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: WAKA PHARMACY FIN. 0102804

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

PHYSICAL ADDRESS:

Plot No. ..... Street: STENDI YA KWANZA Ward. KISESA

District/Municipal. MAGU Region: MWANZA

POSTAL ADDRESS: 2376 MWANZA Contact. No. 0744101941

E-mail: mustaphasigfrid@gmail.com.

OWNERSHIP:

Directors (Names): 1. ~~Sigfrid Mustapha~~ Qualification: ~~Pharmacist~~

2. Angelina William Qualification: Sole Proprietor.

3. ~~Sigfrid Mustapha~~ Qualification: ~~Pharmacist~~ Pharmacist.

SUPERINTENDANT INFORMATION:

Full Name: SIGFRID MUSTAPHA PIN: 0102570

Residential Address: 1741, MWANZA Tel: 0744101941 Email: mustaphasigfrid@gmail.com

Contract commencement date: 14/01/2025 Cessation date. 13/01/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: .....

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

PHYSICAL ADDRESS:

Plot No. ..... Street STENDI YA KWANZA Ward. KISESA

District/Municipal. MAGU Region MWANZA

POSTAL ADDRESS: Box 1741 MWANZA CONTACT. No. 0744101941

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SIGFRID MUSTAPHA Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: SIGFRID MUSTAPHA PIN: 0102570

Residential Address: 1741, MWANZA Tel: 0744101941 Email: mustaphasigfrid@gmail.com

Contract commencement date: 14/01/2025 Cessation date 13/01/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. This pharmacy has been sold and is now owned by another individual who is officially recognized as the new owner.
2. Therefore we are tranfering ownership to officially recognize the new owner in accordance with the law.

SECTION D: APPLICANT INFORMATION

Name of Applicant: SIGFRID MUSTAPHA.

(Contact/email if different from the above)

Address: Box 1741, MWANZA Tel: 0744101941 E-mail: mustaphasigfrid@gmail.com

Signature of Applicant ..... Date 03/03/2025

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 ..... Date 03/03/2025

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)

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 SIGFRID MUSTAPHA with Personal Identification Number (PIN) 0102570 of Year 2020, residing at ILEMELA district, in MWANZA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named WAKA PHARMACY, with Facility Identification Number (FIN) 0102804 of year 2023, located at KISESA District, MAGU Region with a Business Tax Identification Number (TIN)_____ (**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: 0744101941 Email Address: mustaphasigfrid@gmail.com

Signature: [signature] Date: 03/03/2025

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**

CTIN: 0461011

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION

FOR

TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

SIGFRID MUSTAPHA OMARY

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

138-160-335

WITH EFFECT FROM: **14 November 2018**

TRA LOCATION: **SIMIYU**

TAX OFFICE: **BARIADI**

PHYSICAL LOCATION:

STREET / AREA: NKOLOLO

ABDUL Y. MAPEMBE

AG. COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

MKATABA WA PANGO LA CHUMBA CHA BIASHARA
KILICHOPO JB- CLUB
BARABARA KUU MWANZA- MUSOMA

MASHARTI YA PANGO.

1. Kodi ya chumba kimoja (1) cha biashara ni Tshs. Laki mbili (200,000/=)
2. Mpangaji atalipia kodi ya pango kuanzia miezi sita (6) na kuendelea
3. Kodi ya pango lazima ilipwe mwanzo wa mwezi kabla mpangaji ajaanza biashara pindi mkataba wa awal unapo kwisha. Mpangaji haruhusiwi kuendesha biashara kabla hajalipa mkataba mwingine.
4. Kodi ya pango hairudishwi mpangaji akishaanza kutumia chumba na baadae akaairisha au kusitisha biashar yake.
5. Mpangaji ni lazima alipe gharama za ulinzi Tshs. Elfu tisa miatano tu (9,500/=) kwa kilamwezi.
6. Mpangaji anatakiwa atoe taarifa ya mwezi mmoja anapo taka kurudisha chumba.
7. Chumba kikabidhiwe kwa mwenye nyumba au msimamizi kikiwa katika hali nzuri kama kilivyokuw mwanzoni.
8. Bili ya umeme ya kila mwezi itachangiwa na wapangaji wote kulingana na matumizi.
9. Usafi wa mazingira ya nje ya chumba nilazima ufanywe na mpangaji husika.
10. Matumizi ya choo.
- ❖ Mpangaji atachangia gharama za usafi wa chooTsh.5,000/= kwa mwezi.
- ❖ Malipo yatafanyika kwa muhusika atakaye kabidhiwa kusimamia usafi wa choo.

11. Mpangaji haruhusiwi kupangisha chumba alichopanga kwa mtu mwingine.
12. Mpangaji ni lazima asome masharti haya kwa makini ndipo ajaze mkataba huu nilazima ayatimize mashar haya pasipo usumbufu.
13. Mpangaji asipo zingatia masharti haya ndani ya mkataba wake, utasitishwa na kuondolewa kweny chumba.

MAELEZO YA MPAGISHAJI (MWENYE NYUMBA/MSIMAMIZI) 0754-440915

Mimi JOHN K. BUNYANYA wa KISESA S.L.P 11078 Simu 0766-292756

NimepokeaTsh. 4,000,000/ kutoka kwa ndugu ANGELINA WILLIAM

Kwaajili ya malipo ya chumba kuanzia leo tarehe 01/02/2024 mwisho wa mkataba

tarehe 31/12/2025 Naweza kumtoa mpangaji wakati wowote endapo atakiuka masharti hayo hapo juu.

Sahihi ya mwenye nyumba/ msimamizi .....

MAKUBALIANO YA MPANGAJI

Mimi ANGELINA WILLIAM wa IGOMA S.L.P..... Simu 0748193384

Nimekubaliana na masharti yaliopo hapo juu na ninalipa Tsh. 4,000,000/= kwa maneno Milioni nne tu zamwezi/miezi/mwaka Miaka miwili za

pango kuanzia tarehe 1/1/2024 .....Mwisho wa mkataba Tarehe 31/12/2025

Sahihi ya mpangaji.....

YAH: MAKABIDHIANO YA MIANGUHZI WA FEDHA KIASI CHA TSH. 500,000/= KATI YA FEDHA ZA PANGO LA MIAKA MIWILI 2026-2027/28 AMBACHO NI TSH: 4000,000/=

Mimi Sigfrid Mustapha wa Waka pharmacy Nimekabidhi Ndugu: Maneno Aloyce Msimamizi wa nyumba ya biashara (JB-CLUB) iliyoko stend ya kwanza kisesa nyumba ya Ndugu: JOHN K. BUNYANYA kiasi cha Tsh. 500,000/= kwa ni sehemu ya malipo ya pango la miaka miwili kuanzia 01/01/2026 hadi 31/12/2027

Sahihi ya Mlipaji: [signature] 0744101941

Sahihi ya Mpokea fedha: [signature] 0766298916

Sahihi ya shahidi1: [signature] 0784429228

Sahihi ya shahidi2: [signature] 0753724760

Leo Tar. 06/01/2025 nimempatia Ndugu Maneno Aloyce Msimamizi wa nyumba ya ndugu JOHN. K. BUNYANYA kiasi cha Tsh. 1500,000/= kwa ajili ya bili ya 2026-2027 sasa jumla ni 2000,000/= (kisha 2M iliyobaki nitalipa Tar. 28/2/2025

Sahihi ya Mlipaji na Jina: Sigfrid Mustapha [signature]

Sahihi na jina la Mpokeaji: [signature]

MKATABA WA KUUZIANA FAMASI INAYOJULIKANA KWA JINA WAKA PHARMACY

Mkataba huu umefanyika leo tarehe...11..... mwezi...06... mwaka 2024

KATI YA

ANGELINA WILLIAM KASANZU

wa S L.P .....34..... kata ya ..KISESA.... Wilaya ya ..MAGU:.....
Mwanza, katika mkataba huu anajulikana kama **MUUZAJI**), kwa upande mmoja

NA

.....wa S.L.P .....Mwanza
~~AKISHIRIKIANA NA~~ SIGFRID MUSTAPHA..wa S.L.P ....1741, MAGU...Mwanza
(ambao katika mkataba huu wanajulikana kama **WANUNUZI),** kwa upande mwingine.

KWA KUWA, muuzaji ni mmiliki halali wa **FAMASI** inayojulikana **Kwa jina: WAKA PHARMACY iliyosajiliwa na baraza la famasi kwa FIN NO:**...0102804...,**IKIWA CHINI YA USIMAMIZI WA** Mfamasia ..NZUGUNA CHACHA..... kata ya ..KISESA.... wilaya ya ...MAGU..... Ndani ya mkoa wa MWANZA na katika Mkataba huu ikitambulika kama **WAKA PHARMACY YENYE FIN NO**: 0102804...

NA

KWA KUWA, Muuzaji akiwa na akili timamu bila kulazimishwa na mtu yeyote Yule, kwa hiari yake mwenyewe ameamua kuwauzia Famasi hiyo.

NA

KWA KUWA , Mnunuzi naye amekubali kununua Famasi hiyo.

NA

KWA KUWA, MUUZAJI amehakikisha kwa mnunuzi kwamba Famasi hiyo haina dhima (encumbrances) yeyote ile kisheria wala kesi mahakamani inayohusu Famasi hiyo.

Sasa basi, pande zote mbili zimekubaliana kama ifuatavyo;-

1. **KWAMBA MUUZAJI** anauza **FAMASI FIN** namba..0102804..Mtaa wa..STENDI YA KWANZA kata ya ..KISESA.... katika wilaya ya ...MAGU..... ndani ya mkoa wa MWANZA ikiwa na KILA KITU vikiwemo madawa,solar,camera,kodi ya nyumba mpaka june 2025,bili ya mfamasia ya miezi saba iliyobaki,ukarabati wote wa jengo uliofanyika kwa MNUNUZI kwa makubaliano ya kiasi cha fedha za kitanzania(13,500,000/=) Milioni kumi Natatu na laki tano tu.

2. **KWAMBA MNUNUZI** atafanya malipo hayo kwa muuzaji kwa kutoa fedha tasilimu shilingi za kitanzania 10,000,000/= (Milioni Kumi) leo tarehe ..11.. mwezi JUNE(06). Mwaka 2024. Na fedha zitakazobaki kiasi cha shilingi za kitanzania (3,500,000/=) Milioni tatu na laki tano kitalipwa Tarehe..10/07/2024..... bila kukosa,Endapo Pesa hii haitalipwa Tarehe..10/07/2024.....~~Mnunuzi~~ Muuzaji atarudisha Fedha zote taslimu alizolipwa na Mnunuzi atakabidhi Famasi hiyo kwa Muuzaji.
3. **KWAMBA, MUUZAJI** atamkabidhi mnunuzi FAMASI na Nyalaka zote zinazohusu umiliki wa FAMASI hiyo mara baada ya kutia sahihi kwenye makubaliano haya ambapo MUUZAJI ataweka sahihi na Mnunuzi ataweka sahihi kuonyesha kutoa fedha hizo pamoja na kupokea FAMASI HIYO.

4. **KWAMBA** , mara baada ya kutia sahihi makubaliano haya FAMASI inayojulikana kwa jina WAKA PHARMACY itakuwa mali ya SIGFRID MUSTAPHA .....~~na~~.....

JINA LA MUUZAJI ANGELINA W. KABANZU

SAHIHI YAMUUZAJI

JINA LA SHAHIDI WA MUUZAJI ESNETH W. KABANZU

SAHIHI YA SHAHIDI

JINA LA MNUNUZI NO.1: SIGFRID MUSTAPHA

SAHIHI YA MNUNUZI NO.1:

JINA LA SHAHIDI Sukuya MANDU

SAHIHI YA SHAHIDI

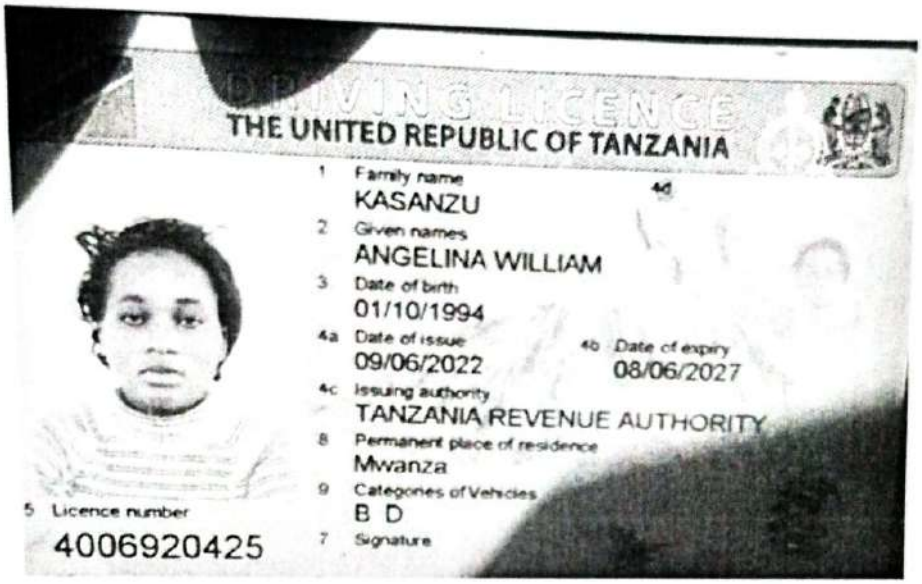
~~JINA LA MNUNUZI NO.2:~~

~~SAHIHI YA MNUNUZI NO.2:~~

PASSPORT

~~JINA LA SHAHIDI~~

~~SAHIHI YA SHAHIDI~~



DRIVING LICENCE

THE UNITED REPUBLIC OF TANZANIA

1 Family name
KASANZU

2 Given names
ANGELINA WILLIAM

3 Date of birth
01/10/1994

4a Date of issue
09/06/2022

4b Date of expiry
08/06/2027

4c Issuing authority
TANZANIA REVENUE AUTHORITY

8 Permanent place of residence
Mwanza

9 Categories of Vehicles
B D

5 Licence number
4006920425

7 Signature

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19941001-33201-00004-15

JINA : **ANGELINA WILLIAM**
Given Name

JINA LA MWISHO : **KASANZU**
Last Name

TAREHE YA KUZALIWA : **01 OCT 1994**
Date of Birth

JINSI : **F**
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : **27 JUL 2028**
Expiry Date

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19931224-41111-00005-26

JINA : SIGFRID MUSTAPHA
Given Name

JINA LA MWISHO : MAKIBONYA
Last Name

TAREHE YA KUZALIWA : 24 DEC 1993
Date of Birth

JINSI :M
Sex

SAINI:
Signature

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19931224411110000526

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

Certified as True Copy of the Original
Mdimithomas Ilanga
Advocate, Notary Public
& Commissioner for Oaths
Date: 9/12/2024 Sign: .....

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

SIGFRID MUSTAPHA

PIN NO: 0102570

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:**01 January 1970**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925062314464152**
Received from	: SIGFRID MUSTAPHA
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	: 16216062252703372966
Payment Control Number	: ***991620299682***
Payment Date	: **2025-03-03 16:30:09**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-03-03 16:32:26
Signature	: .....