

# 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: LUPOLY PHARMACY FIN. 0100038

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

### PHYSICAL ADDRESS:

Plot No. 68 Street: NYERERE ROAD Ward: MBINGA MJINI

District/Municipal: MBINGA Region: RUVUMA

POSTAL ADDRESS: P.O. BOX 186, MBINGA Contact. No. 0766463495

E-mail: lupolypharmacy97@gmail.com

### OWNERSHIP:

Directors (Names): 1. EMILIANA PIUS LUPOLY Qualification: .....

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

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

### SUPERINTENDANT INFORMATION:

Full Name: SIMON MADUHU PIN: 0101934

Residential Address: MBINGA Tel: 0759731121 Email: maduhusimon@gmail.com

Contract commencement date: 02/07/2025 Cessation date: 01/07/2026

### 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. ....

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. GODFREY GASPAR LUPOLY Qualification: PHARMACIST
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. Previous owner has started another business.
- .....
- .....
2. ....
- .....
- .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: EMILIANA PIUS LUPOLY

(Contact/email if different from the above)

Address: 86, MBINGA Tel: 0766 463495 E-mail: lupoly.pharmacy97@gmail.com

Signature of Applicant: [Signature] Date: 01/10/2025

**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: [Signature] Date: 01/10/2025

**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  
**KITAMBULISHO CHA TAIFA**  
THE UNITED REPUBLIC OF TANZANIA  
CITIZEN IDENTITY CARD



**19741116-57442-00001-10**

JINA : **EMILIANA PIUS**

*Given Name*

JINA LA MWISHO : **LUPOLY**

*Last Name*

TAREHE YA KUZALIWA : **16 NOV 1974**

*Date of Birth*

JINSI : **F**

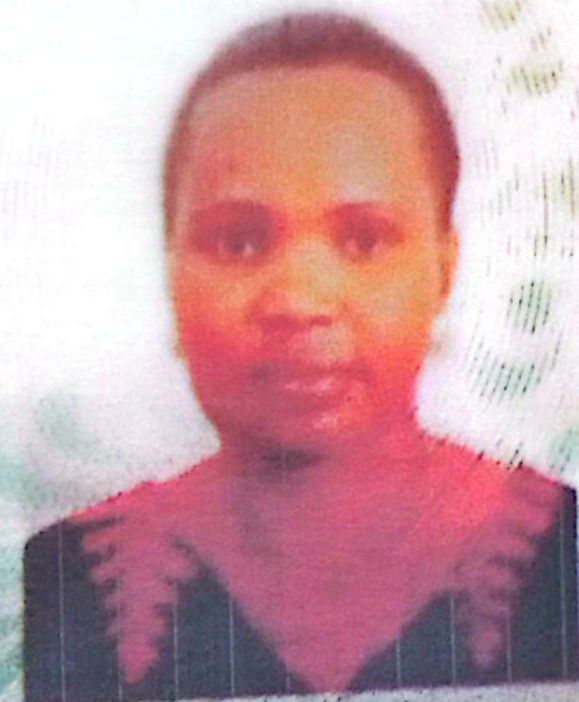
*Sex*

SAJILI :

*Signature*

MAWISHO WA MATUMIZI : **25 OCT 2027**

*Expiry Date*





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



**19970624-57442-00001-23**

**JINA : GODFREY GASPAR**

**Given Name**

**JINA LA MIMSHO : LUPOLY**

**Last Name**

**TAREHE YA KUZALIMWA : 24 JUN 1997**

**Date of Birth**

**JINSI : M**

**Sex**

**SANI :**

**Signature**

*G. Lupoly*

**IMSHO WA MATUMIZI : 25 OCT 2027**

**Expiry Date**



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



**19970624574420000123**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huchuswa kutokana na mabadiliko ya aina yoyote wala kumpata mlu ambaye huchuswa kutokana kama kitambulisho, au kutambwa taarifa kamili lazima idolewe Kiuno cha Polisi na Ofisi ya NIDA au Ofisi ya Uboazi ya Jamhuri ya Muungano wa Tanzania iliyoko karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorized person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

*Mmm*

DIRECTOR GENERAL  
NATIONAL IDENTIFICATION AUTHORITY





TANZANIA



Extract date and time: 09/11/2021 18:34:41

Registration date and time: 30/12/1995 20:21:00

The Business Names (Registration) Act (Cap 213)

## Extract from Register

1. Name of Business: LUPOLY PHARMACY
2. Registration number: 104887
3. Principle Place of Business: Region Ruvuma, District Mbinga, Ward Mbinga Mjini, Postal code 57401, Street NYERERE ROAD, Road NYERERE ROAD, Plot number 68, Block number A, House number NIL
4. Contacts: Email emmylupoly74@gmail.com, Phone 255766463495, P.O.Box 186
5. Business activity: 4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
6. Propriator/Partners: EMILIANA PIUS LUPOLY
7. Authorized to Operate Bank Account etc: EMILIANA PIUS LUPOLY

*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 REVENUE AUTHORITY**

**ISO 9001: 2015 CERTIFIED**

# **TAX CLEARANCE CERTIFICATE**

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

Licensing Authority; TIN : 131-256-256

MBINGA TOWN COUNCIL

MBINGA MJINI

135

MBINGA

Tax Certificate Number:

**291-0245-7650**

Issuing Office: Ruvuma

Telephone: 025 2602140

Date of issue: 23 July 2025

Expiry Date: 31 December 2025

|                                |                       |                         |  |
|--------------------------------|-----------------------|-------------------------|--|
| Taxpayer Name                  | GODFREY GASPAR LUPOLY |                         |  |
| Trading Name                   |                       |                         |  |
| Taxpayer Identification Number | 138-638-111           | Vat Registration Number |  |
| Company Registration Number    |                       |                         |  |

Business Premises located at :

REGION : RUVUMA,

DISTRICT : MBINGA,

STREET : Mbinga A

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 | Medical consultation and treatment in the field of general and specialized medicine by general practitioners and medical specialists and surgeons |
| 2 | Activity for Non Business Purposes                                                                                                                |

Alfred T. Mregi

**COMMISSIONER FOR DOMESTIC REVENUE**

23 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 KUPANGISHA CHUMBA**

Mkataba huu umefanyika leo tarehe **01 mwezi wa 01 mwaka 2025**

### **KATI YA**

**PAULO DAMAS MBEPERA** wa Mbiga Mjini, (ambaye katika Mkataba huu anajulikana kama **MWENYE NYUMBA**) kwa upande mmoja.

### **NA**

**EMILIANA PIUS LUPOLY** wa Mbinga Mjini, (ambaye katika Mkataba huu anajulikana kama **MPANGAJI**) kwa upande mwingine.

**KWA KUWA MWENYE CHUMBA** anakusudi kupangisha chumba chake kilichopo katika PLOT NO. 68, NYERERE ROAD, MBINGA MJINI.

**NA KWA KUWA MPANGAJI** anayo nia ya kupanga chumba hicho kwa kiasi cha kodi itakayokubaliwa na pande zote mbili

### **HIVYO MKATABA HUU UNASHUHUDIA KAMA IFUATAVYO:-**

1. Kwamba **MPANGAJI** atamlipa **MWENYE CHUMBA** kodi ya chumba hicho ya Shilingi elfu sitini tu (**Tshs. 60,000/=**) kwa mwezi, zitakazolipwa kwa mkupuo wa miezi kumi na mbili (12) yaani Shilingi laki saba na ishirini tu (**Tsh 720,000/=**) siku ya kusaini mkataba huu.
2. Kwamba kodi ya chumba hicho italipwa kwa mkupuo wa miezi kumi na mbili kuanzia tarehe **01/01/2025** mpaka tarehe **31/12/2025**, kwa mujibu wa makubaliano kati ya **MWENYE CHUMBA** na **MPANGAJI**.
3. Kwamba **MPANGAJI** atawajibika kulipa gharama za maji na umeme.
4. Kwamba **MPANGAJI** atazingatia usafi na kutunza mazingira ya chumba kinachohusika na mkataba huu.
5. Kwamba upande wowote unaotaka kuvunja mkataba huu unatakiwa kutoa notisi ya mwezi mmoja (**siku thelathini**).
6. Kwamba **MPANGAJI** haruhusiwi kufanya marekebisho yoyote katika chumba bila kupata idhini ya **MWENYE NYUMBA**.
7. Kwamba **MPANGAJI** atatumia chumba hicho kwa matumizi ya biashara tu.

8. Kwamba **MPANGAJI** atalazimika kulipa kodi ya mkataba mpya ndani ya siku kumi na tano (15) kabla ya mkataba wake kumalizika, endapo atapenda kuendelea na upangaji.
9. Kwamba endapo upande wowote utakiuka masharti yaliyopo kwenye mkataba huu sheria za nchi zinazohusu pango na mikataba zitatumika.

**HIVYO PANDE ZOTE ZINASAINI MKATABA HUU** kama ishara ya makubaliano katika tarehe, mwezi, na mwaka kama inavyoonekana hapa chini.

**IMETOLEWA na KUSAINIWA**  
**na PAULO DAMAS MBEPERA**  
ambaye nimemfahamu leo hii  
tarehe **01/01/ 2025**

*P. Mbepera*  
.....  
**MWENYE NYUMBA**

**MBELE YANGU**

Jina: **BERNARD MAURUS HYERA**

Sahihi: *B. Hyera* .....

Anwani: **P.O. Box 571 MBINGA**

Wadhifa: **Wakili**



**IMETOLEWA na KUSAINIWA**  
**Na EMILIANA PIUS LUPOLY**  
ambaye nimemfahamu leo hii  
tarehe **01/01/ 2025**

*E. Lupoly*  
.....  
**MPANGAJI**



**MBELE YANGU**

Jina: BERNARD MAURUS HYERA

Sahihi: ..... *Hyera* .....

Anwani: P.O. Box 571 MBINGA

Wadhifa: Wakili



## **JAMHURI YA MUUNGANO YA TANZANIA**

### **MKATABA WA MAKABIDHIANO YA FAMASI**

MAKUBALIANO HAYA YAMEFIKIWA hii leo tarehe 01 mwezi October 2025.

*Kati ya*

**EMILIANA PIUS LUPOLY** wa nambari za simu **0766463495** wa kata ya Mbinga Mjini, wilaya ya Mbinga, mkoa wa Ruvuma (ambaye katika makubaliano haya ataitwa **Mtoaji**) kwa upande wa kwanza.

*Na*

**GODFREY GASPAR LUPOLY** wa nambari za simu **0743318916** wa kata ya Mbinga Mjini, wilaya ya Mbinga, mkoa wa Ruvuma (ambaye katika makubaliano haya ataitwa **Mpokeaji**) kwa upande wa pili.

**KWAMBA**, kwa vile mtoaji ni mmiliki halali wa Famasi iliyopo katika mtaa wa Nyerere Road, Wilaya ya Mbinga, mkoa wa Ruvuma, Chumba hicho cha Famasi ni miongoni mwa vyumba vilivyopo kwenye nyumba ya **PAULO DAMAS MBEPERA** ambaye ndiye mmiliki wa nyumba hiyo na hivyo basi mtoaji yupo tayari kumpa Famasi hiyo mpokeaji kwa mapenzi mema, bila ya ushawishi kutoka kwa mtu yeyote au kiwingu chochote (encumbrances).

**NA KWAMBA** Mpokeaji yupo tayari kupokea Famasi tajwa hapo juu kutoka kwa mtoaji.

**Hivyo Basi Pande Mbili Zilizotajwa Hapo Juu Wanakubaliana Ifuatavyo:**

1. Kwamba, mtoaji anatoa famasi tajwa hapo juu yenye thamani ya shilingi za kitanzania Milioni kumi na tano tu (15,000,000/=) kwa mpokeaji kwa mapenzi mema na mpokeaji anapokea famasi hiyo kwa mapenzi mema.
2. Kwamba, famasi hiyo inavifaa vyote muhitau vinavyohitajika katika famasi ikiwemo madawa pamoja na vifaa vinginevyo vya famasi iliyokamilika.
3. Kwamba mtoaji na mpokeaji wanakubaliana leo hii Tarehe 01 ya mwezi Octoba ya mwaka 2025



4. Kwamba, mtoaji anathibitisha kwamba Famasi hiyo anaimiliki binafsi na hivyo haitaji ridhaa ya mtu yeyote wakati wa kuitoa.
5. Kwamba, Mtoaji anamkabidhi Mpokeaji Famasi tajwa hapo juu bila kuwepo kadhia ya aina yoyote (encumbrances), na kwamba, Mtoaji anathibitisha kuwa Famasi hiyo ni mali yake yeye binafsi.
6. Kwamba, makubaliano haya yanasimamiwa na sheria ya mikataba ya Tanzania na sheria nyingine za jamhuri ya Muungano wa Tanzania.

Wakubalianaji wamekubaliana na hayo yaliyotajwa hapo juu kwa kutia saini zao hapa chini;

Imesainiwa na Kuwasilishwa hapa Mbinga

Na **EMILIANA PIUS LUPOLY**

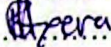
ambaye ametambulishwa

Kwangu na.....ambaye

namfahamu Hii leo tarehe 01 Mwezi October, 2025

**MBELE YANGU**

JINA: BERNARD MAURUS HYERA

SAHIHI: 

S.L.P : 571, MBINGA

WADHIFA: WAKILI



MTOAJI



Imesainiwa na Kuwasilishwa hapa Mbinga

Na **GODFREY GASPAR LUPOLY**

, ambaye Ametambulishwa kwangu

na.....ambaye

namfahamu Hii leo tarehe 01 Mwezi October, 2025

**MBELE YANGU**

JINA: BERNARD MAURUS HYERA

SAHIHI: 

S.L.P : 571, MBINGA

WADHIFA: WAKILI



MPOKEAJI



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100038

This is to certify that the premises owned by M/S Lupoly Pharmacy of P.O.Box 186, Mbinga located at Mbinga Town, Mbinga Municipality/District in Ruvuma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100038

Issued in: July 2018

Expires on: 30 June 2030

27-05-2025

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







Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 925276372076938  
Received from : LUPOLY 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<br>change of name/ ownership -<br>16215276251658110335 |                     | 100,000.00  |

**Total Billed Amount : 100,000.00 (TZS)**

Bill Reference : 16215276251658110335  
Payment Control Number : 991620336188  
Payment Date : 2025-10-03 15:39:00  
Issued by : sharoon Muro  
Date Issued : 2025-10-07 09:09:47  
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



## 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 GODFREY GASPAR LUPOLY with Personal Identification Number  
(PIN) 0103271 of Year 2023, residing at MBINGA district, in RUVUMA  
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named LUPOLY PHARMACY  
, with Facility Identification Number (FIN) 0100038 of year 2018, located at MBINGA  
District, RUVUMA Region with a Business Tax Identification Number (TIN) 138-638-111  
(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: 0743318916 Email Address: godylupoly24@gmail.com  
Signature: [Signature] Date: 01/10/2025

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





THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL



**LICENSE TO PRACTICE**

**The Pharmacy Act**

*(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**GODFREY GASPAR LUPOLY**

**PIN NO: 0103271**

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311

is entitled to practice as a **Full Registered Pharmacist** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued: **02 February 2023**

Expires on: **31 December 2025**

**Registrar**  
**Pharmacy Council**



---