Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

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| | |
|---|---|
| Receipt No | **: 924311288608404** |
| Received from | : KARAMA 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 - 1* | | **200,000.00** |

**Total Billed Amount :** **200,000.00 (TZS)**

| | |
|---|---|
| Bill Reference | : 16213310241713321602 |
| Payment Control Number | : ***991620279473*** |
| Payment Date | **: 2024-11-06 10:30:48** |
| Issued by | : Zena Mango |
| Date Issued | : 2024-11-06 10:33:09 |
| Signature | : ..... |

9916202794 73

Alipia 200100 /=

PCF.14

# PHARMACY COUNCIL

Alteration of name & ownership 5/11/2024

## 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: M/S KARAMA PHARMACY FIN 0100458

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

PHYSICAL ADDRESS:

Plot No. 1124 Street: Tandale Sokoni Ward Tandale

District/Municipal Kinondoni Region: Dar es Salaam

POSTAL ADDRESS: P.O.Box 457 Contact. No. 0755946696

E-mail: .....

**OWNERSHIP:**

Directors (Names): 1. AYOUB SEBERE Qualification: OWNER

2. CHARITY NYAULINGO Qualification: OWNER

3. / Qualification: /

**SUPERINTENDANT INFORMATION:**

Full Name: JEREMIA A MPONZI PIN: 010360 2

Residential Address: DARESSALAAM Tel: 0620370713 Email: .....

Contract commencement date: FEB 2024 Cessation date FEB 2025

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: M/S INDIANA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 1124 Street Tandale Sokoni Ward Tandale

District/Municipal KINONDONI Region DAR ES SALAAM

POSTAL ADDRESS: P.O. Box 313 CONTACT. No. 0745799903

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

Directors (Names):

1. BRAYSON LEMA Qualification: DIRECTOR, OWNER
2. ..... Qualification: .....
3. ..... Qualification: .....

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

Full Name: JEREMIA MPONZI PIN: 0103602

Residential Address: DARESSALAAM Tel: 0620370713 Email: .....

Contract commencement date: MAY 2024 Cessation date MAY 2025

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

1. Change of Ownership
2. Change of Businen name

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: BRAYSON LEMA

(Contact/email if different from the above)

Address: KIMONDONI Tel: 0745799903 E-mail: bryan.lema47@gmail.com

Signature of Applicant..... Date 05/11/2024

**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..... Date 05/11/2024

**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)

## MKATABA WA MAUZO YA BIASHARA

Kwa mujibu wa mkataba huu; Ayoub Jacob Sebere na Charity Gabriel Nyaulingo watatambulika kama **wauzaji** na Brayson Ezra Lema atatambulika kama **mnunuzi**.

**Biashara inayouzwa**

Biashara ya pharmacy yenye usajili wa brela namba **434983** kwa usajili wa jina KARAMA PHARMACY, yenye usajili wa eneo la biashara kutoka pharmacy council kwa **FIN no; 0100458** katika Plot no 1124, Mtaa wa Tandale Sokoni, Tandale, wilaya ya Kinondoni, Mkoa wa Dar es Salaam.

**Wauzaji**

Mimi AYOUB JACOB SEBERE, na Mimi CHARITY G. NYAULINGO wamiliki wa biashara iliyotajwa hapo juu "KARAMA PHARMACY" iliyosajiliwa chini ya Ayoub Jacob Sebere na Charity Gabriel Nyaulingo, kwa pamoja tumeamua kuuza biashara tajwa ikiwa na samani(makabati) na bidhaa (dawa za binadamu) na vifaa vyote vilivyopo katika eneo la biashara kwa ndugu Brayson Ezra Lema kwa masharti ya mkataba huu.

**Mnunuzi**

Mimi BRAYSON EZRA LEMA nimekubali kununua biashara tajwa "KARAMA PHARMACY" kutoka kwa Ayoub Jacob Sebere na Charity Gabriel Nyaulingo kwa mujibu wa masharti ya mkataba huu kwa lengo la kuiendeleza.

**MASHARTI YA MKATABA**

1. Wauzaji wanathibitisha kuwa Mnunuzi hatawajibika kwa mtu yeyote kwa habari ya biashara tajwa na eneo la biashara tajwa kwa mambo/makubaliano/kazi walizofanya wauzaji kabla ya mkataba huu, Isipokuwa mwenye nyumba yaani Fremu ya biashara.
2. Mnunuzi hatawajibika kwa madeni yoyote yanayohusisha biashara tajwa kabla ya tarehe ya kusainiwa mkataba huu.
3. Biashara tajwa imeuzwa kwa thamani ya Tsh 18,000,000. Chini ya sharti No 4, 5 na 6.
4. Mnunuzi amewalipa wauzaji jumla ya Tsh 12,000,000 kama malipo ya awali kupitia MPESA kwa namba ya simu +255 755 946 696 ya Bw. Ayoub Jacob Sebere.
5. Ndani ya siku 90, kuanzia Terehe 26 May 2024, Mnunuzi anatakiwa kuwalipa wauzaji jumla ya Tsh 6,000,000 kwa malipo ya awamu tatu; 26 May, 26 June na 26 July bila kukosa.

Winjaneth Lema
Box 21729 Dar es Salaam
Advocate, Notary Public
& Commissioner for Oaths

6. Mnunuzi atatakiwa kulipa deni si chini ya Tsh. 2,000,000 kila tarehe 26 kwa miezi tajwa katika sharti namba (5) bila kukosa. Kutofa ya hivyo ni kukiuka masharti ya mkataba huu.
7. Wauzaji watamkabidhi rasmi Mnunuzi, b ashara tajwa na kumtambulisha kwa mwenye nyumba yaani fremu ya biashara mara tu mka taba huu utakaposainiwa na pande zote mbili.
8. Mnunuzi ataruhusiwa kufanya taratibu za kubadili usajili wa umiliki wa biashara kwa Taasisi zinazohusika baada ya kukamilisha malipo ya awamu jumla Tsh. 6,000,000/=
9. Wauzaji watatoa ushirikiano kuwezesha ku badili usajili pale ushiriki wao utakapohitajika na mamlaka/taasisi zinazohusika za kiserikali
10. Kupitia mkataba huu, wauzaji wanathibit isha kuwa wamepokea Tsh 12,000,000 kutoka kwa mnunuzi kwa malipo ya awali tajwa katik a sharti namba nne (4)

**Uthibitisho**

Mimi AYOUB JACOB SEBERE na CHARITY G. NYAULINGO

Tunaotambulika kama **wauzaji** tumesoma na kuridhia masharti ya mkataba huu kwa hiari.

| | SAHIHI | TAREHE |
|---|---|---|
| Ayoub Jacob Sebere | ..... | 26/04/2024 |
| Charity Gabriel Nyaulingo | ..... | 26.4.2024 |

Mimi BRAYSON E. LEMA ni aetambulika kama **mnunuzi** nimesoma na kuridhia masharti ya mkataba huu kwa hiari.

| | SAHIHI | TAREHE |
|---|---|---|
| Brayson Ezra Lema | ..... | 26/04/2024 |

**Shahidi**

| | SAHIHI | TAREHE |
|---|---|---|
| Abel Timoth Kadeleh | ..... | 26/04/2024 |

**WAKILI**

JINA : WINFRIDA LEMA

CHEO : ADVOCATE

SAHIHI : .....

TAREHE: 26/4/2024

Winfrieda Lema
Box 21729 Dar es Salaam
Advocate, Notary Public
& Commissioner for Oaths

TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGEN

No. 578696

# Certificate of Registration

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

I HEREBY CERTIFY THAT **INDIANA PHARMACY** this **16th** day of **JULY** 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 **578696** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this **16th** day of **JULY TWO THOUSAND AND TWENTY FOUR.**

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.

# PHARMACY COUNCIL

## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

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

*Permit No. 00458-2024*

This Permit is hereby granted to M/S *Karama Pharmacy* of *P.O.Box 457, Dar es Salaam* to operate a *Retail Only Business* at the premises situated/lying between *Plot No. 1124, Tandale Sokoni Street, Tandale, Kinondoni* Municipality/District in *Dar es Salaam* Region with Facility Identification Number (FIN) *0100458* under a superintendent Pharmacist *Jeremia A Mponzi* with Personal Identification Number (PIN) *0103602*

Issued in: *April 2017*

Expires on: *30 June 2024*

09-05-2024

*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*

# PHARMACY COUNCIL

# PREMISES REGISTRATION CERTIFICATE

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

***FIN: 0100458***

This is to certify that the premises owned by M/S ***Karama Pharmacy*** of ***P.O.Box 457, Dar es Salaam*** located at ***Plot No. 1124, Tandale Sokoni Street, Tandale, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100458***

Issued in: ***April 2017***

21-10-2018

***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*

CTN: 1089303

# TANZANIA REVENUE AUTHORITY

## CERTIFICATE OF REGISTRATION
## FOR
## TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

## THIS IS TO CERTIFY THAT

**BRAYSON EZRA LEMA**

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

**131-394-438**

WITH EFFECT FROM: **22 September 2020**

TRA LOCATION: **KINONDONI** TAX OFFICE: **MWENGE**

PHYSICAL LOCATION:

**STREET / AREA: MSISIRI A**

ABDUL Y. MAPEMBE

**OFFICIAL SEAL** **AG. COMMISSIONER FOR DOMESTIC REVENUE**

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

**MKATABA WA PANGO**

**Mkataba wa kupangisha Fremu ya Biashara**

**Plot No 1124, Tandale Sokoni Street, Tandale, Kinondoni, Dar es Salaam**

Kwa matumizi ya mkataba huu,

Angela Kaniki Atatambulika kama Mpangishaji (Mwenye Nyumba)

Na

Brayson Lema (Indiana Phamarcy) atatambulika kama Mpangaji

Kwamba; Mpangishaji amempangisha Bw. Brayson Lema kwenye fremu ya biashara iliyopo katika Plot No 1124, Mtaa wa Tandale Sokoni, Kinondoni Dar es Salaam.

Kwamba; Mpangaji anafanya biashara ya dawa za binadamu (pharmacy) katika fremu hiyo kwa masharti na vigezo vinavyotambulika na taasisi husika za serikali.

Kwamba: Mpangaji atalipa kodi ya pango jumla ya Tsh 150,000/= kwa mwezi kwenye akaunti ya benki namba 7290085001 Diamond Trust Bank. Jina: Angela Agnes Ngwashi Mdoe and Andrew.

**Masharti na Vigezo vya Mkataba**

i. Mpangaji atalipa kodi ya pango bila kushurutishwa wala kukumbushwa
ii. Mpangaji atawajibika kutunza mazingira ya nyumba ya biashara katika hali ya usafi na usalama.
iii. Mpangaji atawajibika kulipia gharama za uendeshaji kama umeme, maji, ulinzi n.k kwa kadri anavyotumia.
iv. Mpangaji hataruhusiwa kufanya mabadiliko ya ujenzi wa fremu ya biashara bila kupata ruhusa kutoka kwa mpangishaji
v. Mpangaji atatumia fremu tajwa ya biashara kwa matumizi yaliyokubaliwa pekee
vi. Mpangaji hatatumia fremu tajwa ya biashara kwa matumizi yoyote haramu yasiyokubaliwa kwa mujibu wa sheria za Jamhuri ya Muungano wa Tanzania

vii. Mpangaji atatoa taarifa mwezi mmoja kabla endapo ataamua kusitisha mkataba huu na kuacha kutumia fremu ya biashara husika

**Mambo yanayoweza kuvunja mkataba**

i. Mpangaji kushindwa kulipa kodi ya pango kwa mujibu wa makubaliano

**HITIMISHO**

**Bw. Brayson Lema,** Mpangaji kwa mujibu wa mkataba huu, ninaridhia makubaliano haya Leo Tarehe ..26/04/2024..Sahihi.....

**Ms. Angela Kaniki,** Mpangishaji kwa mujibu wa mkataba huu, ninaridhia makubaliano haya Leo Tarehe ..26/04/2024..Sahihi..A.K..

**Mashahidi na wadhamini**

Mimi shahidi/mdhamini kwa kutia saini hapa ninathibitisha kuwa ninawafahamu wahusika ikiwa ni pamoja na wanakoishi na familia zao/ndugu zao

**Shahidi**

| JINA | SAHIHI | TAREHE |
|---|---|---|
| Bw. Abel Timoth | A. Timoth | 26/04/2024 |

**Wakili**

**Jina:** WINJANETH LEMA

**Anuani:** DSM

**Nafasi** ATTORNEY

**Terehe** 29.04.2024

**Sahihi**

Winjaneth Lema
Advocate Notary Public & Commissioner for Oaths