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: GRACELAND PHAMACY FIN 0101584

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

PHYSICAL ADDRESS:
Plot No. 1555, BLOCK "A" Street: NORTH BUSWELLI Ward BUSWELLI.
District/Municipal ILEMELA Region: MWANZA
POSTAL ADDRESS: P.O BOX 2448 · MWANZA Contact No. 0620479868
E-mail: Joycemwihava85@gmail.com

**OWNERSHIP:**

Directors (Names): 1. JOYCE PAUL MWIHAVA Qualification: MFANYABIASHARA.
2. – Qualification: –
3. – Qualification: –

**SUPERINTENDANT INFORMATION:**

Full Name: FRED NELSON KILAMLYA PIN: 0101329
Residential Address: NYAMAGANA · Tel: 0783983976 Email: fredkilamlya@yahoo.Com.
Contract commencement date: 14th-0-2025 Cessation date 13th-02-2026

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: EMAX PHARMACY

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

PHYSICAL ADDRESS:
Plot No. 1555 BLOCK "A" Street NORTH BUSWELLI Ward BUSWELLI.
District/Municipal ILEMELA Region MWANZA
POSTAL ADDRESS: P.O Box 735 MWANZA CONTACT. No. 0762-329226

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

Directors (Names):

1. NZUGUNA DEOGRATIUS CHACHA Qualification: PHARMACIST PIN: 0101489
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. PHARMACY SOLD TO ANOTHER PERSON.
2. —

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: NZUGUNA DEOGRATTUS CHACHA

(Contact/email if different from the above)

Address: P.O Box 735. MWANZA Tel: 0762-329226 E-mail: nzugunachacha@gmail.com.

Signature of Applicant [signature] Date 28/02/2025

**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 28/02/2025

**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)

# MKATABA WA KUPANGISHA CHUMBA CHA BIASHARA

Mkataba huu umefanyika hapa MWANZA leo hii tarehe.01...Mwezi ...02.....Mwaka ..2025.....

## KATI YA

**JOHN MATORO** wa **S.L.P 735** MWANZA (Ambaye katika mkataba huu atajulikama kama **MPANGISHAJI**) kwa upande mmoja.

**NA**

NZUGUNA DEOGRATIUS CHACHA.....wa **S.L.P Mwanza,** Ambaye katika mkataba huu atajulikana kama **MPANGAJI**) kwa upande wa pili.

**NA KWA KUWA MPANGISHAJI NA MPANGAJI** wamekubaliana kupangishana chumba hicho cha Biashara.

**NA KWA KUWA MPANGISHAJI NA MPANGAJI** wana mamlaka halali ya kupangishana chumba kilichopo mtaa wa Mbogamboga - Buswelu, Manispaa ya Ilemela Jijini Mwanza kwa makubaliano kama ifuatavyo:-

a) **KWAMBA;** Kodi ya upangaji wa chumba cha biashara ni Tshs...3,500,000/=.....kwa **muda wa miezi**...12.....

b) **KWAMBA;** Kodi hiyo itaanza kuhesabika kuanzia tarehe 01/02/2025 na kuisha baada ya tarehe 31/01/2026...

c) **KWAMBA;** Imekubalika na pande zote mbili kuwa kodi ya chumba **haitabadilika** katika kipindi cha **upangaji kilichokubaliwa** ndani ya **mkataba huu** .

d) **KWAMBA;** Kama kutatokea ongezeko la kodi MPANGISHAJI atatakiwa kutoa taarifa kabla ya kulipa kodi miezi miwili (2) kabla ya kuisha kwa **makubaliano ya awali.**

e) **KWAMBA;** Bill ya umeme, gharama za usafi, Leseni ya biashara, maji n.k atalipia MPANGAJI kulingana na matumizi yake.

f) **KWAMBA;** hairuhusiwi kumbuguzi **MPANGAJI** mpaka mkataba wake utakapokwîsha.

g) **KWAMBA;** Mkataba huu ni kati ya pande mbili tajwa hapo juu hivyo **MPANGAJI** hataruhusiwa kumpangisha mtu mwingine katika chumba husika.

h) **KWAMBA;** Mpangaji haruhusiwi kufanya marekebisho ya aina yoyote ile bila idhini ya Mpangishaji.

i) **KWAMBA;** leo tarehe ya kusaini Mkataba huu **MPANGISHAJI** anakiri kupokea kiasi Tshs. ..3500,000/=.....**ikiwa ni malipo** ya kodi ya pango kwa muda wa miezi ~~sita.~~(12) kumi na mbili.

j) **KWAMBA;** Mpangaji atawajibika kukiweka chumba na mazingira yanayozunguka chumba katika hali ya usafi kwa muda wote wa upangaji.

k) **KWAMBA;** Kama yoyote kati ya **MPANGISHAJI** na **MPANGAJI** anatakiwa kuvunja mkataba huu basi atatoa taarifa ya maandishi (Notisi) ya miezi mitatu (3) kabla ya mkataba wa awali kuisha.

**KWA KUSHUHUDIA MAKUBALIANO HAYA -:** Pande zote mbili zimeweka Saini katika mkataba huu kama inavyoonekana hapa chini.

**UMETIWA SAINI**

**MWANZA na** ..JOHN MATORO.....

**Leo tarehe** ...01/02/2026..... **mwezi**..02. **20**.26

.....

**MPANGISHAJI**

**UMETIWA SAINI**

**MWANZA na** ..NZUGUNA D. GHACHA.

**Leo tarehe** .....01..... **mwezi**...02... **20**.25

.....

**MPANGAJI**

# MKATABA WA KUUZIANA DUKA LA DAWA (PHARMACY)

Mkataba huu umefanyika na kusainiwa leo tarehe 31 Mwezi Januari, 2025

**BAINA YA**

**JOYCE PAUL MWIHAVA wa S.L.P 2448** Mwanza Mwenye simu namba 0789 552 199 ambaye katika mkataba huu (Atakayejulikana kama "MUUZAJI") kwa upande mmoja

**NA**

**NZUGUNA DEOGRATIUS CHACHA wa S.L.P 735** Mwanza mwenye simu namba 0762 329226 ambaye (Atakaye julikana Kama "**MNUNUZI"**) kwa upande mwingine.

**KWA KUWA: MUUZAJI**, ni mmiliki halali wa duka la dawa (famasi) lililopo mtaa wa Buswelu kata ya Buswelu, wilaya ya Ilemela mkoa Mwanza ambalo linajulikana kwa jina la **GRACE LAND PHARMACY** kwa hiari yake ameamua kumuuzia duka hili mnunuzi kwa makubaliano kama yanavyooenekana hapo chini.

**NA KWA KUWA: MNUNUZI** ameamua kwa hiari yake kununua duka tajwa hapo juu baada ya kulikaguwa na kulipenda kutoka kwa muuzaji kwa makubaliano kama yanavyonekana hapo chini.

**PANDE MBILI ZA MKATABA HUU ZIMEKUBALIANA KAMA IFUATAVYO:-**

1. **KWAMBA** Muuzaji na mnunuzi wamekubaliana kuwa bei ya kuuziana duka tajwa hapo juu ni fedha za kitanzania shilling million sita na laki tano tu ( TSHS 6,500,000/=)

2. **KWAMBA** , Mnunuzi amekubali kununua duka tajwa hapo juu kwa kiasi cha hela tajwa hapo namba 1

3. **KWAMBA** muuzaji anatamka kuwa anayo mamlaka ya kuuza duka tajwa hapo juu kwa mnunuzi kwa kuwa ni mali yake halali na sio mali ya familia wala hana ushirika na mtu yeyote kuhusiana na duka hili.

4. **KWAMBA**, Muuzaji na mnunuzi wamekubaliana kuwa fedha za mauziano walizokubaliana katika aya ya kwanza zitalipwa kwenye akaunti ya muuzaji ambayo ni akaunti na 0152455429200 katika benki ya CRDB yenye jina JOYCE PAUL MWIHAVA.

5. **KWAMBA**, muuzaji na mnunuzi wamekubaliana kuwa leo tarehe ya kusaini mkataba huu mnunuzi amelipa kiasi chote cha pesa walizokubaliana ambayo ni Tzshs 6,500,000/=

**6. KWAMBA** mnunuzi amekubaliana na muuzaji kuwa anamuuzia duka kama lilivyo likiwa na bidhaa (dawa) zilizomo na kila kitu kilichomo, ifahamike kuwa duka tajwa hapo juu ni duka la dawa (FAMASI) linalouza dawa za binadamu.

6. **KWAMBA**, muuzaji na mnunuzi wamekubaliana kuwa tarehe ya kukabidhiana duka tajwa hapo juu itakuwa ni tarehe ya kusaini mkataba huu, yaani mara tu mnunuzi atakapomwekea hela waliokubaliana leo tarehe ya kusaini mkataba huu.

7. **KWAMBA**, muuzaji anatamka kuwa kodi ya pango ya duka tajwa hapo juu inaisha tarehe 31/01/2025 na kodi ya chumba hiki ni Tsh 2,500,000/= kwa mwaka, pia muuzaji amemfahamisha mnunuzi kuwa mmiliki wa nyumba ameisha toa notisi ya kupandisha kodi ya pango toka kodi ya awali hadi TZSHS 3,500,00 kwa mwaka ambazo zitaanza kulipwa kwa awamu inayofuata ya malipo ya pango, na muuzaji amekubali kumtambulisha mnunuzi kwa mwenye nyumba baada ya kulipa kodi ya mwaka unaofuata.

8. **KWAMBA** kwa kusaini mkataba huu muuzaji ambaye ni JOYCE PAUL MWIHAVA anakiri kupokea kutoka kwa mnunuzi kiasi cha shilling milioni sita na laki tano tu (Tshs 6,500,000/=) kama malipo ya kuuza duka lake.

9. **KWAMBA** kuanzia tarehe ya kusaini mkataba huu, muuzaji atamkabidhi mnunuzi duka tajwa hapo kwa ajili ya kuendelea kufanya biashara.

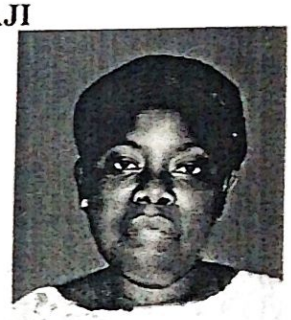
10. **KWAMBA**, endapo kutajitokeza tofauti zozote katika Mkataba huu pande mbiii zitawajibika kuchukua hatua za usuluhishi na iwapo usuluhishi utashindwa upande utakaodhulumiwa utakuwa na haki ya kwenda mahakamani kwa hatua za kisheria.

**MAKUBALIANO HAYA YAMESAINIWA NA PANDE ZOTE MBILI ZA MKATABA KAMA IFUATAVYO.**

**UMESAINIWA NA KUTOLEWA** hapa Mwanza na
**JOYCE PAUL MWIHAVA** ambaye anaweza kusoma
Na kuandika lugha iliyotumika katika uandaaji wa
mkataba huu na ambaye namfahamu binafsi/ametambulishwa
Kwangu na ....Abela Ngurumo.....
Leo tarehe...31..... mwezi.....01.....2025

.....

**MUUZAJI**

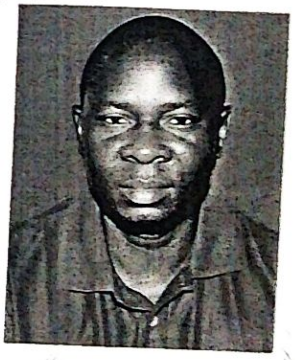


**MBELE YANGU**
**Jina**....GEOFREY SUNGA.....
**Sahihi**.....Asunga.....
**Anuani**.....530 MWANZA.....
**Cheo: KAMISHINA WA VIAPO**

**UMESAINIWA NA KUTOLEWA** hapa Mwanza na
**NZUGUNA DEOGRATIUS CHACHA** ambaye anaweza kusoma
Na kuandika lugha iliyotumika katika uandaaji wa
mkataba huu na ambaye namfahamu binafsi/ametambulishwa
Kwangu na ....Tabia oswardi.....
Leo tarehe...31..... mwezi.....01.....2025

.....

**MNUNUZI**



**MBELE YANGU**
**Jina**....GEOFREY SUNGA.....
**Sahihi**.....Asunga.....
**Anuani**.....530 MWANZA.....
**Cheo: KAMISHINA WA VIAPO**

***MKATABA HUU UMETAYARISHWA NA***
**PANDE ZOTE MBILI**

TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 598187

# Certificate of Registration

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

I HEREBY CERTIFY THAT **EMAX PHARMACY** this **27th** day of **FEBRUARY** year **2025** 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 **598187** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this **27th** day of **FEBRUARY TWO THOUSAND AND TWENTY FIVE.**

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.

TUME HURU YA TAIFA YA UCHAGUZI

# KADI YA MPIGA KURA

Jina Kamili - Full Name
**NZUGUNA D CHACHA**

Tarehe ya Kuzaliwa - Date of Birth
**25/12/1985**

Jinsi - Sex **ME**

Kata - Ward
**NYAKATO**

Mtaa/Kijiji - Street/Village
**KANGAYE A**

Kituo cha Kuandikisha - Registration Centre
**SEKONDARI YA NUNDU**

Namba ya Mpiga Kura **T-1002-7950-950-6**

**KADI HII IMETOLEWA NA TUME HURU YA TAIFA YA UCHAGUZI**

**MKURUGENZI WA UCHAGUZI**

Kadi hii ni mali ya Tume Huru ya Taifa ya Uchaguzi, huruhusiwi kufanya mabadiliko ya aina yoyote wala kumpatia mtu asiyeruhusiwa kutumia, kama ikipotea au kuharibika toa taarifa ofisi ya Tume Huru ya Taifa ya Uchaguzi.
S.L.P 358 DODOMA
Simu: +255 26-2962345-8

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

| |
|---|
| Licencing Authority; TIN : 100-476-541 |
| CRDB BANK PUBLIC LIMITED COMPANY |
| ALLY HASSAN MWINYI ROAD |
| 268 |
| DAR ES SALAAM |

Tax Certificate Number:
**261-0186-4450**

Issuing Office: Mwanza
Telephone: 028 2500906
Date of issue: 30 November 2023
Expiry Date: 31 December 2023

| | | | |
|---|---|---|---|
| Taxpayer Name | **JOYCE PAUL MWIHAVA** | | |
| Trading Name | **GRACELAND PHARMACY** | | |
| Taxpayer Identification Number | **121-859-009** | Vat Registration Number | |
| Company Registration Number | | | |

Business Premises located at :
REGION : MWANZA,
DISTRICT : ILEMELA,
STREET : BUSWELU

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 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores |

**Alfred T. Mregi**
**COMMISSIONER FOR DOMESTIC REVENUE**
30 November 2023

**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.

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

## Pharmacy Council

Exchequer Receipt

## Stakabadhi ya Malipo ya Serikali

---

| | |
|---|---|
| Receipt No | : **925037308933628** |
| Received from | : ~~Sabaye~~ Emax 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 business name and ownership* | **200,000.00** | |
| | **Total Billed Amount :** | **200,000.00 (TZS)** |

| | |
|---|---|
| Bill Reference | : 16211037253408966408 |
| Payment Control Number | : ***991620298178*** |
| Payment Date | : **2025-02-06 11:50:02** |
| Issued by | : Beatuss Mpogoza |
| Date Issued | : 2025-02-06 11:59:47 |
| Signature | :..... |

# PHARMACY COUNCIL

# PREMISES REGISTRATION CERTIFICATE

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

***FIN: 0101584***

This is to certify that the premises owned by M/S ***Graceland Pharmacy*** of ***P.O Box 2448, Mwanza*** located at ***Plot No. A 1555, North Buswelu, Ilemela*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0101584***

Issued in: ***May 2021***

Expires on: ***30 June 2026***

31-08-2021

***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***

# PHARMACY COUNCIL

## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

*Made under Section 37 of the Pharmacy Act Cap. 311*

***Permit No. 01584-2025***

This Permit is hereby granted to M/S ***Graceland Pharmacy*** of ***P.O Box 2448, Mwanza*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Plot No. A 1555, North Buswelu, Ilemela*** Municipality/District in ***Mwanza*** Region with Facility Identification Number (FIN) ***0101584*** under a superintendent Pharmacist ***Fred Nelson Kilamlya*** with Personal Identification Number (PIN) ***0101329***

Issued in: ***May 2021***

Expires on: ***30 June 2025***

03-10-2024

***DATE:***

***SIGNATURE OF REGISTRAR***

CONDITIONS

1. *This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation*
2. *The nature of conducting business shall conform to the category of pharmacist business registered*
3. *This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.*
4. *When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit*
5. *The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated*

THE UNITED REPUBLIC OF TANZANIA

# PHARMACY COUNCIL

## LICENSE TO PRACTICE

### The Pharmacy Act

*(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**NZUGUNA D. CHACHA**

**PIN NO: 0101489**

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**13 April 2017**

Expires on:**31 December 2025**

*Registrar*
*Pharmacy Council*