



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 925247363316335

Received from : L H PHARMACY

Amount : 250,000.00

Amount in Words : Two 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	250,000.00	

**Total Billed Amount : 250,000.00 (TZS)**

Bill Reference : 16214245251756481880

Payment Control Number : 991620333399

Payment Date : 2025-09-04 06:59:27

Issued by : Zena Mango

Date Issued : 2025-09-04 09:25:19

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)





99162033399

Alipie 250,000/-  
change of name & ownership  
and PRC Duplicate  
PCF.14  
02/9/2025  
Kage

## 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: L'H PHARMACY. FIN: 0100855

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

#### PHYSICAL ADDRESS:

Plot No. .... Street: MTAMBANI Ward: .....

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

POSTAL ADDRESS: 77877 Contact No. 0782595150

E-mail: .....

#### OWNERSHIP:

Directors (Names): 1. EMMANUEL PETER Qualification: PHARMACEUT

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

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

#### SUPERINTENDANT INFORMATION:

Full Name: EMMANUEL PETER LYMO PIN: 0101026

Residential Address: .... Tel: 0782595150 Email: .....

Contract commencement date: 1<sup>st</sup> August 2025 Cessation date: 30<sup>th</sup> July 2026

#### SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MEDIFLEX PHARMACY

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

#### PHYSICAL ADDRESS:

Plot No. .... Street: MTAMBANI Ward: KINONDONI

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

POSTAL ADDRESS: UBUNGO CONTACT No. 0657900067

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

Directors (Names):

1. ROZINA P. MALAMSHA Qualification: PHARMACEUT
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. Change of ownership and change of business name to sales Agreement.
2. ....
- .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: ROZINA P. MALAMSHA

(Contact/email if different from the above)

Address: UBUNTO Tel: 065790067 E-mail: malamsharozina@gmail.com

Signature of Applicant: [Signature] Date: 2<sup>th</sup> Sept 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: 2<sup>th</sup> Sept 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)



THE UNITED REPUBLIC OF TANZANIA  
PHARMACY COUNCIL



**LICENSE TO PRACTICE**

**The Pharmacy Act**

*(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**EMANUEL PETER**

**PIN NO: 0101026**

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311  
is entitled to practice as a **Full Registered Pharmacist** upon the  
terms and subject to the conditions set forth in the  
aforesaid Act and its Regulations thereto.

Issued: **13 March 2013**

Expires on: **31 December 2025**

**Registrar**  
**Pharmacy Council**





# PHARMACY COUNCIL



## BUSINESS PERMIT

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

*Permit No. 010136 - 2017*

Permit is hereby granted to M/S L.H Pharmacy of P.O.Box 77877, Dar es Salaam to operate a Retail Pharmaceutical Business at the premises situated/lying between Kinondoni B. Mtamboni, Kinondoni Municipality/District in Dar es Salaam region with Facility Identification Number (FIN) 0701010136

Issued on: November, 2017

Expires on: 30th June, 2018

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**SIGNATURE OF REGISTRAR  
AND STAMP**

### CONDITIONS

1. *This Permit shall have and continue to have effect from and including the day when it is issued*
2. *The council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act*
3. *This Permit does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation of registration of the premises in respect of which it was issued.*
4. *This Permit is non transferable .*
5. *This Permit shall be conspicuously displayed in the registered premises*

## PHARMACY SALE AGREEMENT

THIS AGREEMENT is made and executed on this 15<sup>th</sup> day of August 2025.

BY AND BETWEEN:

EMANUEL PETER, a natural person ordinarily residing and trading for gain in Dar es Salaam, Tanzania, reachable via Mobile No. 0782595750 (hereinafter referred to as the 'Seller', which expression shall, where the context so admits, include his heirs, administrators, assigns, and legal representatives), of the first part;

AND

ROZINA PETER MAL AMSHA, a natural person ordinarily residing and trading for gain in Dar es Salaam, Tanzania, reachable via Mobile No. 0657900067 (hereinafter referred to as the 'Buyer', which expression shall, where the context so admits, include her heirs, administrators, assigns, and legal representatives), of the second part.

### RECITALS

- A. The Seller is the sole and lawful owner of a pharmacy business operating under the name LIT PHARMACY, located at Kinondoni B area within Kinondoni Municipality in the city of Dar es Salaam (herein after the 'Pharmacy'), together with all its assets, goodwill, licenses, fixtures, and inventory; and,
- B. The Seller has agreed to sell, and the Buyer has agreed to purchase the said business on the terms and conditions set forth herein.

### IT IS AGREED AS FOLLOWS:

#### 1. SALE OF BUSINESS

The Seller agrees to sell, transfer, and deliver to the Buyer, and the Buyer agrees to purchase from the Seller, the Pharmacy, including all its assets, goodwill, inventory, fixtures, and licenses (subject to applicable laws).

#### 2. PURCHASE PRICE AND PAYMENT TERMS

- 2.1. The total purchase price for the business shall be 2,500,000/= (the 'Purchase Price').



6. **EMPLOYEES**

- 6.1. The Seller shall terminate all existing employment contracts prior to Closing unless otherwise agreed.
- 6.2. The Buyer may choose to retain any employees at its discretion and shall not assume liability for any employee claims prior to Closing.

7. **TAXES AND EXPENSES**

- 7.1. All taxes, duties, and fees related to the business up to the Closing Date shall be borne by the Seller.
- 7.2. Post-Closing taxes shall be the responsibility of the Buyer.

8. **GOVERNING LAW AND DISPUTE RESOLUTION**

This Agreement shall be governed by and construed in accordance with the laws of Tanzania. Any dispute shall first be resolved amongst the Parties and upon failure the same shall be referred to a court of competent jurisdiction.

9. **ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement between the Parties and supersedes all prior negotiations and understandings. Any amendments shall be in writing and signed by both Parties.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the date first above written.

**Signed by the Seller**

Signature: \_\_\_\_\_

Date: 15 August 2025

**Witnessed by:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: Notary Public





## MKATABA WA KUPANGISHA FREM

Mkataba huu umefanyika leo tarehe... 30/6/2025 .....

### KATI YA

KHALFAN HEMED KHALFAN ..... wa S.L.P. 0718-110141 ..... Dar es salaam

Ambaye katika makubaliano haya atajulikana kama mwenye frem kwa upande mmoja.

### NA

ROZINA PETER MALAMSHA ..... Simu namba 0657900067 ..... Ambaye

Katika mkataba huu anajulikana kama mpangaji kwa upande mwingine.

### KWA KUWA

Mwenye frem ndiye mmiliki halali wa frem iliyopo... KINONDONI ..... mtaa

Wa... Mtama ..... Kinondoni Mjini Dar es salaam. Mwenye frem amekubali kumpangisha frem  
hiyo ndugu ROZINA P. MALAMSHA ..... na mpangaji amekubali kupanga  
sehemu hiyo kwa ajili ya biashara ya FAT YA MADAWA .....

### KWA MAKUBALIANO

1. Mpangaji amepanga sehemu hiyo kwa mwezi shilingi 350000/- ..... kwa mwezi na  
amelipa kodi ya miezi sita kiasi cha shilingi 2,100,000/- ..... Kodi hiyo  
itaanza tarehe 30/6/2025 .....  
Na kuisha tarehe 30/12/2025 .....
2. Kwa kuwa mkataba huu ni wa miezi sita, mpangaji akitaka kuendelea kwa kipindi kingine  
anatakiwa amjilishe mwenye frem miezi miwili kabla ya mkataba kuisha na mwenye nyumba  
atafanya hivyo kama akiona inafaa.
3. Mwenye frem akimkubalia mpangaji kuendelea na kipindi kingine inawezekana kubadilika kwa  
baadhi ya vipengele.
4. Iwapo wataafiki makubaliano mapya mpangaji atalazimu alipe kodi ya frem walilokubaliana  
kabla ya siku kumi na nne kabla ya kuisha mkataba wa mwanzo.
5. Endapo mwenye frem anataka kufanya ukarabati mkubwa au kuuza nyumba ikapelekea  
mkataba kuvunjunjika kabla muda kuisha itabidi mwenye frem amlipe mpangaji kiasi  
kilichobaki kumaliza mkataba wake kwa kodi ile ile waliokubaliana.
6. Mwenye frem atakapohitaji sehemu yake baada ya mkataba huu kuisha hakutokuwa na notice  
yoyote nyingine dhidi ya kuisha kwa mkataba huu.

## MASHARTI

1. Mpangaji atatakiwa kulipa bili ya umeme na kodi zote za serikali zinazohusu biashara yake na kuweka mazingira katika hali ya usafi na usalama.
2. Mpangaji anatakiwa kufanya biashara ile waliokubaliana katika mkataba huu.
3. Biashara ya **Pombe na Rasta** hairuhusiwi kabisa.
4. Mwenye frem hatohusika na ulinzi wa mali ya mpangaji .

KWA USHAHIDI kwa yaliyoelezwa hapo juu, mwenye frem na mpangaji wanatia sahihi ya makubaliano haya mbele ya mashahidi kama inavyooneshwa hapo chini.

Imesainiwa na kutolewa na. KHALFAN HEMED KHALFAN

Ambaye namfahamu

KH. H. KH.

Leo hii tarehe 30/6/2025

Mwenye frem

MBELE YANGU

JINA MOHAMED SULEIMAN

SAHIHI [Signature]

SIFA SHAHIDI

Imetolewa na kusainiwa na ROZINA PETER MALAMSHA

Amabaye ametambulishwa kwangu MPANGAJI

Ambaye namfahamu leo hii tarehe 30/6/2025

Mpangaji

MBELE YANGU

JINA DISMAS ISAACK MALIXA

SAHIHI [Signature]

ANUANI JODI 0715535359

SIFA ADVOCATE







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:

131-0247-9065

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 14 August 2025

Expiry Date: 31 December 2025

Taxpayer Name	EMANUEL PETER LYIMO		
Trading Name	LIFEHOUSE PHARMACY & COSMETICS		
Taxpayer Identification Number	117-465-942	Vat Registration Number	
Company Registration Number			

Business Premises located at :  
REGION : DAR ES SALAAM,  
DISTRICT : KINONDONI,  
STREET : MTAMBANI-MKWAMA ST

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  
14 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.



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, ROZINA P. MALAMSHA with Personal Identification Number  
(PIN) 0102562 of Year 2021, residing at UBUNGO district, in DAR-ES-SALAAM  
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named MEDIFLEX PHARMACY  
, with Facility Identification Number (FIN) 070101014 of year 2012; located at KINONDONI DISTRICT  
District, KINONDONI Region with a Business Tax Identification Number (TIN) \_\_\_\_\_  
(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: 0657900067 Email Address: malamsharozina@gmail.com.

Signature: [Signature] Date: 04-09-2025

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





THE UNITED REPUBLIC OF TANZANIA



PHARMACY COUNCIL



**LICENSE TO PRACTICE**

**The Pharmacy Act**

*(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**ROZINA P MALAMSHA**

**PIN NO: 0102562**

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311

is entitled to practice as a **Full Registered Pharmacist** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: **22 April 2021**

Expires on: **31 December 2025**

*Registrar*  
**Pharmacy Council**

