

## PHARMACY COUNCIL



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**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: UHURU PHARMACY FIN. 0800647TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☒ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 08-Block D Street: UHURU Ward: NYALIKUNGUDistrict/Municipal: MASHA Region: SIMUYUPOSTAL ADDRESS: P.O. BOX 68 MASHA Contact No. 0624113486E-mail: yonamgassa@gmail.com**OWNERSHIP:**Directors (Names): 1. YONA JOHN MGASA Qualification: proprietor

2. \_\_\_\_\_ Qualification: \_\_\_\_\_

3. \_\_\_\_\_ Qualification: \_\_\_\_\_

**SUPERINTENDANT INFORMATION:**Full Name: VALENTINE GIMON VALENTINE PIN: 0103776Residential Address: P.O. BOX 68 MASHA Tel: 0682262312 Email: svalentine277@gmail.comContract commencement date: 27 June 2024 Cessation date: 27 December 2024**SECTION B: PROPOSED CHANGES:**NAME OF THE NEW PREMISES: NYALIKUNGU PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☒ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 08-Block D Street: UHURU Ward: NYALIKUNGUDistrict/Municipal: MASHA Region: SIMUYUPOSTAL ADDRESS: P.O. BOX 68 MASHA CONTACT. No. 0624113486

**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. Restriction by BRELA on using the name  
UHURU.
2. ....
3. ....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: VALENTINE SIMON VALENTINE

(Contact/email if different from the above)

Address: P.O. BOX 68 MASWA Tel: 0682242312 E-mail: valentine277@gmail.comSignature of Applicant: Simon Date: 29<sup>th</sup> October 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: Simon Date: 29<sup>th</sup> October 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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924306287599709

Received from : UHURU 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 : 16214306245539404462

Payment Control Number : 991620279281

Payment Date : 2024-11-01 15:21:19

Issued by : Beatus Mpogoza

Date Issued : 2024-11-01 15:38:56

Signature : 



**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:

**541-0218-8747**

Issuing Office: Simiyu

Telephone: 0282700050

Date of issue: 28 October 2024

Expiry Date: 31 December 2024

Taxpayer Name	YONA JOHN MGASSA		
Trading Name	MSHIKAMANO PHARMACY		
Taxpayer Identification Number	139-896-777	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : SIMIYU,  
DISTRICT : MASWA,  
STREET : Sokoni

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 retail sale of new goods in specialized stores
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Alfred T. Mregi  
COMMISSIONER FOR DOMESTIC REVENUE  
28 October 2024**Disclaimer :**

1. This certificate is issued free of charge



TANZANIA



Extract date and time: 05/08/2024 08:20:35

Registration date and time: 15/12/2023 15:22:21

The Business Names (Registration) Act (Cap 213)

## Extract from Register

1. **Name of Business:** NYALIKUNGU PHARMACY
2. **Registration number:** 560904
3. **Principale Place of Business:** Region Simiyu, District Meatu, Ward Mwanhuizi, Postal code 39412, NEAR MAGANZO DISPENSARY
4. **Contacts:** Email lomgeneralsolution@gmail.com, Phone 255624113486, P.O.Box 68
5. **Business activity:** 8690 - Other human health activities, Main activity
6. **Propriator/Partners:** YONA JOHN MGASSA
7. **Authorized to Operate Bank Account etc:** YONA JOHN MGASSA  
YONA JOHN MGASSA

*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](https://ors.brela.go.tz)) for an up-to-date information regarding given Business Name.



TANZANIA

Form 22



No. 560904

## Certificate of Registration of Change

*(Pursuant Section 14 of the Business Names (Registration) Act (Cap 213))*

I HEREBY CERTIFY THAT the following change occurred on **5<sup>th</sup>** day of **AUGUST TWO THOUSAND AND TWENTY FOUR** in the particulars registered in respect of **BEI MAOKOTO PHARMACY**:

1. Business name changed to read **NYALIKUNGU PHARMACY**

And this change was registered on the **5<sup>th</sup>** day of **AUGUST TWO THOUSAND AND TWENTY FOUR**

**GIVEN** under my hand at Dar es Salaam this **5<sup>th</sup>** day of **AUGUST TWO THOUSAND AND TWENTY FOUR**.



*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.



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300647

This is to certify that the premises owned by M/S Uhuru Pharmacy of P.O.Box 68, Maswa located at Plot No.08 Block B, Uhuru Street, Nyalikungu, Maswa Municipality/District in Simiyu Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300647

Issued in: August 2024

Expires on: 30 June 2029

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

