

LUGANO MWAINUNU,
0752528605,
DAR ES SALAAM
TR: 21.10.2025

MISAJILI

BARAZA LA FARMASI

S. L. P 1277

DODOMA.



YAH! KUOMBA MAREKEBISHO YA ~~JINA~~
~~LA~~ UMILIKI KUWENYE MFUMO!

Rejea kichwa cha habari hapa juu

Mimi Lugano Mwainunu ambaye ni Pharmaceutical
Technician naomba kurekebishiwa / kubadilishwa jina la
umiliki kuwenye mfumo katika farmasi ya Life Linker
ambapo linasomwa umiliki ni Lugano Mwainunu
badala ya Shadrack Mathayo

Tunaoomba marekebisho hayo yafanyike ili twendelee
na hatua mwingine za Usajili.

Ni mimi

Lugano Mwainunu

Shis



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925294377173135**

Received from : LIFE LINKER PHARMACY

Amount : 500,000.00

Amount in Words : Five Hundred Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201410391 - Registration of Whole sale Pharmacy - PREMISES REGISTRATION		500,000.00

Total Billed Amount : 500,000.00 (TZS)

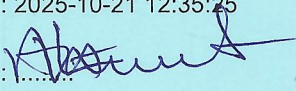
Bill Reference : 16212294250448617279

Payment Control Number : **991620338654**

Payment Date : **2025-10-21 12:16:00**

Issued by : Zena Mango

Date Issued : 2025-10-21 12:35:25

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

Alipie 500,000/-
Pending payment for premise
Registration of wholesale pharmacy
PCF 12
21/10/2025
[Signature]

PHARMACY COUNCIL



APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
Dar es Salaam.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

- The proposed name of the premises is... LIFE LINKER PHARMACY
- Have you registered your Business name with BRELA? YES / NO provide registration No.
- Type of ownership: Sole proprietorship... ☒ ... / Partnerships ...
/ Corporations... / Joint Ventures...
- Name of contact person SHERACK MATHAYO
- Postal address... Tel, No. 2742259707 Fax... email, Shedrackgain@gmail.com
- Full name(s) of Partner(s) and Directors(s) SHERACK MATHAYO
.....
Name: Qualification: I.D No.
Name: MA Qualification: I.D No.
Name: Qualification: MA I.D No.
7. Physical address of the proposed area: Street TABATA Ward.. MAGWOCENZI
District ILALA Region: Dar es Salaam Plot No. 108
8. Premises to be registered for the business of WHOLE SALE

9. The business will be under the supervision of a registered superintendent
(Full Name)..... GAUDENCE CHUA

Whose qualification is..... PHARMACIST and his /her Reg.No./

PIN 0102773of Year.. 2022

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name) LUGANO MWAINUNU

Whose qualification is PHARMACEUTICAL TECHNICIAN And his / her
Enroll/List.No./PIN. 0402351of Year.. 2018

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business Commencement Date.....

12. Required attachment to be submitted with this form are:

- a. Memorandum
- b. A copy of lease agreement/ title deed
- c. Certificate of Registration from BRELA (if available)
- d. Copy of contract agreement from superintendent pharmacist
- e. Copy of contract agreement from either enrolled/enlisted or dispenser
- f. Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date..... 21.10.2023

Signed..... 
Applicant

SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof. BENSON RWELAMILA District/Municipal/Regional/PC
 Inspector of Postal address P.O BOX 31818 hereby certify that, I have inspected the
 above mentioned premises in Section A as per attached inspection checklist and found that it
complies/does not comply with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....

Name of Inspectors(s)

Signatures & stamp

Date

1 BENSON RWELAMILABENSON RWELAMILA21/10/20252 ANNA MPONELAA. Mponela21/10/2025**FOR OFFICIAL USE ONLY**

Fees TZS.....

Receipt No.....of.....

Registration granted/not granted because.....

.....

Registration No..... Approved by Name:

Signature:

Designation:

I.D Number:

Date:

.....

Date

.....

Signature of Registrar and stamp.