

### Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

### Pharmacy Council

Exchaquer Receipt

### Stakabadhi ya Malipo ya Serikali

Receipt No

: 923331216925179

Received from

: DML 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 - 0

100,000.00

Total Billed Amount:

100,000.00 (TZS)

Bill Reference

: 16209331235911015071

Payment Control Number : 991620224927

Payment Date

: 2023-11-27 10:09:57

Issued by

: Zena Mango

Date Issued

: 2023-11-27 10:11:38

Signature

overnment Payment Galeway @ 2017 All Rights Reserved (GePG)

991620224927

PCF.14

### PHARMACY COUNCIL



2011)
27/1/2023

### APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar, Pharmacy Council, P.O. Box 1277, **Dodoma** 

Dodoma.
APPLICATION FOR CHANGE OF:  1. PREMISES LOCATION  2. BUSINESS NAME  3. BUSINESS OWNERSHIP
SECTION A: APPLICANT CURRENT INFORMATION:  NAME OF PREMISES: DWL Pharmac FIN. 0300368
TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:  Plot No. 16 Street: majia/bwimlwi Ward Kariakoo  District/Municipal Ilala Region: Dar Es Salaam  POSTAL ADDRESS: 71358 Contact. No. 0699 600919  E-mail: hansennko 01@granl.com
OWNERSHIP:
Directors (Names): 1. Joseph Paul Qualification: Director  2. Clemence Exaudi Qualification: Director  3. Movael Ayo Qualification: Director
SUPERINTENDANT INFORMATION:
Full Name: Hans Noka PIN: 101576
Residential Address: Da Es Salaa Tel: 0699 600 919 Email: hansennto 01@gmail. Com
Contract commencement date:
SECTION B: PROPOSED CHANGES:
NAME OF THE NEW PREMISES: DNI 2X Phamacy
TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:
Plot No. 16 Street massa / Swimber Ward Karraleco.  District/Municipal 11a la Region Dar Er Salague.
POSTAL ADDRESS: 71358 CONTACT No. 0699 600919

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)
Directors (Names):
1. Qualification:
2Qualification:
3 Qualification:
SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)
Full Name: Similav PIN:
Residential Address:Tel:Email:
Contract commencement date: Cessation date
SECTION C: REASON(S) FOR PARTICULAR ALTERATION
1. To match our company name DMRX company LTD.
2
SECTION D: APPLICANT INFORMATION
Name of Applicant: Hand Nake
(Contact/email if different from the above)
Address: Der Es Salaa. Tel: 0697600919 E-mail: hansento 01@ gmail. co
Signature of Applicant
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
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 REGISTILATION CERTIFICATE

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

FIN: 11500068

This is to certify that the premises owned by M/S **DML Wharehouse** of **P.O.Box 71358, Dar es Salaam** located at plot no. 46R+2VR, Nyerere road, Ilala Municipality/District in Dar es Salaam Region has been registered for Warehouse to sell pharmaceutical and related products with Facility Identification Number (FIN) 0600068

Issued in: August 2023

Expires on: 29 June 2028

20-09-2023

DATE:

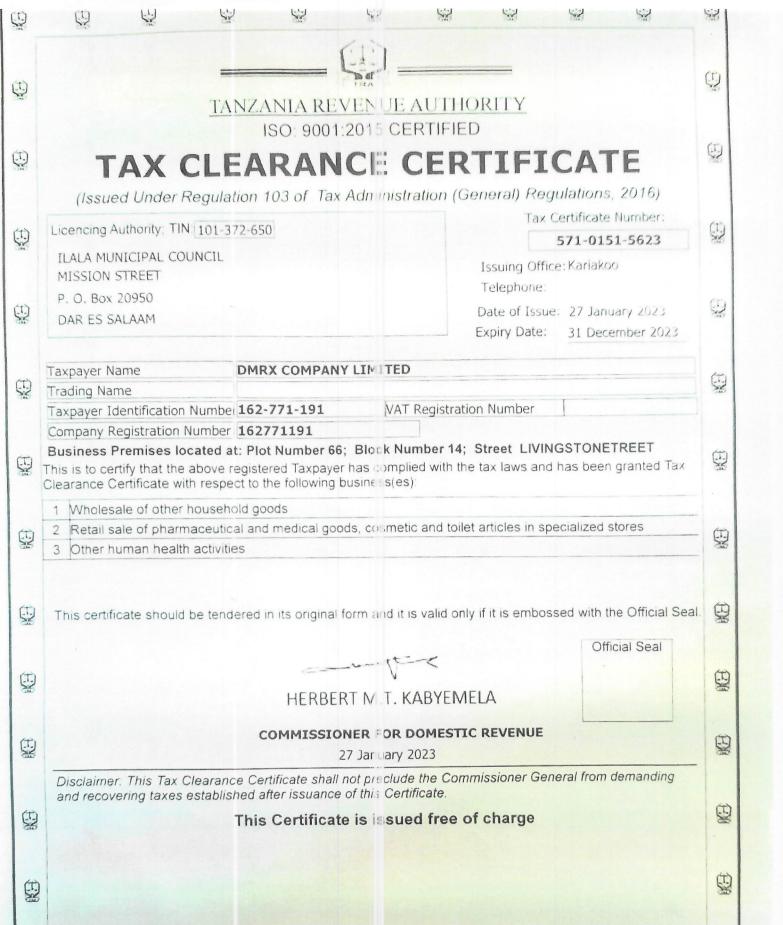
SIGNATURE OF REGISTRAR AND STAMP

### **CONDITIONS**

- The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed.
- premises
  Any changes such as ownership, superintendent pharmaci. business name, premises shall be approved by the Pharmacy Council
  This certificate is non transferable to other premises or to be yother person business name, physical address and location of the registered
- 5. Both certificate and business permit shall be displayed constitutionsly in the registered premises







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### PHARMACY COUNCIL



### PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00368-2023

This Permit is hereby granted to M/S <u>DML Pharmacy</u> of <u>P. O. Box 71358, Dar es Salaam</u> to operate a <u>Retail and Wholesale Business</u> at the premises situated/lying between <u>Plot No. 066, Mafia / Bwimbwi Street, Kariakoo, Ilala</u> Municipality/District in <u>Dar es Salaam</u> Region with Facility Identification Number (FIN) <u>0300368</u> under a superintendent Pharmacist <u>Hans E. Nnko</u> with Personal Identification Number (PIN) <u>0101576</u>

Issued in: March 2019

Expires on: **30 June 2024** 

02-07-2023

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
- The nature of conducting business shall conform to the category of pharmacist business registered
   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





### **TANZANIA**



### Certificate of Incorporation of a Company

Section 15

No: 162771191

I HEREBY CERTIFY THAT

### **DMRX COMPANY LIMITED**

is this day incorporated under the Companies Act, 2002 and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this 24th day of JANUARY TWO THOUSAND AND TWENTY THREE.





PRINC ASST. REGISTRAR OF COMPANIES



KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA



# 19880217-14113-00001-10

HIM LA KWANZA : KILALO

First Name

MAJNER YA KATI : MARELI Middle Name INA LA MWISHO : MJENIA

Last Name .-

JINSI : F

MWISHO WA MATUMEN: 23 JUN 2024

xpiry Date





### KITAMBULISHO CHA TAIFA JAMHURI YA MUUNGANO WA TANZANIA

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

## 19940310-11103-00001-28

MINALA KWANZA: CLEMENCE

ASSINATAKAN : EX All Action Normal

Series Control







JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD

## 19940517-16110-00001-26

IIII : JOSEPH PAUL

MALA MWISHO : MANDA

TAREHE YA KUZALIWA : 17 MAY 1994

3 - S

Explity Date





JAMHURI YA MUUNGA IE WA TANZANIA
KITAMBULISHILI CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDEN I ITY CARD

### 19930815-25117-000 3-21

MIR LARMANUA: ASORAEL

MAINAYAKATI : ATAIYWA Middle Mome

MALASHWISHO: AYO

JIISI : M Sex

AMMERO WA MATURIED : 06 JUNE 2029 Expiry Done



THE UNITED REPUBLIC OF TANZIN III CITIZEN IDENTITY CARD

19930815-251117-00003-21

embulisho hiki ni mali ya Senkali ya Jamhu a Muungano wa Tinzania i ifanya mabadiliko ya aina yiyote wala kumpa i mtu ambaye hinzihuani sidu potee, au kuharibiwa tanafa kamili taziri i tolewe Kituo che Polis NIDA su Ofisi ya Ubalozi ya Jamhun yi Muungano wa Tanzania

The identity Card is the property of the Govern and of The United Republic of Tanzania to should not be tempored with or allowed to pass (1) the possession of unauthorised person if lot or destroyed the fact and circumstances is used immediately be reported to the Loc Police and the nearest NIDA office or foreign (4) is on of The United Republic of Tanzania

Issued by:

DIRECTOR CE | IAL NATIONAL IDENTIFICAT : AUTHORITY