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: SATTOFAM PHARMACY FIN 0103275

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

PHYSICAL ADDRESS:

Plot No. 1601 Street: LAMADI Ward LAMADI

District/Municipal BUSEGA Region: SIMIYU

POSTAL ADDRESS: ..... Contact. No. 0759502854

E-mail: shugha83@gmail.com

OWNERSHIP:

Directors (Names): 1. JOSEPH SHUGHA NHANDI Qualification: Directing Manager

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

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

SUPERINTENDANT INFORMATION:

Full Name: JOSEPH SHUGHA NHANDI PIN: 0103309

Residential Address: LAMADI, BUSEGA Tel: ..... Email: shugha83@gmail.com

Contract commencement date: ..... Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SATOR PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 1601 Street LAMADI Ward LAMADI

District/Municipal BUSEGA Region SIMIYU

POSTAL ADDRESS: ..... CONTACT. No. 0759502854

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. It is hard to pronounce and causing confusion to clients. This resulted misinformation about the services offered by the premise
2. It has no BRELA registration

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOSEPH SHUGHA NHANDI

(Contact/email if different from the above)

Address: ..... Tel: .....E-mail: .....

Signature of Applicant.....Date 16/07/2025

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 16/07/2025

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: 0103275

This is to certify that the premises owned by M/S ***Sattofam Pharmacy*** of ***P. O. Box Simiyu*** located at ***Plot No. 1601, Lamadi Street, Lamadi, Busega*** Municipality/District in ***Simiyu*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103275***

Issued in: ***August 2024***

Expires on: ***30 June 2029***

Registrar Pharmacy Council P. O. Box 1277 Dodoma

07-09-2024

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***

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19960708-33201-00003-20

JINA : **JOSEPH SHUGHA**
Given Name

JINA LA MWISHO : **NHANDI**
Last Name

TAREHE YA KUZALIWA : **08 JUL 1996**
Date of Birth

JINSI : **M**
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : **22 MAR 2029**
Expiry Date

MKATABA WA KUPANGA CHUMBA CHA BIASHARA

JM SHOPING CENTER, LAMADI

Mimi JOSEPH S/ NHANDI.. Nimeridhia / nimekubali mkataba huu kwa kufuata masharti yanayotajwa hapo chini kama ifuatavyo:-

1. Kulipa pango / chumba kwa miezi ..12..... kwa gharama ya Tsh.....840,000/=..... kwa chumba kuanzia tarehe ..01...../...05...../2025 hadi tarehe 30...../..04...../2026 ***kodi ilipwe kwa muda unaotakiwa.***
2. Kulipa umeme kwa muda unaotakiwa.
3. Kufanya usafi eneo la biashara kama mpangaji.
4. Mpangaji hutoruhusiwa kukodisha au kupangisha mtu mwingine juu ya mkataba wake bila taarifa au makubaliano kutoka kwa mwenye nyumba.
5. Mpangaji **hutoruhusiwa** kufanya **marekebisho** yoyote bila kupewa ruhusa kutoka kwa mwenye nyumba. **Marekebisho** yote yatafanyika chini ya usimamizi wa mwenye nyumba.
6. Mpangaji akitaka kuhama atakabidhi chumba kwa mwenye nyumba kikiwa kisafi na kama kutakuwa na uharibifu wowote atagharamia gharama zote za ukarabati.
7. Mpangaji anatakiwa kutoa taarifa mwezi **mmoja kabla** ya mkataba wa awali kumalizika kama bado anaendelea au **hataendelea** na mkataba mwingine.
8. Gharama za kodi zinaweza kubadilika kulingana na hali na mabadiliko ya kiuchumi.

JINA LA MPANGAJI: JOSEPH SHUKIA NHANDI **SAHIHI:**.....

SHAHIDI

JINA: JUSTIN HEZRON..... **SAHIHI:**.....

JINA LA MPANGISHAJI: Mayenga James **SAHIHI:**.....

SHAHIDI

JINA: PAULO KIPONDYA..... **SAHIHI:**.....

SOMA KWA MAKINI KABLA HAUJASAINI

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269
PHARMACY COUNCIL
MWENGE
31818
DAR ES SALAAM

Tax Certificate Number:
541-0244-9459

Issuing Office: Simiyu
Telephone: 0282700050
Date of issue: 15 July 2025
Expiry Date: 31 December 2025

Taxpayer Name	**JOSEPH SHUGHA NHANDI**		
Trading Name			
Taxpayer Identification Number	**168-417-470**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : SIMIYU
DISTRICT : KITETO
STREET : Lamadi

TANZANIA REVENUE AUTHORITY
DISTRICT MANAGER
P.O. BOX ... BUSEGA

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 activities of human health
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
15 July 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.

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925198349196143**
Received from	: SATOR 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 name*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16216198251317044875
Payment Control Number	**: *991620320460***
Payment Date	**: 2025-07-17 16:23:28**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-07-17 17:18:24
Signature	: .....