



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925226357350224

Received from : Gift Pharmacy

Amount : 150,000.00

Amount in Words : One Hundred Fifty 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 Name	100,000.00	
: 142201611404 - Duplicates Certificate - Duplicate PRC	50,000.00	
Total Billed Amount :		150,000.00 (TZS)

Bill Reference : 16212226251126050015

Payment Control Number : 991620330440

Payment Date : 2025-08-14 13:06:27

Issued by : Zena Mango

Date Issued : 2025-08-14 13:37:58

Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)

991620330440

duplie 150,000/2
change of name 100,000/2
duplicate PRC 50,000/2
PCF.14

14/8/2025

Ege.

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: GIFT PHARMACY FIN: 0102952

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐**PHYSICAL ADDRESS:**

Plot No. 31 Street: NYAMUEZI - KICOD Ward: AMANI

District/Municipal: ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: Contact No. 0719471888

E-mail:

OWNERSHIP:

Directors (Names): 1. ELISHA C. LUCHEMBA Qualification: BUSINESS MAN

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: SARAFINA G. NGENDABANKA PIN: 0102028

Residential Address: LUNDU - TENGIE Tel: 0947659446 Email: icizingenda@gmail.com

Contract commencement date: 22/7/2025 Cessation date: 1/8/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: AL-NUOR PHARMACY

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐**PHYSICAL ADDRESS:**

Plot No. 31 Street: NYAMUEZI - KICOD Ward: AMANI

District/Municipal: ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: CONTACT No. 0719471888



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

ELISHA CHARLES LUCHEMBA

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

144-032-780

WITH EFFECT FROM: 02ND OCTOBER 2020

TRA LOCATION: **KARIAKOO**

TAX OFFICE: **KARIAKOO**

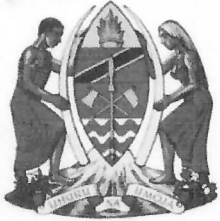
PHYSICAL LOCATION

STREET / AREA: **JANGWANI**



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

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



TANZANIA

Form 5



No. 560052

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **AL-NOOR PHARMACY** this 1st day of **DECEMBER** year **2023** 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 **560052** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 1st day of **DECEMBER** **TWO THOUSAND AND TWENTY THREE**.



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. 02952-2025


This Permit is hereby granted to M/S Gift Pharmacy of P.O.Box, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Nyamwezi Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0102952 under a superintendent Pharmacist Sarafina Getrude Ngendabanka with Personal Identification Number (PIN) 0102028

Issued in: December 2023

Expires on: 30 June 2026

01-08-2025

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





**TUME YA TAIFA YA UCHAGUZI
KADI YA MPIGA KURA**



Jina Kamili - Full Name
ELISHA C LUCHEMBA

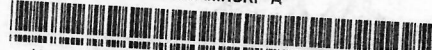
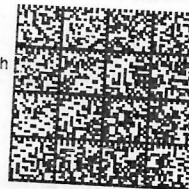
Tarehe ya Kuzaliwa - Date of Birth
17/02/1990

Jinsia - Gender **ME**

Kata - Ward
MCHAFUKOGE

Mtaa/Kijiji - Street/Village
KITUMBINI

Kituo cha Kuandikisha - Registration Centre
SHULE YA SEKONDARI JAMHURI "A"



Namba ya Mpiga Kura

T-1001-9468-427-9

KADI HII IMETOLEWA NA TUME YA TAIFA YA UCHAGUZI

MKURUGENZI WA UCHAGUZI

Kadi hii ni mali ya Tume ya Taifa ya Uchaguzi huruhusiwi kufanyia mabadiliko ya aina yoyote yala kumpatia mtu asiyeruhusiwa kuitumia, kama ikipotea au kuharibika toa taarifa ofisi ya Tume ya Taifa ya Uchaguzi;
S.L.P. 10923 Dar es Salaam
Simu: +255 22 21 14963 - 6

TANZANIA

Control No:

9984118944776



TANZANIA REVENUE AUTHORITY

Commissioner for Domestic Revenue

TAX PAYMENT SLIP

Name of Account Holder(s): N/A
Bank Account Number: N/A
Name of Commercial Bank: N/A
Mobile Phone: 0784000000

Please transfer from my/our account the amount of TZS 60,000.00

Amount in Words: Sixty Thousand Only

Value Date: 31/10/2024 00:00:00
To: Commissioner for Domestic Revenue
Tanzania Revenue Authority
CRDB BANK LTD

Details of Payment: 9984118944776
TIN: 102504747

TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

YAKOB ISMAIL DAWOOD

D11414102A60000Y2024

Signature Date...../...../20.....

Signature..... Date...../...../20.....

Note to Commercial Bank:

Please capture the above information correctly.

Bank use only
Reference number

Control No:

9984118944776

**CRDB
WAKALA**

Risiti ya Muamala

Malipo ya Serikali 2.0

Hali ya muamala : Imefanikiwa
Tarehe : 2024-10-31 14:14:35
Namba : AB17303732540441120451
Namba ya Malipo : 9984118944776
JINA LA MTEJA : YAKOB ISMAIL DAWOOD
Namba ya Risiti : 192e2480d17f6a09
Maelezo :

JUMLA KUU (Tzs) : 60,000.00

Jina la Biashara : SARAH MAXMILLIAN MKAMA
POS IMEI : 863379050880701
Tawi la wakala : HOLLAND_HOUSE

Asante kwa kutumia CRDB wakala, Kwa
maulizo piga namba : 0755197700

**TANZANIA REVENUE AUTHORITY**

Commissioner for Domestic Revenue

TAX PAYMENT SLIP

(s): N/A

N/A

nk: N/A

0784000000

our account the amount of TZS 60,000.00

Sixty Thousand Only

To:

31/10/2024 00:00:00

Commissioner for Domestic Revenue

Tanzania Revenue Authority

CRDB BANK LTD

Details of Payment:

9984118944776

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D11414102A60000Y2024

Signature Date...../...../20.....

Signature..... Date...../...../20.....

Bank use only

Reference number

Note to Commercial Bank:

Please capture the above information correctly.

Control No:

9984118944776

CRDB
WAKALA

Risiti ya Muamala

Maliyo ya Kazi 20

Hali ya Muamala: Inetankiwa
Tarehe: 31/10/2024 14:14:35
Namba: ADI 301-5254-041120451
Namba ya Maliyo: 2254-18944776
JINA LA MTEJA: YAKOB ISMAIL DAWOOD
Namba ya Risiti: 192024811/f6a09

Maliyo

ROI/MI/TRA/1250 60,000.00

Wakala binafsi/abadi: MAXIMO INN MKAMA

POS IMB: 80339050680/001

Namba wakala: HOUSE ANTI HOUSE

Wakala kwa kutanuka: CRDB wakala kwa
maliyo wa namba: 192024811/f6a09



TANZANIA REVENUE AUTHORITY

Commissioner for Domestic Revenue

TAX PAYMENT SLIP

ler(s): N/A
N/A
Bank: N/A
0784000000

y/our account the amount of TZS 60,000.00

Sixty Thousand Only

value Date:

To:

31/10/2024 00:00:00

Commissioner for Domestic Revenue

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TIN:

102504747

TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

YAKOB ISMAIL DAWOOD

D11414102A60000Y2024

Signature Date...../...../20.....

Signature..... Date...../...../20.....

Note to Commercial Bank:

Please capture the above information correctly.

Bank use only

Reference number

DATED THIS 1ST SEPTEMBER, 2024,

THE LAND ACT No.4 OF 1999

AS AMENDED BY

THE LAND (AMENDMENTS) ACT.2014



THIS SHOP LEASE AGREEMENT IS MADE

BETWEEN

YAKOB ISMAIL DAWOOD

AND

ELISHA CHARLES LUCHEMBA

IN RESPECT OF THE PREMISES BUILT ON PLOT NO. 31 SITUATE AT
NYAMWEZI/AMANI STREET, BLOCK L (GROUND FLOOR) WITHIN
ILALA MUNICIPALITY
DAR ES SALAAM CITY.

THIS SHOP LEASE AGREEMENT is made today the 1ST SEPTEMBER, 2024

BETWEEN

YAKOB ISMAIL DAWOOD having been dully authorized to enter into this lease agreement on behalf of the landlord of Post office Box 20049 Dar Es Salaam, (hereinafter referred as "**The Landlord**" which expression shall, where the context to admits , include the successors in the title and assignees) of one part.

AND

MR. ELISHA CHARLES LUCHEMBA of ILALA, Dar Es Salaam hereinafter refereed as "**The Tenant**" which expressions shall, where the context so admits of the other parts.

WHEREAS

The landlord is the owner of **ALL THAT** premises situated on **Plot No. 31, situated along Nyamwezi / Amani street, Block L, (Ground Floor) Ilala, Dar Es Salaam** and whereas at the request of the tenant, the Land lord has agreed to let the said Store to the tenant (hereinafter called "the demised premises").

WITNESSETH as follows:

1. "The Landlord" demises unto the Tenant the premises located at **Plot No. 31, situated along Nyamwezi / Amani street, Block L, (Ground Floor) Ilala, Dar Es Salaam** to hold the said premises for Commercial purpose for a term of **Twelve months (12) months**, renewable at the option of the parties herein, where by commencement date should be on **1st day of September ,2024 to 31st August,2025**.
2. The Tenancy will be of Twelve (12) months subject to renewal for period to be agreed upon by the Tenant giving One (1) notice of his intentions to renew **YIELDING AND PAYING** therefore months' rent of TZS. 500,000/= (**Tanzanian Shillings Five Hundred Thousand Only**) per month and payable in advance for Twelve (12) months. This amount is Exclusive of Withholding TAX and all other taxes, bearable by the tenant himself, at the execution of this agreement and thereafter to be paid as agreed in advance or as may be agreed upon from time to time.
3. The rent shall cover for the period of Twelve (12) months from **1st day of September ,2024 to 31st August,2025**.
 - (i) totaling to TZS. 6,000,000/= (Tanzanian Shilling Six Million Only) The said rent will be paid upon signing of this agreement (hereinafter called "**Rent**")
 - (ii) The rent shall be paid punctually without any deductions.

4. The Tenant covenant with the "**The Landlord**" as follows:

- a) To Pay the rent on the days and in the manner aforesaid;
- b) To keep the interiors of the demised premises including doors, walls (whether external or internal) locks, fasteners, drains, sanitary and water apparatus, fixtures and additions thereto in tenantable repair and conditions throughout the lease term and without any alterations except such as shall be sanctioned in writing by the "**The Landlord**" and to yield up the same in such repair and conditions at the determination of the tenancy.
- c) The **Tenant** shall be responsible for paying the public lighting, water, security, general cleaning and waste removal, etc. at the premises occupied by **Tenant** during agreed time of this agreement.
- d) To permit the "**The Landlord** and his agents with or without workmen and others and with necessary appliance at all reasonable times to enter upon and examine the condition of the premises.
- e) Not to make any major alterations or addition to the demised premises without first obtaining the written consent of the **Landlord**.
- f) Not to assigned, underlet or part with possession of the premises or any part thereof without the written consent of the **Landlord**, such consent however, not to be unreasonably withheld, but may be given subject to such conditions as the Landlord may in his absolute discretion wish to impose.
- g) Not to use the premises in a way this would create annoyance or any danger to the public, neighbor's or adjoining **Tenants**:
- h) To permit the Landlord or his agent all reasonable times during the day by prior appointment to enter upon the demised premises for the purpose of taking inventories of the Landlord's Fixtures, if any therein.
- i) Not to carry on any offensive trade on the demised premises.
- j) The Tenant shall not do or permit its employees to do anything which may reasonably be deemed to cause or be a nuisance of annoyance to other **Tenants** in the premises. No noxious trade or activity shall be permitted on the property hereby leased. On the expiration or soon after the determination of the of the term herby granted, the **Tenant** shall deliver up the demised premises to the Landlord completed in good Leasable repair and condition (reasonable wear and tear and damage by fire, earthquake and lighting exempted).
- k) To use the demised premises for legal commercial only.
- l) The Tenant undertakes to bear pay and discharge and charges for water, sewerage and electricity consumed on the premises during occupation of the premises.

PROVIDED ALWAYS AND IT IS HEREBY AGREED that:-

- a) If any covenant on the tenant's part herein contained shall not be performed or observed, shall be lawful for "**The Landlord**" at any time thereafter to re-enter upon the premises or any part thereof in the name of the whole, and this lease shall absolutely determine but with prejudice to any right of action of "**The Landlord**" in respect of ay breach of the Tenant's covenant herein contained.

- b) The Landlord shall not be responsible to the Tenant on the Tenant's licensees servant agents or other persons in the demised premises or calling upon the Tenant for any accident happening or injury suffered of damage to or loss of any chattel or property sustained on the demised premises. **Here "The Landlord" shall NOT PROVIDE security on building at the plot number 31.**
- c) Either "**The Landlord**" or the "**The Tenant**" shall be at liberty to terminate this lease before the expiration of the lease term by giving to the other party **one (1)** calendar months' notice deliver vacant possession of the premises to "**The Landlord**". The lease term can be renewed on either party giving a **one (1)** months' notice before the expiry of the lease terms.
- d) Any notice under this lease shall be in writing and any notice to the Tenant shall be served if addressed to the Tenant and left at the demised premises or sent to him by registered post to his last known address in the United republic of Tanzania and any notice to "**The Landlord**" shall be sufficiently served on any agent authorized by "**The Landlord**" to receive or who has in fact on his behalf collected the rent of the demised premises and any notice set by registered post shall be deemed to have been served three (3) days following the day on which it is posted.
5. The stamp duty advocate's fees and other expenses in connection with the preparation of this lease shall be borne by Tenant.
6. **FORCE MAJEURE:**
- i) No party hereto shall be considered in default of its obligations herein if the performance thereof is prevented or delayed because of war, hostilities, mutiny rebellion, insurrection, revolution, civil commotion, terrorism, labor conflicts, continuous disease, accidents, fire strong winds, floods, earthquake or because of any law or order proclamation regulation or ordinance of the government of subdivision thereof or because of any other reason beyond the reasonable control.
- ii) Of the part affected, **PROVIDED** that notice in writing of the occurrence of such event and its effect on the party's ability to perform its obligation is given within the shortest possible period.
- iii) As soon as the cause of the force majeure has been removed the party affected by such cause shall notify the other party. Should one or both of the parties hereto be prevented from fulfilling its obligation by states of force majeure lasting more than **Twelve (12) months**, the parties shall consult with each other and determine on the future performance of this agreement. None of the parties shall have the right to claim any damage from the other party because of the occurrence of the force majeure.

7. GOVERNING LAW

This agreement shall be constructed and implemented in accordance with the laws of United Republic of Tanzania.

8. DISPUTE RESOLUTION

All disputes or differences concerning this lease shall settle by the parties amicably and in the event of the failure to conclude settlement within Thirty (30) days then either of the parties can refer the dispute for the Arbitration Act, [CAP. 15 R.E.2002] as subsequently amended. Nothing in this clause shall be deemed to prevent either party from referring the matter to adjudication to the court of competent jurisdiction.

IN WITNESS WHERE OF the parties hereto have duly executed these present on the dates and the year in the manner hereinafter appearing.

FOR THE LANDLORD

SIGNED and DELIVERED at Dar es Salaam

By the said Mr. Yakob Ismail Dawood who is known to me personally the latter being known to me personally this 1st day of September, 2024

Name: ABDULFATTAH A. A. AL-BAKRY
Signature: [Signature]
Address: Box 14693 DSA
Designation: ADVOCATE



[Signature]

STAMP DUTY

Shs: 60,000/= Collected
Receipt No: 1284118946776 Date: 31/10/2024

[Signature]
Regional Manager - Hala Tax Region

FOR THE TENANT

SEALED with the COMMON SEAL of the

Said Mr. Elisha Charles Luchemba and

DELIVERED at Dar es Salaam in the presence of us this 1st day of Sep 2024

Name: ABDULFATTAH A. A. AL-BAKRY
Signature: [Signature]
Address: Box 14693 DSA
Designation: ADVOCATE



[Signature]

TIN: 102-504-747
S/D: 60,000/=

TIN 102-504-747
S/D 60,000/=
WHT 600,000/=

WHT: 600,000/=

**TANZANIA REVENUE AUTHORITY**

ISO 9001:2015 Certified

CERTIFICATE/REMITTANCE SLIP IN RESPECT OF WITHHOLDING TAX ON**Withholding Tax - Rental (Land and Building)_Individual Resident**

Name of TAXPAYER/WITHHOLDER: ELISHA CHARLES LUCHEMBA

TIN: 144032767

Name of WITHHOLDEE: YAKOB ISMAIL DAWOOD

TIN: 102504747

I hereby certify that, we have this date of 01/11/2024

deducted prior in favour of the Commissioner for Domestic Revenue Department/Large Taxpayer Department withholding tax from the above named person as follows:

Gross Amount Paid/Payable (VAT Exclusive) 6,000,000.00 TZS

Tax withheld at 10% 600,000.00 TZS

further certify that the above Tax has been REMITTED in TRA's Commissioner for Domestic Revenue/Commissioner for Large Taxpayers Bank Account.

Tax was withheld from the following Invoice(s):

Invoice No.

inv002

Gross Amount (VAT Exclusive)

6,000,000.00

6,000,000.00