Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924166256225039**
Received from	: ASAF II
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
: *142202540103 - Application for change of premises - 16213166245454132764*		**100,000.00**

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

Bill Reference	: 16213166245454132764
Payment Control Number	: ***991620249758***
Payment Date	: **2024-06-14 17:52:24**
Issued by	: Mohammed Ulombe
Date Issued	: 2024-08-20 13:45:58
Signature	: .....

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: ASAF 2 PHARMACY FIN 0101909

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

PHYSICAL ADDRESS:

Plot No. 1 Street: MSAMBWENI A Ward MSAMBWENI

District/Municipal TANGA - MJINI Region: TANGA

POSTAL ADDRESS: P.O.BOX 452 Contact. No. 0672293250

E-mail: bushrahamry@gmail.com

OWNERSHIP:

Directors (Names): 1. SABRA SEIF MASOUD Qualification: BUSINESS

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

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

SUPERINTENDANT INFORMATION:

Full Name: BISHORA A SULEIMAN PIN: 0102240

Residential Address: TANGA Tel: 0672293250 Email: bushramry@gmail.com

Contract commencement date: 1/7/2023 Cessation date 30/6/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: .....

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. BISHORA A. SULEIMAN Qualification: PHARMACIST
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. .....
   .....
   .....
2. .....
   .....
   .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: BISHORA . A . SULEIMAN

(Contact/email if different from the above)

Address: TANGA Tel: 0672293050 E-mail: bushrahammy@gmail.com

Signature of Applicant..... Date 20/8/2024

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 20/8/24

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

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 BISHORA A. SULEIMAN with Personal Identification Number (PIN) 0102240 of Year 2021, residing at TANGA district, in TANGA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named ASAP 2 PHARMACY, with Facility Identification Number (FIN) 0101909 of year 2021, located at TANGA District, TANGA Region with a Business Tax Identification Number (TIN) 167-962-734 **(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.

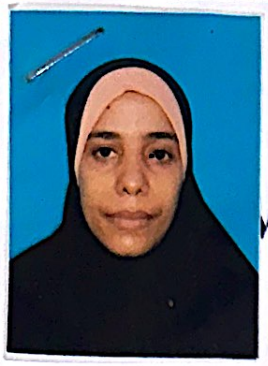
Phone: 0672293050 Email Address: bushrahamry@gmail.com

Signature: [signature] Date: 14/6/2024

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**



MKATABA WA MAUZIANO YA DUKA DAWA (PHARMACY)

MAKUBALIANO HAYA YAMEFANYIKA LEO TAREHE 01/11/2023

BAINA YA

SABRA SEIF MASSOUD wa S.L.P TANGA (Ambaye katika mkataba huu atatambulika na kujulikana kama **MUUZAJI** neno ambalo litajumuisha pia warithi na wale wote watakaodai haki katika Mkataba huu,kwa upande mmoja.

NA

BISHORA AMRI wa S. LP TANGA (Ambaye katika mkataba huu atatambulika na kujulikana kama **MNUNUZI**) neno ambalo litajumuisha pia warithi na wale wote watakaodai haki katika Mkataba huu,kwa upande mwingine

AMBAPO:

A. **MUUZAJI**, analo duka la dawa za reja reja (Retail Pharmacy) liitwalo Asaf Pharmacy Branch lililopo katika Mtaa wa Msambweni katika Kata ya Mabawa Mjini Tanga.

B. DUKA hilo la Dawa linauzwa likiwa na Dawa za aina mbali mbali za binadamu, Vifaa tiba, Jokofu la dawa, Makabati ya kuhifadhia dawa, Meza, Komputa (computer) ya mezani, Mfumo wa kuuzia dawa na Kamera ya Usalama yaani CCTV Camera.

C. **MNUNUZI** amehiari na kuridhia kununua DUKA hilo la Dawa likiwa na Dawa mbali mbali za binadamu, Vifaa tiba, Jokofu la dawa, Makabati ya kuhifadhia dawa, Meza, Komputa (computer) ya mezani, Mfumo wa kuuzia dawa na Kamera ya Usalama yaani CCTV Camera kwa bei na masharti yaliyoko katika mkataba huu.

D. **MUUZAJI** ndiye mmiliki halali wa DUKA hilo la Dawa (retail Pharmacy) na amehiari kuuza kwa mnunuzi DUKA hilo la Dawa likiwa na Dawa za aina mbali mbali za binadamu, Vifaa tiba, Jokofu la dawa, Makabati ya kuhifadhia dawa, Meza, Komputa (computer) ya mezani, Mfumo wa kuuzia dawa na Kamera ya Usalama

yaani CCTV Camera, vifaa ambavyo vyote amevikagua mnunuzi na kujiridhisha na ubora wake ambapo duka hilo na dawa zake pamoja na bidhaa nyingine zilizomo ndani limeuzwa kama lilivyo na halina mgogoro wowote.

E. **MNUNUZI** amekubali kununua duka hilo la dawa pamoja na vyote vilivyomo ndani kama vilivyotajwa hapo juu katika kipengele cha B, C na D na atalipia kwa muuzaji kiasi cha fedha za Kitanzania Shilingi Milioni Kumi na Nne tu (Tshs 14,000.000/=)

HIVYO BASI MAKUBALIANO HAYA YAMEFANYIKA KAMA IFUATAVYO HAPA:

1. Kwamba, kwa makubaliano ya bei ya Tshs. **14,000,000/- (Shilingi Milioni Kumi na nne tu)** muuzaji ameuza na mnunuzi amenunua DUKA hilo la Dawa likiwa na Dawa mbali mbali za binadamu, Vifaa tiba, Jokofu la dawa, Makabati ya kuhifadhia dawa, Meza, Komputa (computer) ya mezani, Mfumo wa kuuzia dawa na Kamera ya Usalama yaani CCTV Camera likiwa na ubora na sifa aliyoikubali mnunuzi.

2. Kwamba, katika kutekeleza makubaliano haya, muuzaji anakiri kupokea fedha za mauzo kiasi cha Tshs. **14,000,000/- (Shilingi Milioni kumi na Nne tu)** kama malipo ya mali yote hiyo kutoka kwa mnunuzi fedha ambayo muuzaji ameingiza kwenye akaunti ya Muuzaji .

3. Kwamba, kwa kusaini Mkataba huu Muuzaji anakiri kupokea fedha Tsh. **14,000,000/- (Milioni kumi na Nne tu)** kama malipo ya mali hiyo toka kwa mnunuzi.

4. Kwamba, iwapo kutakuwepo na tatizo kuhusu umiliki wa duka hilo na hivyo kufanya uuzaji kuwa batili, muuzaji atarejesha kwa mnunuzi fedha yote iliyolipwa kwa ajili ya ununuzi wa duka hilo la dawa.

5. Kwamba, Muuzaji atakabidhi na ataondoka kwenye duka hilo na atamkabidhi Mnunuzi Nyaraka zote zinazoonyesha uhalali wa umiliki wa duka hilo la dawa mara tu baada ya malipo yote kukamilika ambapo muuzaji atakuwa sio mmiliki tena wa mali iliyouzwa.

6. Kwamba, Mnunuzi atalipia gharama zote za uandikishaji, usajili na uhamishaji wa umiliki wa duka hilo toka kwenye jina la Muuzaji kwenda kwenye jina la Mnunuzi

7. Kwamba, Muuzaji atatoa ushirikiano wote utakaohitajika katika kufanikisha ubadilishaji na uhamishaji wa umiliki wa duka hilo kutoka kwa Muuzaji kwenda kwa Mnunuzi

8. Kwamba, baada ya malipo yote tajwa hapo juu kufanyika pande zote mbili hazitakuwa na uwezo wa kuvunja mkataba huu na ikitokea upande mmoja ukafanya hivyo basi upande husika utalazimika kurudisha gharama zote ambazo zitakuwa zimetumika katika kutekeleza masharti ya mkataba huu.

9. Kwamba,gharama za kuandaa na kusainisha mkataba huu zitachangiwa na pande mbili ndani ya mkataba huu kwa makubaliano ya pande mbili husika hapa.

10. Kwamba, iwapo kutatokea mgogoro kati ya pande mbili wakati wa utekelezaji wa Mkataba huu basi usuluhishi utafanywa, utasimamiwa na kutawaliwa na sheria za Mikataba na za usuluhishi za Jamhuri ya Muungano wa Tanzania

KWA MAKUBALIANO HAYA: Muuzaji na mnunuzi wanatia saini zao hapa chini leo hii tarehe 01/11/2023

Imesainiwa na kuwasilishwa na:

.....

Jina; SABRA SEIF MASSOUD

Leo tarehe 01/11/2023

Shahidi

Jina; .....

Wadhifa; .....

Tarehe 01/11/2023

Imesainiwa na kuwasilishwa na

BISHORA AMRI

.....

Leo tarehe 01/11/2023

Shahidi

Jina; FORTUNATUS MKAMA

Kazi/Cheo MFAMASIA

Tarehe 01/11/2023

MBELE YA:

Jina M. B. Maiga

Saini.....

Mahali.....

MAXIMILIAN BISEKO MAIGA
Advocate
Notary Public
Commissioner
for Oaths
TANGA

Tarehe 01/11/2023

MUHURI

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19840623-70476-00001-15

JINA LA KWANZA : **SABRA**
First Name

MAJINA YA KATI : **SEIF**
Middle Name

JINA LA MWISHO : **MASOUD**
Last Name

JINSI : **F**
Sex

MWISHO WA MATUMIZI : **11 FEB 2024**
Expiry Date

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19940316-21111-00001-17

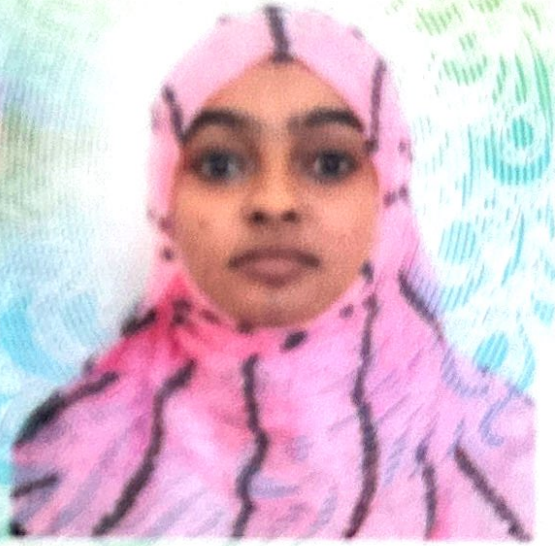
JINA : BISHORA AMRI
Given Name

JINA LA MWISHO : SULEIMAN
Last Name

TAREHE YA KUZALIWA : 16 MAR 1994
Date of Birth

JINSI : F
Sex

SAINI :
Signature



Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 492500

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **ASAF PHARMACY** this **24th** day of **MAY** year **2021** 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 **492500** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **24th** day of **MAY TWO THOUSAND AND TWENTY ONE.**

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 REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN :	102-131-541
RUANGWA DISTRICT COUNCIL	
KILIMAHEWA	
51	
RUANGWA	

Tax Certificate Number: **211-0206-4650**

Issuing Office: Lindi
Telephone: 023 2202509
Date of issue: 08 June 2024
Expiry Date: 31 December 2024

Taxpayer Name	**SABRA SEIF MASOUD**		
Trading Name			
Taxpayer Identification Number	**130-268-498**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : LINDI,
DISTRICT : RUANGWA,
STREET : Mtakuja

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
08 June 2024

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.