

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: IFAKARA PHARMACY FIN. 0200145
 TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐
 PHYSICAL ADDRESS:
 Plot No. 106 Street: NKURUMA ROAD Ward: NYAMAGANA
 District/Municipal: NYAMAGANA Region: MWANZA
 POSTAL ADDRESS: 453 Contact No. 0757 353078
 E-mail: ifakarapharmacy@gmail.com

OWNERSHIP:

Directors (Names): 1. MALAKI P. MHOJA Qualification: PARTNER
 2. GEORGE J. MAGE Qualification: PARTNER
 3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: GIBSON EFRAZ PIN: 0100758
 Residential Address: NYAMAGANA Tel: 0625787225 Email: _____
 Contract commencement date: 01.01.2025 Cessation date: 31.12.2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: IFAKARA PHARMACEUTICALS LIMITED
 TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 106 Street: NKURUMA ROAD Ward: NYAMAGANA
 District/Municipal: NYAMAGANA Region: MWANZA
 POSTAL ADDRESS: 453 CONTACT No. 0757 353078

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. MALAKI P. MHOJA Qualification: DIRECTOR
2. GEORGE J. MAIGE Qualification: DIRECTOR
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. We have transformed from being a partnership into an incorporated body (Company) and hence the business name was changed.
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: MALAKI PHILIP MHOJA

(Contact/email if different from the above)

Address: MWANZA Tel: 0757353 075 E-mail: Ifakara pharmaceuticals co. ltd@gmail.com

Signature of Applicant: Philip Date: 28/03/2025

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: Philip Date: 28/03/2025

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)

**JAMHURI YA MUUNGANO WA TANZANIA
WIZARA YA MAMBO YA NDANI YA NCHI
JESHI LA POLISI TANZANIA**



TAARIFA YA MALI ILIYOPOTEA

PHQ/MWA/LE/10530/2025

Hii ni kuthibitisha kuwa

MALAKI PHILIPO MHOJA



Nimetoa taarifa kituo cha polisi siku ya Tuesday, March 25th, 2025 kwamba mali iliyoainishwa hapa chini imepotea:-

Aina ya Mali	Jina ya Mali	Nambari ya Mali
Nyaraka	pharmacy premice registration	0200145

Maelezo Zaid

nahitaji kupata nyaraka tajwa hapo juu



Nambari ya malipo :: 9910844562177

Nambari ya kitambulisho :: 19700502675010000427

MKUU WA JESHI LA POLISI (CPF)

Monday, March 31st, 2025

NB: Lazima ieleweke wazi kwamba ripoti hii si ushahidi kwamba ripoti iliyowasilishwa na mlalamikaji ilikubaliwa na Kituo cha Polisi kama halali.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0200145

This is to certify that the premises owned by M/S Ifakara Pharmacy - Mwanza Branch of P.O. Box 453, Ifakara located at Nkuruma Road, Nyamagana Municipality/District in Mwanza Region has been registered for Wholesale Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0200145

Issued in: July 2020

Expires on: 30 June 2025

27-08-2020

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



TANZANIA

Certificate of Incorporation of a Company

Section 15

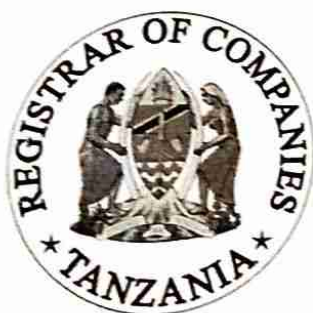
No: 183223720

I HEREBY CERTIFY THAT

IFAKARA PHARMACEUTICALS 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 14th day of
MARCH TWO THOUSAND AND TWENTY FIVE.



PRINC ASST. REGISTRAR OF COMPANIES



MAJUMBUZI ZA MAFUJAO NA MAFUJAO
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19770505-67501-00003-24

JINA LA KWANZA : GEORGE
First Name

MAJINA YA KATI : JOSEPH
Middle Name

JINA LA MWISHO : MAIGE
Last Name

JINSI : M
Sex

MAWISHO WA MATUMIZI : 08 FEB 2026
Expiry Date





JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19700502-67501-00004-27

JINA : **MALAKI PHILIP**

Given Name

JINA LA MUMSHO : **MICHA**

Family Name

TAREHE YA KUZALIWA : **02 MAR 1979**

Date of Birth

JINSI : **M**

Sex

SAHILI :

Signature

MAWISHO WA MATUMBO : **25 MAR 2029**

Expiry Date





TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licensing Authority; TIN : 101-026-361

MKURUGENZI WA JIJI LA MWANZA

BALEWA

1333

MWANZA

Tax Certificate Number:

261-0234-0785

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 28 March 2025

Expiry Date: 31 December 2025

Taxpayer Name	IFAKARA PHARMACEUTICALS LIMITED		
Trading Name			
Taxpayer Identification Number	183-223-720	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MWANZA,

DISTRICT : NYAMAGANA,

STREET : NKRUMAH

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 in non-specialized stores
2	Non-specialized wholesale trade
3	Other personal service activities n.e.c.

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

28 March 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.

THE COMPANIES ACT 2002

COMPANY LIMITED BY SHARES

MEMORANDUM AND ARTICLES OF ASSOCIATION

OF

IFAKARA PHARMACEUTICALS LIMITED.

**DRAWN BY:-
George Joseph Maige
(Subscriber)
Po. Box 453
Mwanza**

THE COMPANIES ACT 2002
A PRIVATE COMPANY LIMITED BY SHARES
MEMORANDUM OF ASSOCIATION
OF
IFAKARA PHARMACEUTICALS LIMITED

1. The name of the company is **IFAKARA PHARMACEUTICALS LIMITED.**
2. The Registered Office of the company will be situated in the United Republic of Tanzania.
3. The objectives of the company will be:
 - i) To carry on the business of wholesale and retail distribution of Pharmaceuticals, Medicine, Medical devices, healthcare products, Fertilizers and Agricultural raw materials.
 - ii) To carry on any other trade, business or activity whatsoever and to do anything of any nature which can, in the opinion of the Directors of the Company, be advantageously or conveniently carried on by the Company in connection with, as ancillary to or independently or any of its businesses.

It is hereby declared:-

(a) That the word "company" in this clause, except where used in reference to the Company, shall be deemed to include any partnership or other body or persons whether incorporated or not incorporated and whether domiciled in Tanzania or elsewhere;

(b) That the objectives specified in each of the paragraphs of this clause shall be regarded as independent objects and accordingly shall in no way be limited or restricted (except where otherwise expressed in such paragraphs) by reference to

Names, Postal Addresses and Occupations of Subscribers	Number of shares taken by each Subscriber	Signatures of Subscribers
1. Malaki Philipo Mhoja Po. Box 453 Mwanza.	300	<i>Philipo</i>
2. George Joseph Maige Po. Box 453 Mwanza	300	<i>Maige</i>

Dated at Dar es Salaam this 19TH day of FEBRUARY, 2025

IN WITNESS TO THE ABOVE SIGNATURES

Full name: VIOLETH EDMUND MAHUGI

Signature: *V. Maigi*

Postal Address: PO BOX 10021, DAR ES SALAAM

Qualification: ADVOCATE



Lease No (R).....

Region Code..... NIZA

Title No.....

COMMERCIAL LEASE

BETWEEN

THE NATIONAL HOUSING CORPORATION

(LESSOR)

AND

IFAKARA PHARMACEUTICALS LIMITED

(LESSEE)

NATIONAL HOUSING CORPORATION
BUILDING OUR NATION

LEASE OF COMMERCIAL APARTMENT NO: 040

LOCATED ON PLOT NO. 33 BLOCK K STREET POSTA

REGION MIWANZA

THE LAND ACT (No. 4, 1999)
THE LAND REGISTRATION ACT (CAP. 334)

LEASE

THIS LEASE is made the _____ day of _____, 20____,
Between

NATIONAL HOUSING CORPORATION, a statutory corporation established by virtue of the National Housing Corporation Act No. 2 of 1990, whose Head Office is situated on Plot No. 47, Medeli West, for the purposes hereof of P. O Box 2422, Dodoma (hereinafter referred to as the "Lessor," which expression shall, where the context so admits, include its successor(s) and assign(s)),

And

IFAKARA PHARMACEUTICALS LIMITED of P.O. Box 453 MWANZA whose registered office is situate on POSTA Street, (Hereinafter to be referred to as the "Lessee", which expression shall, where the context so admits, include its personal representative(s) heir(s) and permitted assign(s)).

WHEREAS, the Lessor is the registered proprietor of the demised premises and desires to lease the Premises to the Lessee and Lessee desires to take the said Premises from the Lessor for the term, at the agreed rental amount and upon the provisions set forth herein.

NOW IN CONSIDERATION of the rent and the mutual covenants hereinafter reserved and contained in schedule one - Terms and Conditions - attached hereto, **THIS LEASE WITNESSETH** as follows:-

1. Physical Residential Address of the Lessee

The Lessee hereby declares/warrants that he is residing at _____ in House No _____ situated on Plot No. _____ Block _____ Street _____ Municipality/Region.

2. Lettable Area & Measurement

The Lessor hereby demises unto the Lessee all that area measuring 175.31 M square metres on the GROUND floor of the building (hereinafter referred to as the "Demised Premises") in the building situate on Plot No. 33/K, POSTA Street, MWANZA Municipality/Region (the said building together with the plot where it is situated shall hereinafter be called the "Property").

3. Rent per Square Meter

Rent payable per square meter is Tanzanian shillings/United States Dollars 6,000/= and any other charges, expenses and fees which the Lessor may from time to time incur in connection with or in procuring the remedying of any breach by the Lessee of any of the covenants on the part of the Lessee contained in this Lease.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925092321579614
Received from : Ifakara 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 : 16216092252118856999

Payment Control Number : 991620301617

Payment Date : 2025-04-02 17:01:45

Issued by : Beatuss Mpogoza

Date Issued : 2025-04-02 17:22:27

Signature : 



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925092321579811
Received from : Ifakara Pharmacy
Amount : 50,000.00
Amount in Words : Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201611404 - Duplicates Certificate - Duplicate fee	50,000.00	

Total Billed Amount : 50,000.00 (TZS)

Bill Reference : 16216092253525173851
Payment Control Number : 991620301627
Payment Date : 2025-04-02 17:02:15
Issued by : Beatuss Mpogoza
Date Issued : 2025-04-02 17:21:59
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)