Jamhuri ya Muu gano wa Tanzania

United Repu lic of Tanzania

Pharma y Council

Exchequ r Receipt

Stakabadhi ya alipo ya Serikali

Receipt No	**: 924073238213717**
Received from	: EMMA MEDICS PHARMACY
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS An Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142202540317 - Application for change of premises-Location - 1*	00,000.00	
	Total Bil d Amount :	**100,000.00 (TZS)**

Bill Reference	: 16212073245248013458
Payment Control Number	**: *991620242000***
Payment Date	**: 2024-03-13 12:56:51**
Issued by	: Zena Mango
Date Issued	: 2024-03-13 12:58:15
Signature	:

PHARMACY COUNCIL

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924073238205805**
Received from	: EMMA MEDICS 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
: *142202540317 - Application for change of premises-Location - 1*	**00,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16212073242011827264
Payment Control Number	**: *991620241996***
Payment Date	**: 2024-03-13 12:22:21**
Issued by	: Zena Mango
Date Issued	: 2024-03-13 12:39:27
Signature	:

PHARMACY COUNCIL

9916202420000

Aongezewe control number ya 100,000/=

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: EMMA MEDICS PHARMACY FIN 0100108

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

PHYSICAL ADDRESS:

Plot No. BB101 Street: FREEDOM Ward KWAKUSA

District/Municipal IRINGA MUNICIPAL Region: IRINGA

POSTAL ADDRESS: 68 IRINGA Contact. No. 0713611921/0767611921

E-mail: emmamwambete@gmail.com

OWNERSHIP:

Directors (Names): 1. EMMANUEL D. MWAMBETE Qualification: DIRECTOR

2. NAOMI M. MWAMBIMBE Qualification: DIRECTOR

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

SUPERINTENDANT INFORMATION:

Full Name: HUSSEIN S. JANDUWALLA PIN: 0100693

Residential Address: MREZI MSAKUA/ Tel: 0713985562 Email: .....

Contract commencement date: 01-07-2023 Cessation date 30-06-2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: EMMA MEDICS PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 217 Street MSAKUA KUSINI Ward MREZI

District/Municipal MBEYA Region DAR-ES-SALAAM

POSTAL ADDRESS: 24436 D'SALAAM CONTACT. No. 0713611921/0767611921

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. BUSINESS TRANSFERED NEARBY COMPANY'S BUILDING PLOT NO P27160 MR121 MSOIC421 KUSINI DAR-ES-SALAAM
2. SUPERINTENDANT AND OTHER STAFFS TRANSFERED TO DAR-ES-SALAAM TO FULFIL COMPANY GOAL

SECTION D: APPLICANT INFORMATION

Name of Applicant: EMMANUEL JOMINICK MWAMBETIE

(Contact/email if different from the above)

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

Signature of Applicant.....Date 11-03-2024

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 11-03-2024

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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 133-591-451
HALMASHAURI YA MANISPAA YA UBUNGO
KIBAMBA
55068
DAR ES SALAAM

Tax Certificate Number:
171-0194-2848

Issuing Office: Iringa
Telephone: 026 2702142
Date of issue: 22 February 2024
Expiry Date: 31 December 2024

Taxpayer Name	**EMMA MEDICS TRADING COMPANY LIMITED**		
Trading Name			
Taxpayer Identification Number	**134-010-169**	Vat Registration Number	
Company Registration Number	**134436**		

Business Premises located at :
REGION : IRINGA,
DISTRICT : IRINGA,
STREET : FRELIMO C

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 food service activities
2	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
22 February 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.

CERTIFICATE OF OCCUPANCY

THE LAND ACT, Cap 113
(Under Section 29)

Title Number: **DSMT1020380**

Date of Registration: **09-Mar-2022 [17:46]**

REGISTRAR OF TITLES
(10-Mar-2022)
Registered under section 27 of the Land Registration Act (Cap 334)

I. REGISTERED OCCUPIER AND TENURE

THIS IS TO CERTIFY that **EMMA MEDICS TRADING COMPANY LIMITED** of P.O. BOX 68, Iringa District Council, Iringa (hereinafter called "the Occupier") is entitled to the Right of Occupancy (herein called "the Right") in and over the land described herein (hereinafter called "the land") for a term of **ninety nine (99) years from the first day of January two thousand and twenty two** according to the true intent and meaning of the Land Act and subject to the provisions thereof and to any regulations made thereunder and to any enactment in substitution thereof amendment thereof and to special conditions.

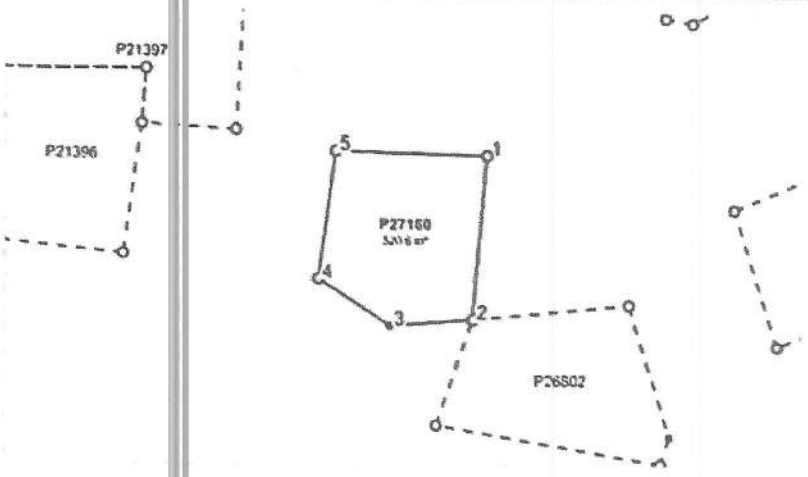
II. DESCRIPTION OF THE PROPERTY

District: Ubungo
Location: MBEZI
Block: -
Plot No.: P27160
Area: 520.61 Square Metres
Reg. Plan No.: DSMS0026181

Plot Reference Points (Part of):

TAREF11 / UTM ZONE 37S

	X	Y
1	510950.78	9252009.02
2	510948.76	9251985.75
3	510936.58	9251984.88
4	510925.90	9251991.47
5	510928.36	9252009.61



III. CONDITIONS OF THE RIGHT

1. The Occupier having accepted the terms and conditions of the Right as prescribed by the Land Act and the regulations made thereto, shall thereafter pay annual rent in advance on the first day of July in every year of the term without deduction PROVIDED that the amount of rent payable may be revised by the Commissioner.
2. The land is general land and shall be used for **Residential** purposes only. Use Group(s) and Use Class(es) **B (d)**; as defined in Urban Planning (Use Groups and Classes) Regulation, 2018.
3. The President may revoke the Right for good cause or in public interest.
4. Any other conditions prescribed under the Land Act and any other written law or regulations.

IV.DISCLAIMER

The contents of this Certificate of Occupancy do not disclose information related to encumbrances attached to the Certificate. Any person intending to acquire estate or interest in the land shall enquire to the Registrar of Titles for an Official Search so as to satisfy as to the existence of any encumbrances.

GIVEN under my hand and my official seal the day and year first above written.

COMMISSIONER FOR LANDS
(09-Mar-2022)

SP Dsm

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19711108-12102-00001-16

JINA LA KWANZA : **NAOMI**
First Name

MAJINA YA KATI : **MARTIN**
Middle Name

JINA LA MWISHO : **MWAMWIMBE**
Last Name

JINSI : **F**
Sex

MWISHO WA MATUMIZI : **06 JUL 2025**
Expiry Date

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19721209-12102-00001-24

JINA : **E.MMANUEL DOMINICK**
Given Name

JINA LA MWISHO : **MWAMBETE**
Last Name

TAREHE YA KUZALIWA : **09 DEC 1972**
Date of Birth

JINSI : **M**
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : **07 FEB 2028**
Expiry Date

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100108

This is to certify that the premises owned by M/S ***Emma Medics Pharmacy*** of ***P.O. Box 68, Iringa*** located at ***Plot No. BB 101, Freelimo, Iringa*** Municipality/District in ***Iringa*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100108***

Issued in: ***July 2015***

31-08-2018

DATE:

SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR PHARMACY COUNCIL P.O. BOX 31818 DAR ES SALAAM

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***

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01108-2023

This Permit is hereby granted to M/S ***Emma Medics Pharmacy*** of ***P.O. Box 68, Iringa*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Plot No. BB 101, Freelimo, Iringa*** Municipality/District in ***Iringa*** Region with Facility Identification Number (FIN) ***0100108*** under a superintendent Pharmacist ***Husain S Janoowalla*** with Personal Identification Number (PIN) ***0100693***

Issued in: ***July 2015***

Expires on: ***30 June 2024***

07-08-2023

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***
2. ***The nature of conducting business shall conform to the category of pharmacist business registered***
3. ***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***

Jamhuri ya Mu ungano wa Tanzania

United Rep ublic of Tanzania

Pharm cy Council

Exche uer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924039231614660**
Received from	: EMMA MEDICS PHARMACY
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS A ud Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142201270421 - Inspection of Premises - 1*		**00,000.00**
	Total B led Amount :	**100,000.00 (TZS)**

Bill Reference	: 16212039240204588093
Payment Control Number	: ***991620239680***
Payment Date	: **2024-02-08 12:09:33**
Issued by	: Zena Mango
Date Issued	: 2024-02-08 12:20:30
Signature	:.....

99162023 9680

PCF 5(a)

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant EMMANUEL D. MWAMBETE T/A EMMA MEDICS
2. Physical Address of the Applicant PLOT NO. P 271 '60 MBEZI MSAKUZI KUSINI
3. Contacts (mobile phone) 0767611921 / 0713611921
4. Email address (if any) emmamulambete@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street MSAKUZI KUSINI Plot No. 217
   Ward MBEZI District UBUNGO Region DAR-ES-SALAAM
6. Name and distance from the Public Health Facility in metres
   NIL
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres
   NIL
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
   NIL
9. Proposed Business Name (BRELA Certificates if any EMMA MEDICS PHARMACY
10. Type of Business: (A) Retail B. Wholesale C. Storage Facilities D. Any other (mention)

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

EMMANUEL DOMINICK MWAMBETE 07/02/2024

Name and Signature of the Applicant **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) _____ and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection _____

Name, Signature of Inspector (1) **Name, Signature of Inspector (2)**

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

1st Inspection

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: EMMANUEL MWAMBEBE
2. Anwani ya Makazi ya Mwombaji: MBEZI MAKABE
3. Mawasiliano (Simu): 0767 211921
4. Jina la Biashara linalopendekezwa: EMMA PHARMACY
5. Aina ya Biashara: Rejareja

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	KKK Pharmacy	2Km
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	7m	35m²
b)	Upana (W)	5m	
c)	Kimo (H)	3m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- Jengo lina ukubwa wa mita za mraba 35m²
- Jengo lipo umbali wa 2km kutoka KKK pharmacy
- Anakamilisha mahitaji kufikia viwango vya famasi ya rejareja

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 3[illegible]m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe ch[illegible]i ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:
Majengo yasiyofaa au hatarishi maana yake ni majengo au [illegible]shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo [illegible]ya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote [illegible]kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

Afikiwe kupewa kibali baada ya kufanya marekebisho ya usajili

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:
Tunatamka kwamba, taarifa zilizotolewa hap[illegible] ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na[illegible] Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasa[illegible]yo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Bupe Rweyemamu	Mkaguzi	[illegible]
2	Said N. Ally	Mtaalamu	[illegible]
3			

SEHEMU F: UTHIBITISHO WA MMI[illegible]IKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) Rosemilia Joseph Mhale

Nathibitisha kuwa eneo/jengo/langu lililop[illegible]ndekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukagu[illegible]i na maelezo yaliyotolewa.

R-Mhale. — **Saini ya Mmiliki/Mwakilishi**

19/02/24. — **Tarehe**