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PCF.14

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: GASTANNA PHARMACY FIN 0102054

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 168 Street: IMAGE Ward KIKUYU

District/Municipal DODOMA CITY Region: DODOMA

POSTAL ADDRESS: P.O Box 11025, DODOMA Contact. No. 0658092088

E-mail: .....

OWNERSHIP:

Directors (Names): 1. GASTO I. MTEI Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: EDGAR SIMFUKWE PIN: 0102724

Residential Address: 11088 DODOMA Tel: ..... Email: edgarcmfukwe@gmail.com

Contract commencement date: 01/12/2023 Cessation date 30/03/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: GIDANA PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 168 Street IMAGE Ward KIKUYU

District/Municipal DODOMA CITY Region DODOMA

POSTAL ADDRESS: 72 DODOMA CONTACT. No. 0765375446

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. NAKEMBETWA MARCO Qualification: PHARMACIST / OWNER
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: NAKEMBETWA MARCO PIN: 0101399

Residential Address: 743 DODOMA Tel: 0765375446 Email: kyangalangakeboy@gmail.com

Contract commencement date: 01/04/2024 Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Due to change of ownership.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: NAKEMBETWA MARCO

(Contact/email if different from the above)

Address: ..... Tel: ..... E-mail: .....

Signature of Applicant..... Date 02/04/2024

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..... Date 02/04/2024.

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	**: 924121247114514**
Received from	: GIDANA PHARMACY
Amount	: 200,000.00
Amount in Words	: Two 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 OWNRESHIP & NAME		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16214121243839427512
Payment Control Number	**: *991620244110***
Payment Date	**: 2024-04-30 15:02:58**
Issued by	: Zena Mango
Date Issued	: 2024-04-30 15:04:51
Signature	: .....

F.54

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THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP.311)

Full Name ..... Nakembetwa Marco .....

.....

*I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0101399	8th December, 2016	10th April, 1987	Tanzanian	P.O. Box 72 Kiomboi, Singida	Bachelor of Pharmacy	Muhimbili University of Health and Allied Sciences 2015

Date 08th December 2016

REGISTRAR

NOTES. 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacists published annualy by the Council; and reference should thereafter be made to the current Published list for evidence as to continue registration.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-221-490
MKURUGENZI WA JIJI DODOMA
SALAMA
1249
DODOMA

Tax Certificate Number:
161-0199-5534

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 03 April 2024
Expiry Date: 31 December 2024

Taxpayer Name	**NAKEMBETWA MARCO KYANGALA**		
Trading Name			
Taxpayer Identification Number	**138-877-728**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DODOMA,
DISTRICT : DODOMA,
STREET : Kikuyu

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 pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
03 April 2024

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 MAUZIANO YA DUKA LA DAWA

MKATABA HUU umefanyika hapa Dodoma hii leo tarehe 26 mwezi 03 2024.

KATI YA

GASTO I. MTEI wa Mkonze mwenye namba ya simu 0658092088 **DODOMA,** ambaye katika mkataba huu atatambulika kama **"muuzaji"**kwa upande mmoja.

NA

NAKEMBETWA MARCO KYANGALA wa Ilazo kata ya Ipagala **DODOMA**, Mwenye namba ya simu 0765375446 ambaye katika mkataba huu atajulikana kama **"mnunuzi"**kwa upande mwingine.

AMBAPO, muuzaji ni mmiliki wa duka la dawa linalojulikana kama Gastanna Pharmacy ambapo ni mpangaji halali wa chumba hicho cha biashara kilichopo mtaa wa Image, kata ya Kikuyu Kusini, Dodoma mjini, chumba ambacho ni mali ya ndugu JOSEPHINE RWEHUMBIZA.....

NA AMBAPO muuzaji anayo nia ya dhati ya kuuza biashara hiyo katika chumba hicho pamoja na vifaa vyote vilivyopo ndani yake kwa mnunuzi.

NA AMBAPO, mnunuzi kwa hiari yake ameridhia kupangisha chumba tajwa hapo juu na vifaa vyake vyote ikiwemo, makabati, AC, meza ya mfamasia na kiti, viti vya watoa dawa, dust bin, kifaa cha kubebea ndoo ya kunawia na ndoo yake, DDA Box, gharama ya kodi ya pango pamoja na kibali cha famasi kutoka baraza la Famasi Tanzania na hivyo pande zote mbili zimekubaliana kuuziana chumba hicho na vifaa vilivyomo kwa bei ya shilingi Milioni Kumi na Sita tu, (Tsh 16,000,000/=) kwa makubaliano yafuatayo;

HIVYO BASI MKATABA HUU UNASHUHUDIA MAKUBALIANO YAFUATAYO:-

1. Kwamba, pande zote mbili zimekubaliana kuwa muuzaji anauza chumba cha duka pamoja na vifaa vilivyomo ndani ya duka hilo kama vilivyoainishwa hapo juu kwa thamani ya shilingi Milioni kumi na sita (Tsh 16,000,000/=) tu.
2. Kwamba, fedha hizo tajwa hapo juu zitalipwa kwa mkupuo mmoja Mnunuzi atalipa pesa taslimu milioni kumi na sita **(Tsh 16,000,000/=),** zitatumwa kwenye akaunti **CRDB** yenye jina la **ANNA DOMINICK MALEWA** yenye nambari **0112018290300.**

Pande zote mbili zinazohusika na mkataba huu zimeweka sahihi mbele ya shuhuda wao leo tarehe 26.. mwezi wa ...03....., 2024.

Umesainiwa hapa **DODOMA** na
GASTO I. MTEI
ambaye namfahamubinafsi/ametambulishwa
kwangu na .....
ambaye namfahamu binafsi
mbele yangu leo tarehe ..26..mwezi.....03...2024.

.....
MUUZAJI

MBELE YANGU:
Jina: LYDIA SHUKURU MNETE
Sahihi: .....
Anuani: S.L.P 774, DODOMA
Sifa: WAKILI

Lydia Shukuru Mnete
P.O Box 774 Dodoma
Advocate, Notary Public &
Commissioner for Oaths

Umesainiwa hapa **DODOMA** na
NAKEMBETWA MARCO KYANGALA
ambaye namfahamubinafsi/ametambulishwa
kwangu na GASTO I. MTEI.....
ambaye namfahamu binafsi
mbele yangu leo tarehe ..26..mwezi..03.....2024.

.....
MNUNUZI

MBELE YANGU:
Jina: LYDIA SHUKURU MNETE
Sahihi: .....
Anuani: S.L.P 774, DODOMA
Sifa: WAKILI

Lydia Shukuru Mnete
P.O Box 774 Dodoma
Advocate, Notary Public &
Commissioner for Oaths

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102054

This is to certify that the premises owned by M/S ***Gastana Pharmacy*** of ***P.O Box 11025, Dodoma*** located at ***Plot No. 168, Image Street, Kikuyu Kusini, Dodoma City*** Municipality/District in ***Dodoma*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102054***

Issued in: ***June 2022***

Expires on: ***30 June 2027***

11-03-2020

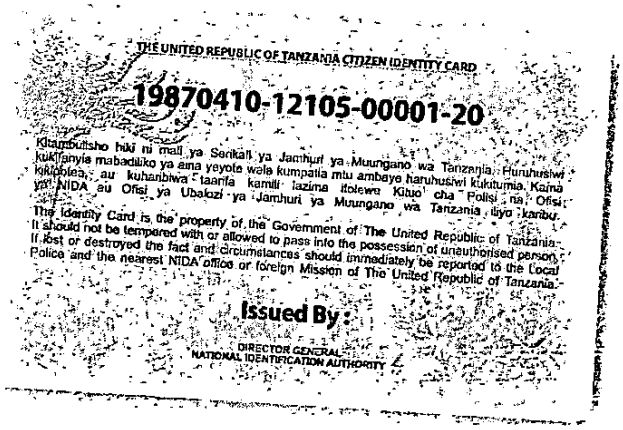
DATE:

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***


JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD
19870410-12105-00001-20
JINA LA KWANZA : NAJEMBETWA
JINA LA UKOO : KYANGALA
Expiry Date: 29 MAY 2024


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD
19870410-12105-00001-20
Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hairuhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuhanbiwa taarifa kamili lazima itolewa Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.
The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered with or allowed to pass into the possession of unauthorised 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.
Issued By :
DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY