ambaye namfahamubinafsi/ametambulishwa  
kwangu na GASTO I. MTEI

ambaye namfahamu binafsi

mbele yangu leo tarehe 26. mwezi 03.....2024.

**MNUNUZI**

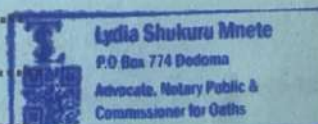
**MBELE YANGU:**

Jina: LYDIA SHUKURU MNETE

Sahihi:

Anuani: S.L.P 774 DODOMA

Sifa: WAKILI





**MKATABA WA KUPANGISHA SEHEMU YA BIASHARA**

BAINA YA

JOSEPHINE RWEHUMBIZA (MPANGISHAJI)

NAREMBETWA MARCO <sup>NA</sup> KYANGALA (MPANGAJI)

Mkataba huu umefanyika leo tarehe 26 Mwezi 03 Mwaka 2024

Kwamba Josephine Rwehumbiza wa Dodoma ambaye kwa mujibu wa mkataba huu anatambulika kama MPANGISHAJI na ndiye mmiliki halali wa sehemu iliyotajwa humu ndani na anayo nia ya kumpangisha mpangaji sehemu ya biashara iliyopo mtaa wa Image kitalu A plot namba 168 Kata ya Kikuyu Kusini ndani ya Jiji la Dodoma.

Kwa kuwa mpangaji amekubali kwa hiari yake kupangishwa sehemu ya biashara katika nyumba inayomilikiwa na mpangishaji,

HIVYO BASI, PANDE ZOTE MBILI ZINASHUHUDIA NA KUKUBALIANA KAMA IFUATAVYO;

1. Kwamba mpangaji atalipa kwa mpangishaji kodi ya pango kiasi cha shilingi 150,000/- kwa mwezi, malipo yatafanyika kwa akaunti ya benki au mtandao wa simu.
2. Kwamba kodi ya pango italipwa mara moja kwa kila miezi sita
3. Kwamba mpangaji atakabidhiwa chumba na kutumia kuanzia tarehe 01/04 hadi tarehe 30/09/2024
4. Kwamba gharama za umeme na maji zitalipwa na mpangaji
5. Kwamba pango litatumika kwa ajili ya biashara na si vinginevyo
6. Kwamba mpangaji anatakiwa kutunza sehemu ya biashara na mazingira yake bila kusababisha uharibifu wowote, na iwapo itatokea uharibifu kwa uzembe atalazimika kufanya matengenezo husika.
7. Kwamba kodi inaweza kupanda muda wowote, lakini mpangishaji atampa mpangaji taarifa angalau miezi mitatu kabla.
8. Kwamba mpangaji anayo hiari kuachia chumba pale mkataba wake unapoisha.
9. Kwamba iwapo upande wowote utakiuka masharti ya makubaliano, upande uliokosewa unayo haki ya kuhoji na kufanya makubaliano ili kupata suluhisho.

KWA USHUDA PANDE ZOTE MBILI, ZINAWEKA SAINI NA TAREHE KAMA IFUATAVYO:

1. JINA (Mpangishaji) JOSEPHINE RWEHUMBIZA NAMBA YA SIMU 0768874487 SAINI Rwehumbiza  
JINA (Shahidi wa Mpangishaji) Catherine muonierwa NAMBA YA SIMU 0765222475 SAINI muonierwa  
2. JINA (Mpangaji) NAREMBETWA MARCO KYANGALA NAMBA YA SIMU 0768375446 SAINI Qe  
JINA (Shahidi wa Mpangaji) Dorothy Justu NAMBA YA SIMU 0768488756 SAINI Justu





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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

# **CERTIFICATE OF FULL REGISTRATION**

(Section 20 of the Pharmacy Act, CAP.311)



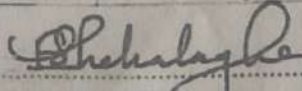
Full Name

*Nakembewa Marco*

\*I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration PIN.	Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0101399	8th December, 2016	10th April, 1987	Tanzanian	P.O. Box 72 Kiomboi, Singida	Bachelor of Pharmacy	Muhimbili University of Health of and Allied Sciences 2015

Date

*08th December 2016*
  
 REGISTRAR

NOTES. 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacists published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue registration.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

## TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-221-490

MKURUGENZI WA JIJI DODOMA

SALAMA

1249

DODOMA

Tax Certificate Number:

**161-0199-5534**

Issuing Office: Dodoma

Telephone: 026 23222912

Date of issue: 03 April 2024

Expiry Date: 31 December 2024

Taxpayer Name	NAKEMBETWA MARCO KYANGALA		
Trading Name			
Taxpayer Identification Number	138-877-728	Vat Registration Number	
Company Registration Number			

Business Premises located at :

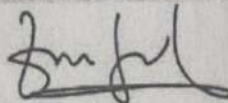
REGION : DODOMA,

DISTRICT : DODOMA,

STREET : Kikuyu

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 retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Activity for Non Business Purposes



Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

03 April 2024



**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.





TANZANIA

Form 5

**BRELA**  
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 570352

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **GIDANA PHARMACY** this 16<sup>th</sup> day of **APRIL** year **2024** 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 **570352** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 16<sup>th</sup> day of **APRIL**  
**TWO THOUSAND AND TWENTY FOUR.**



*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.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**


Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924121247114514  
Received from : GIDANA 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 - CHANGE OF OWNRESHIP & NAME		200,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214121243839427512  
Payment Control Number : 991620244110  
Payment Date : 2024-04-30 15:02:58  
Issued by : Zena Mango  
Date Issued : 2024-04-30 15:04:51  
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)