



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924351297369537

Received from : FAA Rx 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 - 1	100,000.00	

**Total Billed Amount : 100,000.00 (TZS)**

Bill Reference : 16214351240256413782

Payment Control Number : 991620284930

Payment Date : 2024-12-16 14:28:02

Issued by : Zena Mango

Date Issued : 2024-12-16 14:32:49

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

991620284930

PCF.14

## PHARMACY COUNCIL



Asaidue Control number.

100,000/2

**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: FAA PHARMACY FIN. 0103112TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. 129 Street: VHURU Ward. Ilala BomaDistrict/Municipal. Ilala Region: Dar Es SalaamPOSTAL ADDRESS: 24102 Contact No. 0758899871E-mail: farhablossom@gmail.com

## OWNERSHIP:

Directors (Names): 1. FARHA H. KHAN Qualification: PHARMTECH

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

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

## SUPERINTENDANT INFORMATION:

Full Name: Hamida Yahya Wambura PIN: 0100257Residential Address: Pugu Tel. 0713488400 Email: hamidawambura@gmail.comContract commencement date: 01/11/2024 Cessation date: 31/06/2025

## SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: FAA Rx PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. 129 Street: VHURU Ward. Ilala BomaDistrict/Municipal. Ilala Region: Dar es SalaamPOSTAL ADDRESS: 24102 CONTACT. No. 0758899871

**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. ....
2. ....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: FARHA HABIBULLAH KHAN

(Contact/email if different from the above)

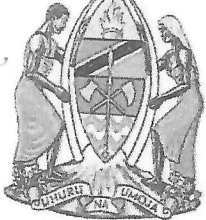
Address: Ilala Tel: ..... E-mail: .....Signature of Applicant: [Signature] Date: 16/12/2024**SECTION E: APPLICANT DECLARATION**

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: 16/12/2024**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)



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01F/140

29<sup>th</sup> April, 2024

Director,  
Medicare Pharmacy,  
P.O.Box 71131,  
Dar es Salaam.

Re: **APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN  
A BUSINESS OF A PHARMACIST**

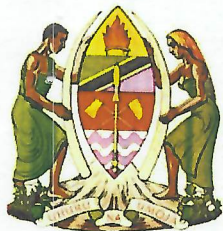
The heading above is concerned.

2. I wish to inform you that, your application for registration of the premises located at Plot No.129, Uhuru street, Ilala, Ilalaregion to conduct a **Retail Business of a Pharmacist** has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.
3. You are hereby directed to comply with the stipulated conditions as follows:-
  - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
  - (ii) In addition to (i) above, you shall be obliged to acquire the following documents;
    - a) Pharmacy Act, 2011, Pharmacy Practice Regulations, 2020 and Pharmacy Prescription Handling and Control Regulations, 2020 (available at [www.pc.go.tz](http://www.pc.go.tz));
    - b) Standard Treatment Guidelines and National Essential Medicine List of 2021 (available at [www.moh.go.tz](http://www.moh.go.tz));
    - c) The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015 (available at [www.tmda.go.tz](http://www.tmda.go.tz));
    - d) Pharmacist Duty Business Register; and
    - e) Pharmacy Logo to be displayed at the entrance of the pharmacy.
4. Your premises registration certificate and business permit shall be issued to superintendent pharmacist upon fulfillment of the above stipulated conditions.
5. This letter does not represent either the Premises Registration Certificate or a Business Permit.
6. I anticipate your cooperation in this matter.

  
Boniface Magige  
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Eastern Zone  
TMDA – Zone Manager- Eastern Zone





TANZANIA

Form 5



No. 591681

## Certificate of Registration

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

I HEREBY CERTIFY THAT **FAA RX PHARMACY** this 13<sup>th</sup> day of **DECEMBER** 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 **591681** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 13<sup>th</sup> day of **DECEMBER 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.

MKATABA WA KUPANGISHA NYUMBA/VYUMBA/CHUMBA

Mimi mwenye nyumba NASSOR SULEIMAN SAID Nina mpangisha  
~~Nyumba~~/Vyumba/~~Chumba~~

Ndugu SAID SULEIMAN SAID wa S.L.P. 71572 Dar es Salaam.

Nampangisha ~~Nyumba~~/Vyumba/~~Chumba~~ kwa  
Tshillings Laki Tano (500,000) kwa Mwezi.

Na mpangaji amelipa kiasi cha TShillings 9,600,000/2 ambayo ni kodi ya miezi  
24 mkataba huu unaanza tarehe 1/1/2024 hadi tarehe 1/1/2026.

MASHARTI YA MKATABA HUU NI HAYA YAFUATAYO

1. Malipo ya umeme hayaingiliani na mkataba wa nyumba.
2. Endapo mpangaji atavunja mkataba kwa hiari yake fedha hazito rudishwa.
3. Mpangaji anaruhusiwa kufanya marekebishi ya kukidhi makazi yake kwa makubaliano na mwenye nyumba.
4. Ushirikiano na upendo, Amani nitabia njema kwa wote.

MAKUBALIANO YA MKATABA HUU YAMEFANYIKA MBELE YA WAFUATAO:-

1. Jina kamili la Mwenye Nyumba  
NASSOR SULEIMAN SAID Sahihi SSP

2. Jina kamili la Shahidi wa Mwenye Nyumba  
FATMA NASSOR SULEIMAN Sahihi FSS

3. Jina kamili la Mpangaji  
SAID SULEIMAN SAID Sahihi SSP

4. Jina kamili la Shahidi wa Mpangaji  
MAHIR SULEIMAN SAID Sahihi SSP

5. Sahihi na Muhuri wa Mwenyekiti wa serikali za mtaa/Afisa mtendaji wa mtaa  
Sahihi

OFISI MEBIBITISHA MAWBAHA  
NO HAYALEOTAREHE 15/8/2023

