PHARMACY COUNCIL



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

Registrar, Pharmacy Council, P.O. Box 1277, **Dodoma**

Sodoma.
APPLICATION FOR CHANGE OF: 1. PREMISES LOCATION 2. BUSINESS NAME 3. BUSINESS OWNERSHIP
NAME OF PREMISES: OMAERA PHARMAY FIN 0100575
TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS: Plot No. 78. Block BE. Street: MABATINI Ward MBULLAN! District/Municipal NIAMALANA Region: MWANZA POSTAL ADDRESS: P.O. BOX SOSO NZA Contact. No. 07594050 45 E-mail: J. Lahamba & Jahoo, war
OWNERSHIP:
Directors (Names): 1 J.B. J. B AFARTAN Qualification: PHARMACLET
2. Qualification:
3. Qualification:
SUPERINTENDANT INFORMATION: Full Name: CELESTINE ICEBUSE PINOIO 291 Residential Address: Mumm 2A Tel 0754809684 Email: Kubuse alwhie a gmail. Contract commencement date: 4t July 2023 Cessation date 30 TWE 2029
SECTION B: PROPOSED CHANGES: NAME OF THE NEW PREMISES: OM AERA PHARMACY
PHYSICAL ADDRESS: Plot No. 78 Block BE Street MABATTNY Ward MBULANT District/Municipal MANAGANA Region MWAAZA POSTAL ADDRESS: P. D. BOASOFT MLACONTACT. No. D759 4050 45

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)
Directors (Names):
1. JOB. J-CATAKYMAN Qualification: PHARMACEUTIESE TECHINICUS
3Qualification:
SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)
CELECTINE VEDICE - 0091
Residential Address: MW ANZA Tel 0754809684 Email: Lebwe seles have grant - Cor
Residential Address: MW ANZA Tel 0754809684 Email: Lebwe seles he e grant-contract commencement date: 41 Tuly 2023 Cessation date 30th June 2024
SECTION C: REASON(S) FOR PARTICULAR ALTERATION
1 Transfer of shares to a new
Partner.
2.
SECTION D.: APPLICANT INFORMATION
Name of Applicant: FOB TONATHAN BATITUS ANGA
(Contact/email if different from the above)
D. M. Cox CDE MEA - 1 0759 40 (DU) - mail 16 backernon Jahoo, Cor
Signature of Applicant.
(C(BATA ATA)
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 of Applicant
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
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

: 923353221395387

Received from

: OMAERA 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

: 142202540104 - Application for

change of name/ ownership -

CHANGE OF BUSINESS

OWNERSHIP

Total Billed Amount:

100,000.00

100,000.00 (TZS)

Bill Reference

: 16211353232129390100

Payment Control Number

: 991620229156

Payment Date

: 2023-12-19 11:51:03

Issued by

: Beatuss Mpogoza

Date Issued

: 2023-12-19 11:57:25

Signature

Dollaka

Government Payment Gateway © 2017 All Rights Reserved (GePG)



ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN: 101-026-361

MKURUGENZI WA JIJI LA MWANZA

BALEWA

1333

愈

自

與

總

盤

息

奠

息

贸

盤

MWANZA

Tax Certificate Number:

531-0168-7301

Issuing Office:

Geita Telephone: 0252520042

Date of issue:

25 May 2023

Expiry Date:

31 December 2023

Taxpayer Name	JOB JONATHAN	BATAKYANGA	
Trading Name	TWEYAMBE PHARMACY		
Taxpayer Identification Number	100-373-491	Vat Registration Number	
Company Registration Number	1 3 3 7 7		

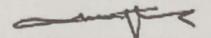
Business Premises located at:

REGION: GEITA, DISTRICT : GEITA, STREET: KATORO

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):

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

Retail sale of hardware, paints and glass in specialized stores



HERBERT M.T. KABYEMELA COMMISSIONER FOR DOMESTIC REVENUE 25 May 2023



血

血

Disclaimer:

1. This certificate is issued free of charge

鱼

- 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.

血

愈

血

PARTNERSHIP DEED

BETWEEN

MR JOB JOMATHAN BATAKYANGA

P. O. Box 5050 Mwanza-Tanzania FIRST PARTNER

AND

MR JUMANNE NDEMELLA NDEMELLA

P. O. Box 109 Bariadi-Tanzania SECOND PARTNER

<u>WHEREAS:</u> the said PARTNERS have agreed to do the business upon on terms and conditions hereinafter appearing.

IT IS HEREBY AGREED AS FOLLOWS:

- 1. Partnership: The Partners do form such a Partnership, the terms of which, save as is expressly or impliedly set down herein below, shall be governed by the Law of Contract (Cap. 345 RE 2019).
- 2. Name: The name of the Partnership (hereinafter referred to as "the Partnership) shall be called OMAERA PHARMACY.
- 3. Nature of Business: The business of the Partnership shall consist of: PHARMACY
- 4. Place of Business: , The business of the Partnership shall be carried at MWANZA CITY maintain its official address 5050 MWANZA
- Commencement of Business: the said PARTNERS will become and remain Partners for the term of two years under the style of OMAERA PHARMACY from 01st of October, 2023 up to 31 September 2025 subject to review and renewal upon agreed by the partners on the agreed duration.
- 6. Banking and signing of cheque:

1 | Page

1 J. Demola

executors, administrators, personal representatives, successors and assigns.

15. Amendment: This agreement may be amended by mutual agreement of the Partners.

IN WITNESS WHEREOF the Parties hereto have executed these presents in the manner and on the dates hereinafter appearing.

SIGNED and DELIVERED by the said				
who is known to me personally/has been identified to me bythe latter being known to me personally in my presence this. As day of No. V 2023.	15T PARTNER			
BEFORE ME: Name: Dance Rue Chivey				
Signature:	789			
Address: 138 Minne 12 1015	D. J. D. J.			
Qualification: COMMISSIONER FOR OATHS Vission				
SIGNED and DELIVERED by the said				
to me bythe latter being known to me personally in my	J. Momella.			
presence this. A. day of2023.	2 ND PARTNER			
BEFORE ME: Name: Street Sure Charge				
Signature:	81 305m			
Address: 1136 Mirane				
Qualification: COMMISSIONER FOR OATHS.				
As a second seco	Missioner for One			
PREPARE BY;				



19641024-33116-00001-22

Given Name

JINA LAMWISHO : BATAKYANGA

TAREHE YA KUZALIWA : 24 OCT 1964

Date of Birth

SAINI:

MWISHO WA MATUMIZI

09 MAR 2027



JAMPILIRI YA PILA INGANO WA TANZANIA KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19950414-12107-00003-25

BIG. I. JUNIANDIE NDEMELLA Glench Status

ALIEMBON : OFFICER ALAM.

TARRESE VANLETALINA 154 APR 1905

District of Steel

39 VED 1 165

AMMERICA WA MAJUMES : 14 JUL 2029 Expery Dutte



13350414121070000325

and his to real to Santol to Jambur ye Mountain as Tarcaria, Parchason to better recognic or past yopen were horogone mic ambaya basulusine kontarnia, Kama and and an anti-open basulusine kontarnia, Kama and an anti-open basulusine kontarnia basulusi basulusi basulusi

W recently Chart in this properly of the Government of The United Republic of Yanzania. There we be tempered with to advance to past total the poster-close of unauthorised person. To the Day Name of Annual Annual States of Breeze, Mission of The Under Republic of Tanzania.

DESCRIPCATION NO