

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: PRIME PHARMACY FIN: 0101040

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

PHYSICAL ADDRESS:

Plot No. Street: STADIUM STREET Ward: KALOLENI

District/Municipal: ARUSHA Region: ARUSHA

POSTAL ADDRESS: P.O. Box 14823 Contact No. 0767 54799

E-mail: pslarkinabots@gmail.com

OWNERSHIP:

Directors (Names): 1. PRISCILLA MARIAMU Qualification: MATEKI

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: PASKALWA BAYO PIN: 0102151

Residential Address: ARUSHA Tel: 682 205003 Email: paskalwa@gmail.com

Contract commencement date: 01/06/2025 Cessation date: 31/05/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: PMK PRIME PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street: Ward:

District/Municipal: Region:

POSTAL ADDRESS: CONTACT No.

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. *Registration name @ different from BRELA registration name.*
2.
3.

SECTION D: APPLICANT INFORMATIONName of Applicant: *PRISCILLA MICHAEL MATHAWE*

(Contact/email if different from the above)

Address: *Bx 114823* Tel: *0767 54799* E-mail: *Priscilla.maths@78@gmail.com*Signature of Applicant: *[Signature]* Date: *29/08/2025***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: *[Signature]* Date: *29/08/2025***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)

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101040


This is to certify that the premises owned by M/S Prime Pharmacy of P.O.Box 14823, Arusha located at Stadium Road, Kaloleni Municipality/District in Arusha Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101040

Issued in: September 2015

Expires on: 30 June 2030

26-03-2025

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





TANZANIA

Form 5



No. 458709

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **PMK PRIME PHARMACY** this 9th day of **AUGUST** year **2019** 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 **458709** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 9th day of **AUGUST**
TWO THOUSAND AND NINETEEN.



SNR ASST. REGISTRAR OF COMPANIES

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.



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-916-995

ARUSHA CITY COUNCIL

MANISPAA

3013

ARUSHA

Tax Certificate Number:

151-0249-2457

Issuing Office: Arusha

Telephone: 027-2502946

Date of issue: 29 August 2025

Expiry Date: 31 December 2025

Taxpayer Name	PRISCUSA MICHAEL MASSAWE		
Trading Name	PMK PRIME PHARMACY		
Taxpayer Identification Number	111-129-126	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : ARUSHA,
DISTRICT : ARUSHA,
STREET : KALOLENI

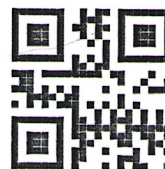
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

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

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

29 August 2025



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.

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01040-2025

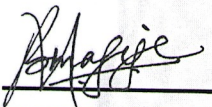
This Permit is hereby granted to M/S Prime Pharmacy of P.O.Box 14823, Arusha to operate a Retail Only Business at the premises situated/lying between Stadium Road, Kaloleni Municipality/District in Arusha Region with Facility Identification Number (FIN) 0101040 under a superintendent Pharmacist Paskalina G Bayo with Personal Identification Number (PIN) 0102151

Issued in: September 2015

Expires on: 30 June 2026

02-09-2025

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





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali


Receipt No : 925240361288587
Received from : prime 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 - PREMISE NAME ALTERATION FEE		100,000.00


Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16208240254233126553
Payment Control Number : 991620332632
Payment Date : 2025-08-28 09:15:57
Issued by : Timotheo Ngoda
Date Issued : 2025-08-29 08:26:23
Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)



DRIVING LICENCE
THE UNITED REPUBLIC OF TANZANIA



1 Family name
MASSAWE

2 Given names
PRISCUSA MICHAEL

3 Date of birth
14/10/1978

4a Date of issue
31/08/2021

4b Date of expiry
30/08/2026

4c Issuing authority
TANZANIA REVENUE AUTHORITY

8 Permanent place of residence
Arusha

9 Categories of Vehicles
D

7 Signature

5 Licence number
4000014466

9 Categories of vehicles



A			
A1			
A2			
A3			
B			
C			
C1			
C2			
C3			
D		31/08/2021	30/08/2026
E			
F			
G			

10 Date of issue

11 Date of expiry

0900442145

DRIVING LICENCE

4000014466