Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925192347604995**
Received from	: MPANDA 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 OWNERSHIP*		**100,000.00**

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

Bill Reference	: 16208192255203118936
Payment Control Number	: ***991620318189***
Payment Date	: **2025-07-11 17:36:23**
Issued by	: Zena Mango
Date Issued	: 2025-07-14 08:21:52
Signature	:

99 1620318189

Pending
waiting for
payment.

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: MPANDA PHARMACY FIN: 0300684

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [✓] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 0 Street: KAJAMALILI Ward: KAWAJENGE

District/Municipal: MPANDA Region: KATAVI

POSTAL ADDRESS: 216 Contact No. 0754237097

E-mail: ....

OWNERSHIP:

Directors (Names): 1. GREGORY ABEL MATANDIKO Qualification: BUSINESSMAN

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

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

SUPERINTENDANT INFORMATION:

Full Name: DESIDERIA C' MCHAMANDIKE PIN: 0101495

Residential Address: MPANDA Tel: 0714077331 Email: dasydelish@gmail.com

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

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NO CHANGE

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. MWANAIDI ATHUMAN MTENGO Qualification: BUSINESSWOMAN
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

2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: MWANAIDI ATHUMAN MTENGO

(Contact/email if different from the above)

Address: MPANDA Tel: 0954 227097 E-mail: -

Signature of Applicant..... Date 2/7/2025

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 2/7/2025

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)

Mwanaidi Athumani Mtengo
Mpanda Phamarcy
Soko Kuu-Kashaulili
MPANDA

4-Julai-2025

Msajili,
Baraza la Wafamasia Tanzania
S.L.P. 1277,
DODOMA.

Yah : **BARUA YA UFAFANUZI KATIKA MAOMBI YA KIBALI YA MPANDA PHAMARCY**

1. Tafadhali husika na somo tajwa hapo juu.

2. Mimi **Bi. Mwanaidi Athumani Mtengo (NIDA Na. 19700310-63525-00001-18)** ni mmiliki wa **Mpanda Pharmacy** iliyopo Mjini Mpanda, kata ya Kashaulili. Phamarcy hiyo imekuwa ikifanya Biashara kupitia Kibali Namba 00684-2025.

3. Wakati wa Usajili huo wa Kwanza, uliokuwa kwa kipindi cha Februari, 2025 hadi tarehe 30 Juni, 2025; kutokana na majukumu ikiwa ni pamoja na kumuuguza Mume wangu kwa kipindi kirefu sana kutokana na Ugonjwa usimamizi wa kazi za usimamizi wa ujenzi na Uanzishaji wa Phamarcy nililazimika kumtafuta mtu wa kusizisimamia. Hivyo, nilimwachia Msaidizi wangu **Bw. Gregory A. Matandiko** kusimamia shughuli za Usimamizi wa awali wa Ujenzi na Uanzishaji wa Phamarcy hiyo na hatimaye kupatikana kwa Leseni tajwa ambayo muda wake umeisha.

4. Kwa kipindi chote tangu kuanzishwa kwake, Mpanda Phamarcy iwekuwa chini ya Mfamasia Mwangalizi **Bi. Desideria Churchill Mchumaishoke** ambapo hivi sasa tupo katika mchakato wa kuhuisha (Renew) Kibali hicho ili kupata Kibali kwa mwaka huu mpya. Aidha, katika Mchakato huo wa kuhuisha Kibali, Ofisi yako imeelekeza tuweze kutoa ufafanuzi wa kwanini hapo awali mkataba wa kuomba kibali ulionyesha kuwa mmiliki ni **Bw. Gregory A. Matandiko** na si mimi **Bi. Mwanaidi Athumani Mtengo.**

5. Kwa barua hii, naomba kuthibitisha kuwa mimi **Bi. Mwanaidi Athumani Mtengo** ndiye mmiliki wa **Mpanda Pharmacy** na si **Bw. Gregory A. Matandiko** ambaye kama familia tulimpa jukumu la kusimamia kazi ya Ujenzi na kusimamia taratibu za awali za uanzishwaji tu wa Phamarcy hiyo. Hivyo, yeye si mmiliki na kutokana na kutekeleza majukumu tuliyompa kama familia, alisaini mkataba na nyaraka hizo kwa nia njema na kwa minajili ya kupata Kibali lakini mmiliki ni mimi **Bi. Mwanaidi Athumani Mtengo.** Aidha, pamoja na barua hii ninaambatisha Kiapo cha Kisheria cha **Bw. Gregory A. Matandiko** kuthibitisha suala hili.

6. Hivyobasi, kwa barua hii ninaiomba Ofisi yako iridhie kutoa Kibali Kipya chini ya usimamizi wa Mfamasia wangu **Bi. Desideria Churchill Mchumaishoke** na kwamba **Mpanda Phamarcy** mmiliki wake ni mimi **Bi. Mwanaidi Athumani Mtengo.** Hakuna ugomvi, mvutano au ubishani wa aina yoyote juu ya suala hili na nitawajibika kuhusu taarifa hii ninayoitoa popote pale nitakapotakiwa kuthibitisha.

.....Mtengo....

Mwanaidi Athumani Mtengo.

MMILIKI

MPANDA PHAMARCY

0784 635 025/ 0738 262 568

JAMHURI YA MUUNGANO WA TANZANIA
KIAPO CHA USAJILI WA MPANDA PHAMARCY

Mimi **Bw. GREGORY MATANDIKO,** Mtu mzima, Mkristo na Mkazi wa Arusha, Tanzania na ninayepatikana kwa nmba ya simu 0718 977 596 ninaapa kama inavyoonekana hapa chini:

1. **Kwamba,** kwa maelekezo ya mmiliki wa Mpanda Phamarcy, nilihusika katika zoezi la uanzishaji wa Pharmacy hiyo.
2. **Kwamba,** mchakato wa kuanzishwa kwa Pharmacy hiyo ulifanyika mwaka jana 2024.
3. **Kwamba,** Mmiliki wa Pharmacy hiyo ni Bi. Mwanaidi Athumani Mtengo anayeishi Masasi-Mtwara, Anuani yake ni S.L.P 236 Mpanda na anapatikana kupitia namba ya simu 0784 635 025 na 0738 262 568.
4. **Kwamba,** Mmiliki wa Pharmacy hiyo ni Mtanzania na Namba yake ya NIDA ni **19700310-63525-00001-18; Mwanaidi Athumani Mtengo.**
5. **Kwamba,** katika hatua za awali za uanzishwaji wa Phamarcy hiyo, nilipokea maelekezo ya kusimamia Uanzishwaji, Ujenzi na kuanza kufanya kazi Pharmacy hiyo ambapo nilifanya kazi nikiwa pamoja na Bw.Hussein Juma Kadari ambaye ni mume wa Mmiliki wa Pharmacy hii Bi. Mwanaidi Athumani Mtengo.
6. **Kwamba,** lengo la Kiapo hiki ni kuthibitisha kuwa Mmiliki halali wa Pharmacy ya MPANDA PHAMARCY ni Bi. Mwanaidi Athumani Mtengo kwani mimi kama wakala na msaidizi wa Uanzishwaji wa Pharmacy hiyo nimekamilisha jukumu langu.
7. **Kwamba,** ninaomba jina la mmiliki libadilishwe kusomeka Mwanaidi Athumani Mtengo kwani niliandika jina langu katika Mkataba wa tarehe 26 Novemba, 2024 baina ya Mpanda Phamarcy na Mfamasia

Bi.Desideria Churchill Mchumaishoke nikiwa kama msimamizi wa Kazi za Uanzishwaji wa Phamarcy hiyo na si kama mmiliki.

8. **Kwamba,** kwa kiapo hiki, ninaliomba Baraza la Wafamasia liridhie kutoa Kibali cha Mwaka 2025/2026 kwa MPANDA PHAMARCY chini ya umiliki wa Mwanaidi Athumani Mtengo baada ya kuisha Kibali Na.00684 - 2025.

Mimi, GREGORY MATANDIKO ninakula Kiapo hiki na kuthibitisha kwamba yale yote niliyoyasema na kuapa katika Aya ya 1,2,3,4,5,6,7 na 8 kuwa ni Ukweli mtupu na ninathibitisha haya kwa mujibu wa Sheria ya Viapo Sura ya 34 [Kama ilivyorejewa mwaka 2019].

AMEAPA hapa Arusha yeye mwenyewe
Bw. GREGORY MATANDIKO
ambaye nimefahamishwa na ....
ambaye ninamfahamu mimi binafsi
leo tarehe 04 Mwezi 07 2025 **MTOA KIAPO**

UTHIBITISHO WA KAMISHNA WA VIAPO:

JINA KAMILI: EMMANUEL SOOD

ANUANI: S.L.P. 16588, ARUSHA

SAINI: .....

WADHIFA: WAKILI / KAMISHNA WA VIAPO

Emmanuel Sood Box 16588 Arusha Advocate & Comm

WAKILI NA KAMISHNA WA VIAPO

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 597666

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **MPANDA PHARMACY** this **22nd** day of **FEBRUARY** year **2025** 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 **597666** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **22nd** day of **FEBRUARY TWO THOUSAND AND TWENTY FIVE.**

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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.

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 22/02/2025 16:32:18
Registration date and time: 22/02/2025 16:32:01

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	**Name of Business:**	**MPANDA PHARMACY**
2.	**Registration number:**	**597666**
3.	**Principale Place of Business:**	Region Katavi, District Mpanda -CBD, Ward Kashaulili, Postal code 50106, Near Kashaulili primary School
4.	**Contacts:**	Email:mpandapharmacy@gmail.com, Phone:255715635025, P.O.Box 236
5.	**Business activity:**	8620 - Medical and dental practice activities, Main activity 4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores, Main activity 4774 - Retail sale of second-hand goods
6.	**Propriator/Partners:**	MWANAIDI ATHUMANI MTENGO
7.	**Authorized to Operate Bank Account etc:**	MWANAIDI ATHUMANI MTENGO

REGISTRAR OF BUSINESS NAMES *TANZANIA*

Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19700310-63525-00001-18

JINA : MWANAIDI ATHUMANI
Given Name

JINA LA MWISHO : MTENGO
Last Name

TAREHE YA KUZALIWA : 10 MAR 1970
Date of Birth

JINSI : F
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 24 FEB 2027
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19700310635250000118

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hakuhusiwi kukiharibu ama kukiruhusu kiingie mikononi mwa asiyekihusu. Kama kitapotea au kuharibika tafadhali taarifa Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania ilipo karibu.

This Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered 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

CTIN: 1437508

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

MWANAIDI ATHUMANI MTENGO

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

109-461-571

WITH EFFECT FROM: **20 FEBRUARY 2010**

TRA LOCATION: **KATAVI** TAX OFFICE: **MPANDA**

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

STREET / AREA: **KASHAULILI**

ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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