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PCF.14

PHARMACY COUNCIL

PHARMACY COUNCIL RECEIVED 04 AUG 2025 P.O. Box 1277, DODOMA

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: MALIMYI PHARMACY FIN 0300592

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

PHYSICAL ADDRESS:

Plot No. 9 Street: MALIMYI MADUKANI Ward.....

District/Municipal MALIMYI Region: MOROGORO

POSTAL ADDRESS: ..... Contact. No. 0675874758

E-mail: medadmaro15@gmail.com

OWNERSHIP:

Directors (Names): 1. CHRISTOPHER LUHANGA Qualification: —

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

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

SUPERINTENDANT INFORMATION:

Full Name: MEDAD MIMY PIN: 0102057

Residential Address: MALIMYI Tel: 0675874758 Email: medadmaro15@gmail.com

Contract commencement date: ..... Cessation date.....

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. —

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 MEDAD M. MTURI with Personal Identification Number (PIN) 0102057 of Year 2020, residing at MALINYI district, in MOROGORO Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named MALINYI PHARMACY, with Facility Identification Number (FIN) 0300592 of year 20, located at MALINYI District, MOROGORO Region with a Business Tax Identification Number (TIN) 158-974-857 (**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: 0675874758 Email Address: medadmaro15@gmail.com

Signature: [signature] Date: 26th May 2025

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**

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. MEDAD M. MTURI Qualification: B.PHARM.
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. Transfer of ownership.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: MEDAD M. MTURI

(Contact/email if different from the above)

Address: — Tel: — E-mail: —

Signature of Applicant..... Date.....

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 26th May 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)

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: **241-0246-2365**

Issuing Office: Morogoro
Telephone: 023-2614770
Date of issue: 28 July 2025
Expiry Date: 31 December 2025

Taxpayer Name	CHRISTOPHER VITALIS LUHAMBA		
Trading Name			
Taxpayer Identification Number	116-326-612	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MOROGORO,
DISTRICT : MALINYI,
STREET : MAKUGIRA MADUKANI

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 not in stores, stalls or markets
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
28 July 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.

MKATABA WA KUUZA DUKA LA DAWA
(PHARMACY)

MKATABA WA UPANGISHAJI umefanyika leo tarehe17/11..Mwezi .....2024.

KATI YA

CHRISTOPHER VITALIS mwenyeKitambulisho cha NIDA Na19820618551010000128 na simu namba +255788877363, mkazi wa wilaya ya Malinyi ilyopo ndani ya Mkoa wa Morogoro (hapo baadaye kurejewa kama ***MUUZAJI***) kwa upande mmoja.
NA

MEDAD M MTURI mwenye kitambulisho cha NIDA Na.19921007-33102-00001-27 Na simu Namba.0675874790.....Mkazi katika Wilaya ya Malinyi na Mkoa wa Morogogoro (hapo baadaye kurejewa kama ***MUNUZI***) kwa upande mwingine.

KWA KUWA Muuzaji ni mmiliki halali duka la dawa lenye hadhi ya Pharmacy liilopo katika Mtaa/kijiji..MALINYI.....Kata ya ...MALINYI..... Ndani ya Wilaya ya Malinyi **(**hapo baadaye kurejewa kama **'pharmacy');**

NA KWA KUWA Mnunuzi yuko tayari na anahitaji kununua dawa zilizomo katika duka tajwa kwa ujumla wake kwa bei ya kununulia kama ilivyo kwenye ankra ya manunuzi;

BASI MKATABA HUU UNASHUHUDIA YAFUATAYO:-

1. ***KWA KUZINGATIA MALIPO*** bei ya makubaliano ya mauzo ya dawa na vifaa vya pharmacy vinavyoambatana nazo, na ambazo Mnunuzi ameziona na kuzihakiki ni jumla ya Shilingi Milioni Ishirini na Mbili pesa za kitanzani [Tshs. 22,000,000/=] ambazo zitalipwa kwa awamu mbili.

1. Katika kutekeleza takwa la kifungu cha 1 cha mkataba huu, awamu ya kwanza ni siku na tarehe ya kusaini Mkataba huu Mnunuzi atamlipa Muuzaji kiasi cha Pesa taslimu Shilingi Milioni Kumi na Mbili **[Tshs. 12,000,000/=].**

2. Awamu ya pili ya Malipo, kwa ajili ya dawa zenye thamani hii kama ilivyo kwenye ankra ya manunuzi. Mnunuzi atamlipa Muuzaji Kiasi cha shilingi Milioni kumi **[Tshs. 10,000,000/=]** ndani ya siku kumi na nne (siku 14) tangu tarehe ya kusaini Mkataba huu.

3. **Malipo ya Fidia ya Ukarabati wa Jengo la Duka**

Kwa kuwa Muuzaji aliingia gharama za kukarabati jengo la duka la pharmacy, Mnunuzi amekubali kwamba atamlipa Muuzaji gharama

zinazofikia kiasi cha shilingi milioni nane[tshs. 8,000,000/=] kwa kipindi cha miezi Minne(miezi 4) kwa ufafanuzi na mchanganuo ufuatao:-

(a) Kabla au ifikapo tarehe **31 Januari 2025** Mnunuzi atamlipa Muuzaji pesa isiyopungua Shilingi Milioni Mbili
(b) Kabla au ifikapo tarehe **28 Februari 2025** Mnunuzi atamlipa Muuzaji pesa isiyopungua Shilingi Milioni Mbili
(c) Kabla au ifikapo tarehe **31 Mwwezi Machi, 2025** Mnunuzi atamlipa Muuzaji pesa isiyopungua Shilingi Milioni Mbili
(d) Kabla au ifikapo tarehe **30 Mwezi April 2025** Mnunuzi atamlipa Muuzaji

4. Haki za Muuza na Mnunuzi

1. **Muuzaji** atatoa madaraka yote na uhamisho wa mali zote zinazohusiana na duka hili la pharmacy kwa Mnunuzi mara tu baada ya malipo kamili kupokelewa.
2. **Muuzaji** anaweza kurejesha umiliki wa duka ikiwa Muuzaji atakiuka masharti ya mkataba huu na kurudisha malipo aliyo pokea mwanzo bila riba.
3. **Mnunuzi** atakuwa na haki ya kuchukua udhibiti wa duka la pharmacy pamoja na mali zote zinazohusiana na biashara hiyo, ikiwa ni pamoja na leseni, vifaa, dawa, na hati zote muhimu.

5. Uhamisho wa Mali na Deni

1. Muuza anathibitisha kwamba hakuna deni au mzigo mwingine ambao unahusiana na duka la pharmacy litakalohamishwa kwa Mnunuzi.
2. Deni lolote linalohusiana na biashara hil lililo tokea kabla ya makubaliano haya litakuwa ni jukumu la muuzaji

6. Uhakikisho wa Hali ya Duka

Muuza anathibitisha kuwa duka la pharmacy liko katika hali nzuri ya kufanya biashara, na limezingatia masharti ya kisheria yanayohusu biashara ya dawa na afya. Duka linamiliki leseni halali ya kufanya biashara ya dawa kutoka kwa mamlaka husika.

7. Hali ya Biashara

Mnunuzi atakubaliana kuendeleza biashara ya pharmacy kwa mujibu wa sheria za Tanzania, ikiwemo kufuata kanuni za biashara ya dawa na leseni za afya.

8. Muda wa Utekelezaji

Mkataba huu utaanza kutumika mara moja baada ya kusainiwa na pande zote mbili. Uhamisho wa mali utatekelezwa ndani ya [siku .....] baada ya malipo kamili kupokelewa.

9. Matumizi ya sheria

Mkataba huu utaongozwa na Sheria za Tanzania.

KWA USHAHIDI MKATABA HUU UMESAINIWA NA WAHUSIKA SIKU, TAREHE, MWEZI NA MWAKA KAMA IFUATAVYO.

Muuzaji
Jina CHRISTOPHER VITALIS
Sahihi: _____
Tarehe: 17/11/2024

Mnunuzi
Jina: MEDAD M. MTURI
Sahihi: _____
Tarehe: 17/11/2024

KWA USHAHIDI

MBELE YANGU
JINA... JACKLINE REVOCATUS KADASHI

SAHIHI.....

ANUANI... S.L.P 1302 MWANZA

WADHIFA: **WAKILI**

Jackline Revocatus Kadashi
Advocate, Notary Public & Commissioner for Oaths
Box 1302 Mwanza

Mkataba huu umetayarishwa na
Alfred Daniel Sotoka(Advocate),
C/o Kalambo Law Firm,
Mteule Building, 4th Floor, Right Wing,
Plot No.**102**, Block "**T**",
Lumumba Street, Opp Mchapakazi,
&Adjacent to Busigasorwe House,
P.O Box 1643,
Mwanza-Tanzania
+255 763 18 84 85
E-mail: kalambofirm@gmail.com

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925216354478654**
Received from	: MALINYI 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 OWNERSHIP*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16212216253221157748
Payment Control Number	: ***991620328802***
Payment Date	: **2025-08-04 13:30:58**
Issued by	: Zena Mango
Date Issued	: 2025-08-04 13:42:18
Signature	: .....