PCF.14

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

PHARMACY COUNCIL RECEIVED 25 FEB 2025 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: ULUGURU DAY & NIGHT PHARMACY FIN 0100644

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

PHYSICAL ADDRESS:

Plot No. 66/67 Street: MLAPAKOLO Ward MJI MKUU

District/Municipal: MOROGORO MJINI Region: MOROGORO

POSTAL ADDRESS: 1557 Contact. No. 0628616936

E-mail: dmringo02@gmail.com

OWNERSHIP:

Directors (Names): 1. Dianarose I. Mringo Qualification: Pharmacist

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

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

SUPERINTENDANT INFORMATION:

Full Name: Dianarose Ismail Mringo PIN: 0102712

Residential Address: Morogoro Tel: 0628616936 Email: dmringo02@gmail.com

Contract commencement date: — Cessation date: —

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NALA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 66/67 Street. MLAPAKOLO Ward MJI MKUU

District/Municipal. MOROGORO MJINI Region MOROGORO

POSTAL ADDRESS: 1557 CONTACT. No. 0628616936

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
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. To distinguish the business from Ulugulu Pharmaceuticals which has a premise within the vicinity.

2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: DIANAROSE ISMAIL MRINGO

(Contact/email if different from the above)

Address: Morogoro Tel: 0628616936 E-mail: dmringo02@gmail.com

Signature of Applicant ..... Date 20-8-2024

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 20-8-2024

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	: **925056312906754**
Received from	: NALA 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	: 16210056252618788030
Payment Control Number	: ***991620299323***
Payment Date	: **2025-02-25 10:29:29**
Issued by	: Zena Mango
Date Issued	: 2025-02-25 10:32:24
Signature	:

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-969-614
MKURUGENZI WA MANISPAA-MOROGORO
SHULE
166
MOROGORO

Tax Certificate Number:
241-0227-8666

Issuing Office: Morogoro
Telephone: 023-2614770
Date of issue: 17 February 2025
Expiry Date: 31 December 2025

Taxpayer Name	**DIANAROSE ISMAIL MRINGO**		
Trading Name			
Taxpayer Identification Number	**146-385-699**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MOROGORO,
DISTRICT : MOROGORO,
STREET : Mlapakolo

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
17 February 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.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0505010897

This is to certify that the premises owned by M/S ***Uluguru Day and Night Pharmacy*** of ***P.O. Box 1557, Morogoro,*** located at ***Plot No. 102/101, Rwegasole Road,*** Manicipality/ District in ***Morogoro*** region have been registered for ***Retail Pharmacy*** for ***Selling Pharmaceutical Products,*** with Facility Identification Number (FIN) ***0505010897***

Issued on: ***July, 1996***

DATE:

SIGNATURE OF REGISTRAR AND STAM

CONDITIONS

1. ***The premises and the manner in which the business is to be conducted must conform to requirements of the Pharmacy Act Cap. 311 or any other written law related to the premises registration at all times, failure of which will cause this certificate be suspended, revoked or cancelled***
2. ***The Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act***
3. ***Any Change in the ownership, business name 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. ***This certificate shall be displayed conspicuously in the registered premises***

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 594506

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

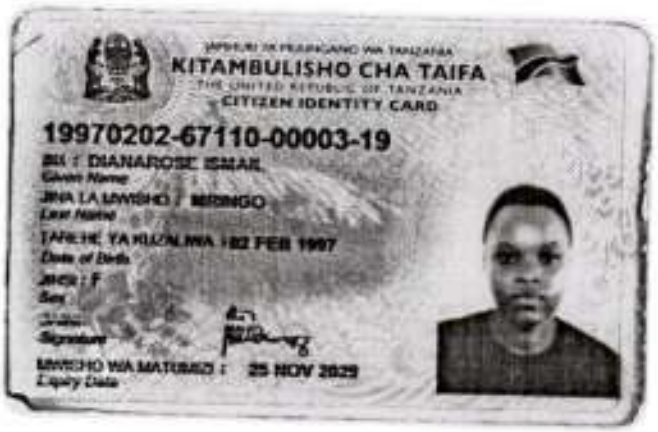
I HEREBY CERTIFY THAT **NALA PHARMACY** this **21st** day of **JANUARY** year **2025** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **594506** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **21st** day of **JANUARY TWO THOUSAND AND TWENTY FIVE.**

REGISTRAR OF BUSINESS NAMES *TANZANIA*

Deputy Registrar Business Names

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.


KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD
19970202-67110-00003-19
JINA : DIANAROSE ISMAIL
Given Name
JINA LA UKOO / MSINGO
Last Name
TAREHE YA KUZALIWA : 02 FEB 1997
Date of Birth
JINSI : F
Sex
Signature
MWISHO WA MATUMIZI : 25 NOV 2029
Expiry Date


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD
19970202671100000319
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 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
DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

MKATABA WA KUPANGISHA DUKA

Makabidhiano yamefanyika leo tarehe ..... 20 - 08 - 2024 .....

kati ya Dr. Ismaili Hamisi Mringo wa S.L.P 1557 MOROGORO kwa upande mmoja kama MMILIKI halali wa nyumba iliyoko Mlapakolo street kwenye Plot No. 66/67 na Ndugu DIANAROSE I MRINGO wa S.L.P ...1557..... Morogoro kwa upande mwingine kama MPANGAJI katika duka lililotajwa hapo juu.

Kwa kuwa MMILIKI anayo nia ya kupangisha duka lililotajwa hapo juu ili kujipatia pesa na kwa kuwa MPANGAJI anataka kupanga duka hilo kwa madhumuni ya kufanyia biashara basi wote tumekubaliana kama ifuatavyo:-

A. (i) MMILIKI atampangisha MPANGAJI kwenye duka hilo kwa kipindi cha mwaka ~~moja~~/miwili. Mkataba huu unaweza kurudiwa kwa maridhiano ya pande mbili husika.

(ii) MMILIKI atatakiwa kutoa taarifa ya maandishi yakuonyesha nia yake ya kutopangisha tena duka hilo kunako siku sitini kabla ya mwisho wa mkataba.

(iii) MPANGAJI hatotozwa malipo yoyote ya pango kwa kipind chote cha mkataba huu

(iv) Baada ya kusaini mkataba huu MMILIKI hatatakiwa kumuingilia kwa njia yoyote MPANGAJI ila MMILIKI atatakiwa kwa mwezi mara moja kukagua hali ya nyumba na kumshauri MPANGAJI ipasavyo.

(v) MMILIKI atatakiwa kushughulikia ulipaji wa kodi ya kiwanja na property tax.

B.

(vi) MPANGAJI atatakiwa kuhakikisha kuwa analipa Ankra zote za umeme wakati akiwa MPANGAJI

(vii) MPANGAJI atakiwa kutoa taarifa ya maandishi kuonyesha nia yake ya kutopanga au kuendelea kupanga duka hilo kunako siku sitini kabla ya mwisho wa mkataba, asipofanya hivyo MMILIKI atachukulia kwamba MPANGAJI hana haja tena ya kupanga duka hilo kwa hiyo anayo haki ya kuchukua jukumu la kumpangisha mtu mwingine.

(viii) MPANGAJI atatumia duka hilo kwa matumizi ya biashara tu.

(ix) MPANGAJI atawajibika kuweka mazingira ya nyumba hiyo katika hali nzuri na kuikabidhi katika hali ile ile aliyoikuta.

(x) MPANGAJI atatakiwa kushughulikia matengenezo madogomadogo ili kuweka duka hilo katika mazingira mazuri.

(xi) MPANGAJI hatakiwa kufanya mabadiliko yoyote kwenye duka hilo bila ya ridhaa ya MMILIKI kwa maandishi.

Kwa mkataba huu wote tumeshuhudia na kuweka saini zetu hapa chini kama ifuatavyo:-

JINA LA MMILIKI ..... ISMAIL ABRAHAM MRINGO
SAINI YAKE .....
TAREHE 20/8/2024

JINA LA MPANGAJI ..... DIANAROSE - I MRINGO .....
SAINI YAKE .....
TAREHE ..... 20-8-2024 .....

JINA LA SHAHIDI ..... EMMANUEL K. MWITA .....
SAINI YAKE .....
CHEO CHAKE ..... WAKILI .....
TAREHE ..... 20/08/2024 .....

Emmanuel Julius Kimaro
Advocate, Notary Public & Commissioner for Oaths