Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

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| | |
|---|---|
| Receipt No | **: 925122328437171** |
| Received from | : MYCHOICE 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* | **100,000.00** | |
| | **Total Billed Amount :** | **100,000.00 (TZS)** |

| | |
|---|---|
| Bill Reference | : 16215122253029685813 |
| Payment Control Number | ***: 991620303697*** |
| Payment Date | **: 2025-05-02 15:41:37** |
| Issued by | : Zena Mango |
| Date Issued | : 2025-05-02 15:52:16 |
| Signature | : ..... |

PHARMACY COUNCIL

Government Payment Gateway © 2017 All Rights Reserved (GePG)

99162030369 7.
99162030 36 94

Alipie 100,000/=
Alteration.
2/5/2025

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: MYCHOILE FIN. 0102822

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

PHYSICAL ADDRESS:

Plot No. ..... Street: BOKO Ward. DOVYA

District/Municipal. KINONDONI Region: DAR ES SALAAM.

POSTAL ADDRESS: ..... Contact. No. 0689898097

E-mail: davdreid7@gmail.com

**OWNERSHIP:**

Directors (Names): 1. NORBERT MASULA Qualification: ENGINEER

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

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

**SUPERINTENDANT INFORMATION:**

Full Name: DAVID NORBERT MASULA PIN: 0102615

Residential Address: MBWENI Tel: 0689898097 Email: davdreid7@gmail.com

Contract commencement date: 1.4.2023. Cessation date. 1.4.2024.

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: MYCHOILE PHARMACY.

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

PHYSICAL ADDRESS:

Plot No. ..... Street. BOKO. Ward. DOVYA

District/Municipal. KINDONDONI. Region DAR ES SALAAM

POSTAL ADDRESS: ..... CONTACT. No. 0689898097

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

Directors (Names):

1. DAVID N. MATULA Qualification: PHARMACY
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. The owner who is known as the Father of the current superintendent is deceased. The ownership is
2. turned by his son who is also the superintendent of that premise

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: DAVID N. MATULA.

(Contact/email if different from the above)

Address: Lokole magadeni Tel: 0689489991 E-mail: davidmatula@gmail.com.

Signature of Applicant..... Date 02-05-2025.

**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 02-05-2025

**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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-186-555
HALMASHAURI YA MANISPAA YA KINONDONI
MWANANYAMALA/ MWINJUMA ROAD
31902
DAR ES SALAAM

Tax Certificate Number: **581-0156-8813**

Issuing Office: Tegeta
Telephone:
Date of issue: 09 March 2023
Expiry Date: 31 December 2023

| | | | |
|---|---|---|---|
| Taxpayer Name | **NORBERT BISEKO MAJULA** | | |
| Trading Name | **THREE D'S INTERNATIONAL** | | |
| Taxpayer Identification Number | **103-586-518** | Vat Registration Number | |
| Company Registration Number | | | |

**Business Premises located at: Plot Number 00; Block Number 00; Street Boko**

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 | Other business support service activities n.e.c. |

**HERBERT M.T. KABYEMELA**
**COMMISSIONER FOR DOMESTIC REVENUE**
09 March 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

**KITAMBULISHO CHA TAIFA**

THE UNITED REPUBLIC OF TANZANIA

**CITIZEN IDENTITY CARD**

**19920527-14126-0U001-28**

JINA : **DAVID NORBERT**
*Given Name*

JINA LA MWISHO : **MAJULA**
*Last Name*

TAREHE YA KUZALIWA : **27 MAY 1992**
*Date of Birth*

JINSI : **M**
*Sex*

SAINI:
*Signature*

MWISHO WA MATUMIZI : **08 JUN 2028**
*Expiry Date*

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19920527141260000128

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

## DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

*(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)*

**Cadre:** Pharmacist ☑ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

**Owner's Responsibilities:** Superintendent ☑ Other Pharmaceutical Personnel ☐

I DAVID N. MAJUHA with Personal Identification Number (PIN) 0102615 of Year 2021, residing at KINONDONI district, in DAR ES SALAAM Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named MY CHOLLE PHARMACY, with Facility Identification Number (FIN) 0102822 of year 2023, located at KINONDONI District, DARES SALAAM Region with a Business Tax Identification Number (TIN) 104531369 (**TIN Certificate to be attached**)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: +255 689898097 Email Address: Davdreid7@gmail.com.

Signature: [signature] Date: 2-05-2025.

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.

In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** **Mandatory**

CTIN: 2162020

# 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

**DAVID NORBERT MAJULA**

**T/A MY CHOICE PHARMACY**

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

**104-531-369**

WITH EFFECT FROM: **30 MARCH 2006**

TRA LOCATION: **TEGETA** TAX OFFICE: **BUNJU**

PHYSICAL LOCATION: **PLOT No. 0 BLOCK No. 0**

STREET / AREA: **BOKO**

ALFRED T. MREGI
**COMMISSIONER FOR DOMESTIC REVENUE**

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

## MKATABA WA PANGO

Mkataba huu wa uppangaji unafanyika leo tarehe 13 Mwezi 01 Mwaka 20 25 kati ya ~~DAVID NORBERT MAJULA~~ wa S.L.P _____ Dar es salaam (ambaye katika Mkataba huu amerejewa kam ***"MWENYE PANGO / NYUMBA "***) *kwa pande mmoja* BRUNO RUTA

**NA**

DAVID N. MAJULA wa S.L.P _____ _____, { ambaye katika *makataba huu huu anatajwa kama* "MPANGAJI")

**MKATABA HUU UNASHUHUDIA YAFUATAYO:**

**A : PANGO LINALOPANGISHWA :**

Mwenye nyumba amekubali kupangisha kwa Mpangaji pango kwa ajili nya ofisi iliyopo BOKO mtaa wa DOVYA katika Nyumba PLOT NO. _____ BLOCK _____ wilaya ya KINONDONI Mkoa wa **DAR ES SALAAM.**

**B: MPANGISHAJI NA MPANGAJI WAMEKUBALIANA YAFUATAYO :**

**I. MUDA WA MKATABA :**

Mkataba huu ni wa kipingi cha Miaka _____ (1) tu, kuanzia Tarehe 1 mwezi 01 20 25 na kuisha tarehe 31 mwezi 12 20 25 : Endapo mpangaji atataka Kuongeza mkataba atamjulisha mpangishaji mwezi miezi (3) kabla ya kipindi chake kuisha ili kama kuna marekebisho ya kodi yajadiliwe mapema.

**II. MALIPO YA KODI**

**AMBAPO MPANGAJI NA MPANGISHAJI WAMEKUBALIANA KULIPA KODI:**

a) Kiasi cha kodi ambacho Mpangaji anatakiwa kulipa kwa mwezi ni Tsh 300000 na Mpangaji anatakiwa kumlipa mpangishaji kodi ya miezi 12

b) Mpangishaji atalipwa na mpangaji kiasi hicho cha fedha siku ya kusaini mkataba huu.

**III. KODI YA SERIKALI**

Mpangishaji atalipa kodi ya jingo la biashara na kodi ya ardhi yake kwa mujibu wa sheria ya Tanzania na hazitahusiana ma mpangaji

**IV. HAKI NA WAJIBU WA MPANGAJI**

Mpangaji anakubali yafuatayo;

1. Kwamba atalipa kodi ya nyumba hiyo kwa kiasi cha Tsh 3,600000 /= tu ikiwa ni Kodi ya miezi 12 tu.

2. Mpangaji atakapotaka kufanya ukarabati na marekebisho na endapo atatka kuongeza vitu ndani ya pango hilo lazima amtarifu mpangishaji , na kwa sababu ni pango kwa ajili ya biashara yampasa kuweka vitu kulingana na biashara yake basi atamjulisha mpangishaji na kutoa ridhaa/kukubaliana na hilo.
3. Mpangaji atamruhusu mpangishaji nkuingia na kukagua pango ambalo amepangishiwa kujua lipo katika hali gani ila kwa ruhusa ya mpangaji na atafanya hivyo kwa ruhusa ya mpangaji na wakati mpangaji yupo eneo hilo na sio vinginevyo, na pia mpangaji atafanya marekebisho ya eneo husika kwa makubaliano ya pande zote mbili na kwa kumpa notisi mpangaji.
4. Kuweka hali ya pango katiaka hali nzuri na kuhakikisha inakuwa kwenye hali nzuri na kuepuka athari zozote zile anazoweza kuzisababisha ndani nan je.
5. Hatapangisha wala kumweka mtu m,wingine katika nyumba hiyo bila idhini ya mwenye nyumba
6. Atalipa Bili zote za maji taka na maji safi , umeme na Takataka na kuhifadhi risiti ya malipo yote aliyoyafanya.
7. Atatakiwa kuwa mwangilifu na hatari ya oto katika matumizi ya [pango na nyumba husika.
8. Taarifa (Notisi) yoyote ya kukatisha Mkataba huu itakuwa ya siku 60 na itakuwa kwa maandishi.
9. Atawajibika kutunza usafi wa pango na eneo lote la kiwanja husika kwa kipindi chote cha Mkataba huu na kumkabidhi mwenye nyumba katika hali nzuri, bila kung'oa chochote.
10. Mpangaji hatoruhusiwa kufanya biashara inayohusiana na uwakala wa simu au benki au biashara yoyote iliyo nje ya michezo kama ilivyoorodheshwa
11. Mpangaji anaahidi kuhakikisha usalama kwenye biashara yake ikiwemo, kuwa mwangalifu na malumbano au ugomvi w0owote utakaojitokeza.
12. Kwa kufuata taratibu hizi zote, Mpangaji atakuwa huru kutumia eneo husika bila kubugudhiwa na Mpangishajji au mwakilishi wake ndani ya muda wa upangaji huu.
13. Mpangaji anaahidi kutofanya usumbufu wowote kwa mpangishaji na majirani wakati wote wa mkataba na kuhakikisha pango lipo kwenye uangalizi wa hali ya juu.

14. Mpangaji endapio atamaliza mkataba wake atarudisha Pango kwa mapangishaji likiwa katiak hali nzuri bila usumbufu

## V. HAKI NA WAJIBU WA MPANGISHAJI:

Mpangishaji amekubali yaafuatayo :

1. Kutowabughudhi na kuingilia haki yake ya faragha katika kipindi chote cha mkataba huuisipokuwa kwa mujibu wa utekelezaji au usimamizi wa makubaliano yaliyomo katika mkataba huu
2. Kutomsumbua mpangaji endapo atatimiza masharti yote ya mkataba huu
3. Anamruhusu mpangaji kufanya kazi inayotambulika kisheria na kufanya biashara kutokana na makubaliano ya mkataba huu na sio vinginevyo kwa muda wote wa mkataba huu
4. Taarifa (Notisi) yotyote ya kukatisha mkataba huu itakuwa ya siku sitini (60) MIEZI MIWILI na itakuwa kwa maandishi
5. Mpangishaji kuhakikisha kuwa kodi ya ardhi na kodi zote za serikali amezilipia kwa mujibu wa sheria
6. Mpangaji anaahidi na kutamka wazi kuwa:

i. Yeye ndio mmiliki halali wa pango / nyumba na ndio mwenye haki zote za eneo husika.

ii. Na kuwa anakiri hakuna mkataba mwingine aliyeingia na mtu mwingine kuhusu pango hili ambalo anampangalisha Mpangaji.

Iii. Na endapo atauza eneo husika utamjulisha Mpangishaji kwa taarifa ya notisi na lazima anayenunua amjulishe kuwa kuna mpangaji hapo na haki zote mpaka atakapo maliza mkataba wake/ Endapo eneo hili litanunuliwa na mtu mwingine na hatapenda kuendelea na mkataba na mpangaji hivyo basi itamlazimu kumfidia hela yake yote ya kodi iliyobaki kwa maana nyingine, kununua mkataba wake.

7. Mpangishaji anakiri na kuahidi kama ataweka rehani (mortgaged) ni lazima atawajulisha wapangaji na pia hatoruhusiwa kupangisha mtu mwingine kipindi chote cha mkataba mwenye biashara inayofanana na mpangaji.

8. Mpangishaji anakubali mpangaji aweke genereta katika eneo lake la kupangisha.

9. Mpangishaji anakubali na kuridhia kwa ridhaa yake mwenyewe na kumpa ruhusa Mpangaji kurekebisha na kuongeza miundombinu kulingana na biashara anayofanya, ukarabati huo na marekebisho na endapo atataka kuongeza vitu ndani ya pango hilo lazima ajulishe na mpangaji, na kwasababu ni pango kwa ajili ya biashara yampasa kuweka vitu kulingana na biashara yake basi atatoa **ridhaa yake kama mpangishaji.**

## VI. UKOMO WA MKATABA:

i. Mkataba huu ni kwa kipindi cha miaka 1 kuanzia tarehe 1 Mwezi wa 01 Mwaka 2025 hadi tarehe 31 mwezi wa 12 Mwaka 2025

ii. Endapo Mpangishaji au Mpangaji atataka kufikia mwisho wa mkataba basi atatosi ya siku 90 kabla ya mkataba kuisha, na kama anataka kuendelea anafanya hivyo hivyo ndani ya siku TUSINI (90)

iii. Notice yoyote itakuwa kwa maandishi na lazima pande husika afikishiwe notisi hiyo.

iv. Mpangaji anakuwa huru kukatisha mkataba iwapo Mpangishaji atakuwa amevunja makubaliano ya mkataba huu baada ya kumpa onyo la maandishi mara 2 ndani ya siku 14

## VII. SULUHU KWA MGOGORO WOWOTE:

Mpangishaji na Mpangaji wamekubaliana yafuatayo:

1. Endapo kutatokea mgogoro wowote dhidi ya pande zote mbili, pande mbili watakutana na kusuluhishana ikitokea imeshindikana basi watafika kwenye taasisi/Mahakama kwa ajili ya usuluhishi.
2. Na ikiwa kama mgogoro haujasuluhishwa ndani ya siku (5) tano za kazi toka siku ya notisi basi kupitia wawakilishi wa kisheria/Mawakili wanaweza kuangalia jinsi ya kusuluhisha jambo hilo.
3. Ikitokea pande zote wameshindwa kufikia muafaka kwa njia ya usuluhishi basi mamlaka itakayotoa suluhu ya mgogoro ni Mahakama ya TANZANIA kwa sheria za Tanzania.

## XIII. MASHARTI YA JUMLA:

Mkataba huu ni kamili nahakuna masharti mengine nje ya Mkataba hu una kwamba yale yaliyomo humu ni jumla nya makubaliano yote kati ya Mpangaji na Mpangisha

Kwa kuithibitisha hayo yaliyopo hapo juu pande zote waweke sahihi zao kwa jindi na tarehe inavyosomeka hapo chini

Imekubaliwa na kuwekwa sahihi hapa

MWENYE NYUMBA

JINA.....

SAHIHI.....

TAREHE.....

MPANGAJI

JINA.....

SAHIHI.....

TAREHE.....

SHAHIDI WA MWENYE NYUMBA

JINA.....

SAHIHI.....

TAREHE.....

SHAHIDI WA MPANGAJI

JINA.....

SAHIHI.....

TAREHE.....

Certified as True Copy of the Original
Alicia Mkaumbya Lugakingira
Advocate, Notary Public
& Commissioner for Oaths
Date: 20/01/2025 Sign:.....

Alicia Mkaumbya Lugakingira
P.O.Box 3146 Morogoro
Advocate, Notary Public &
Commissioner for Oaths

20/01/2025

Alice Mkaumbiye Lugalambiye
P.O. Box 32448 Mbarara
Advocate, Notary Public &
Commissioner for Oaths

Certified as true Copy of the Original
Alice Mkaumbiye Lugalambiye
Advocate, Notary Public
& Commissioner for Oaths
Date ..... 20

THE UNITED REPUBLIC OF TANZANIA

BUSINESS LICENCE

B.L. NO : BL01396912024-2500021937

The Business Licensing Act (Act No. 25 of 1972)

Issuing Office: KINONDONI MUNICIPAL COUNCIL

Tax Identification No: 104-531-369

License Issued To : DAVID NORBERT MAJULA

for the Business of : SELLING MEDICINES RETAIL (PHARMACY) - PART 1 POISON SHOP

Business Location

Region : Dar es Salaam

Ward Bunju

Street Boko

Principal/Branch : PRINCIPAL

Amount of Fee Paid : 200,000.00

Date Of Issue: 2025-01-20

Expiring Date : 2026-01-19

This is Digital Copy does not require a signature of authority

NOTE - This license must be kept in a conspicuous position at the place of business. Any change in the particulars originally registered must be notified to the license Issuer