Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925037308976860**
Received from	: KKK 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
: *142202540317 - Application for change of premises-Location - CHANGE*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16210010251451348007
Payment Control Number	**: *991620293469***
Payment Date	**: 2025-02-06 13:37:31**
Issued by	: Zena Mango
Date Issued	: 2025-02-06 13:44:43
Signature	: .....

PHARMACY COUNCIL

Government Payment Gateway © 2017 All Rights Reserved (GePG)

99162029 3469

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: KKK PHARMACY FIN 0103222

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

PHYSICAL ADDRESS:

Plot No MWEMBE MTEMVU Street: KONGOWE ROAD ~~TOANGOMA RD~~ Ward TOANGOMA

District/Municipal TEMEKE Region: DAR-ES-SALAAM

POSTAL ADDRESS: P.O.BOX 212 KOROGWE-TANGA Contact. No. 0699 879 120

E-mail: kkkpharmacy@yahoo.com

OWNERSHIP:

Directors (Names): 1. ALOYCE G. KESSY Qualification: PHARMACIST

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

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

SUPERINTENDANT INFORMATION:

Full Name: JUMANNE KIMPUNDU PIN: 0101019

Residential Address: KITUNDA Tel: 0786887740 Email: .....

Contract commencement date: 01 JULY 2024 Cessation date: 30 JUNE 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: KKK PHARMACY - MADALE

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

PHYSICAL ADDRESS:

Plot No. ..... Street MBOPO ROAD Ward MADALE

District/Municipal KINONDONI Region DAR-ES-SALAAM

POSTAL ADDRESS: P.O.BOX 212 KOROGWE TANGA CONTACT. No. 0699 879 120

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. Previous location failed to generate enough funds to run the business in that particular area.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: ALOYCE GREGORY KESSY

(Contact/email if different from the above)

Address: P.O.Box 31818 DSM Tel: 0713269556 E-mail: aloyce.kessy@pci.go.tz

Signature of Applicant..... Date 10 JAN 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 10 JAN 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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **924227269916473**

Received from : KKK PHARMACY

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**
: *142201270421 - Inspection of Premises - 0*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference : 16208227244431707477

Payment Control Number : ***991620269811***

Payment Date : **2024-08-14 08:47:21**

Issued by : Zena Mango

Date Issued : 2024-08-14 08:50:20

Signature : .....

PHARMACY COUNCIL

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99162026981|

PHARMACY COUNCIL

PCF 5(a)

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant ALOYCE GREGORY KESSY
2. Physical Address of the Applicant MBEZI LUIS
3. Contacts **(mobile phone)** 0713 269 552
4. Email address (if any) aloyce.gregory@yahoo.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street MADALE-MBOPO RD Plot No.
   Ward MADALE District UBUNGO Region DAR ES SALAAM
6. Name and distance from the **Public Health Facility** in metres
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
9. Proposed Business Name (BRELA Certificates if any) KKK PHARMACY
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    RETAIL

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

ALOYCE GREGORY KESSY — 14/08/2024

Name and Signature of the Applicant — **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No._____ Signature_____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) _____and I/We have found that the said premises location **does not/does** meet the required standards.
Reasons for rejection_____

Name, Signature of Inspector (1) — **Name, Signature of Inspector (2)**

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: ALOYCE KESSY
2. Anwani ya Makazi ya Mwombaji: MADALE – MBOPO
3. Mawasiliano **(Simu):** 0713 269556
4. Jina la Biashara linalopendekezwa KKK PHARMACY
5. Aina ya Biashara: REJAREJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	**Jina la jengo/kituo/eneo**	**Umbali (Mita)**
a)	i) Famasi ya Rejareja	MAPINDUZI PHARMACY	800m
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	**Kipimo katika Mita (M)**	**Eneo la jengo (LxW)**
a)	Urefu (L)	8.6m	35.26m²
b)	Upana (W)	4.1m	
c)	Kimo (H)	3m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- JENGO LIPO UMBALI WA MITA 800 KUTOKA MAPINDUZI PHARMACY.
- JENGO LINAUKUBWA WA MITA ZA MRABA 35.26m²

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

ENDELEA NA MATENGENEZO KUFIKIA VIGANGO VYA FAMASI YA REJAREJA.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	ERICK BORANGA	MKAGUZI	
2	ZARHIA H. MNGUAYA	MKAGUZI	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi)

ALOICE G. KESSY

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

16/08/2024

Tarehe

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

2nd Inspection.

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: ALOYCE KESI Y
2. Anwani ya Makazi ya Mwombaji: MADALE – MBOPO
3. Mawasiliano **(Simu):** 0713 269556
4. Jina la Biashara linalopendekezwa KKK PHARMACY
5. Aina ya Biashara: REJAREJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	**Jina la jengo/kituo/eneo**	**Umbali (Mita)**
a)	i) Famasi ya Rejareja		
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	**Kipimo katika Mita (M)**	**Eneo la jengo (LxW)**
a)	Urefu (L)		
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- AMEKA MILUSHA MATENGENEZO KUFIKIA VIWANGO VYA FAMASI YA REJAREJA.

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

- AFIKIRIWE KUPEWA KIBALI CHA FAMASI BAADA YA KUWASILISHA MAOMBI YA USAJILI, OFISI YA MSAJILI, BARAZA LA FAMASI.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	BRUCE BOKANGO	MKAGUZI	
2	ZARHIA H. MNGUMYA	MKAGUZI	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) HAMZA SULEIMAN

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

27/08/2024
Tarehe

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103222

This is to certify that the premises owned by M/S ***KKK Pharmacy- Kigamboni Branch*** of ***P.O.Box 212, Dar es Salaam*** located at ***Mwembe Mtemvu- Kongowe Road*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103222***

Issued in: ***August 2024***

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

02-09-2024

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 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***

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 110-856-032
ENTERPRISES FINANCE LIMITED
AFRICASANA
35046
DAR ES SALAAM

Tax Certificate Number:

331-0179-4696

Issuing Office: Tanga
Telephone: 027 2644485
Date of issue: 31 August 2023
Expiry Date: 31 December 2023

Taxpayer Name	**HELLEN MICHAEL CHITUMBO**		
Trading Name			
Taxpayer Identification Number	**105-839-995**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : TANGA,
DISTRICT : KOROGWE,
STREET : MANUNDU

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
2	PHARMACY

HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
31 August 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.