Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924198263286699**
Received from	: NOELLA 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	: 16214197241454301175
Payment Control Number	**: *991620261189***
Payment Date	**: 2024-07-16 05:44:18**
Issued by	: Alex Abias
Date Issued	: 2024-07-22 09:13:54
Signature	: .....

PHARMACY COUNCIL

9916202261189 Akpia 100,000/=

PCF.14

15/07/2024.

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: NOELLA PHARMACY ..... FIN. 0102149

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

PHYSICAL ADDRESS:

Plot No. - Street: KWA MATHIAS

District/Municipal. KIBAHA TC Ward. KIBAHA ~~TC~~

POSTAL ADDRESS: ..... Region: PWANI

E-mail: ..... Contact. No. .....

OWNERSHIP:

Directors (Names): 1. GRACE JAPHET LYIMO Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: HAIKAEL DOMINIC LYIMO PIN: 0101846

Residential Address: KIBAHA TC Tel: 0654297427 Email: haikael2011@gmail.com

Contract commencement date: 01/7/2024 Cessation date 30/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NOELLA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street KWA MATIAS Ward. MKUZA

District/Municipal. KIBAHA TC Region PWANI

POSTAL ADDRESS: ..... CONTACT. No. .....

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

Directors (Names):

1. HAIKAEL DOMINIC ..... Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: HAIKAEL DOMINIC LYIMO PIN: .....

Residential Address: KIBAHA Tel: 0654297427 Email: haikael2011@gmail

Contract commencement date: 01/7/2024 ..... Cessation date 30/6/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. CHANGE OF THE PHARMACY OWNERSHIP
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: HAIKAEL DOMINIC LYIMO

(Contact/email if different from the above)

Address: KBH - PWANI Tel: 0654297427 E-mail: haikael.D.Lyimo

Signature of Applicant ..... Date 14/07/2024

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 14/07/2024

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)

MKATABA WA MAUZIANO YA

DUKA LA DAWA (PHARMACY)

Kati ya

GRACE JAPHET LYIMO

Na

HAIKAEL DOMINIC LYIMO

MKATABA WA KUNUNUA PHARMACY

MKATABA HUU umefanywa Leo tarehe 5 mwezi 7 MWAKA 2024

Baina ya

Bi. **GRACE JAPHET LYIMO** wa , kata ya Ilala wilaya ya Ubungo , mkoa wa Dar es salaam S.L.p 16112, (Ambaye katika Mkataba huu atajulikana na kutambulika kisheria kama **"MUUZAJI"**) Kwa upande mmoja;

Na

Bi HAIKAEL DOMINIC LYIMO, wa Kwa mathias kata ya mkuza wilaya ya kibaha mkoa wa pwani,

(Ambaye katika Mkataba huu atajulikana na kutambulika kisheria kama **"MNUNUZI"**) Kwa upande mwingine.

AMBAPO

Bila **shuruti** wala **vitisho** pande zote mbili zimeridhiana kwenye mkataba huu kwamba **MUUZAJI** ana nia thabiti ya kuuza pharmacy hiyo, na **MNUNUZI** ana nia thabiti ya kununua pharmacy hiyo.

AMBAPO SASA INASHUHUDIWA KUWA:-

1. **MUUZAJI** ni mmiliki halali wa pharmacy iliyosajiliwa na baraza la famasi kwa jina la NOELLA PHARMACY, P.O.BOX 22287, kwa FIN N0;0102149 iliyopo kwa mathias, kata ya mkuza , halmashauri ya mji wa kibaha, mkoa wa Pwani. Katika jengo lenye usajili N0. 163.

2. **MUUZAJI** anakubali kumuuzia pharmacy hiyo **MNUNUZI** kwa bei ya shilingi za kitanzania **MILIONI ISHIRINI** (sema, 20,000,000/=) ambapo mnunuzi analipa leo shilingi 20,000,000/= kwa mara moja, na hadaiwi chochote.

3. **MUUZAJI** anaahidi kuwa katika kutekeleza mataifa ya mkataba huu, kuanzia leo na kuendelea pharmacy hiyo na vyote vilivyomo ndani ni mali ya **MNUNUZI.**

4. **MUUZAJI** anamhakikishia **MNUNUZI** kuwa pharmacy hii haina madai yoyote wala mgogoro wowote na anaahidi kushughulikia kwa gharama zake mwenyewe endapo madai yoyote yatajitokeza.
5. Kwamba makubaliano haya ni ya kudumu na yatazibana pande zote mbili na hata warithi, ndugu na wawakilishi wao.
6. Kwamba mkataba huu unalindwa na sheria za Tanzania zinazohusu mikataba pamoja na mabadiliko yake yatakayojitokeza kwa mujibu wa sheria za Tanzania.
7. Kwamba endapo mgogoro wowote utajitokeza kati ya pande mbili basi mgogoro huo utatatuliwa kwa sheria za nchi zitakazo kuwepo wakati huo.

KWA KUSHUHUDIA pande zote mbili zinawekea sahihi zao Leo tarehe5 mwezi 7 na mwaka 2024 kama inavyoonekana hapa chini:

UMESAINIWA na KUWASILISHWA
Hapa na GRACE JAPHET LYIMO
Leo tarehe **5** Mwezi 7 mwaka 2024

G. Lyimo
MUUZAJI

MBELE YANGU:
Jina: KAREN JOHN ALBANO Saini: ..... Wadhifa: **WAKILI**

KAREN J. ALBANO Advocate, Notary Public & Commissioner for oaths P.O.BOX 15248 DAR ES SALAAM

UMESAINIWA na KUWASILISHWA
Hapa na HAIKAEL DOMINIC LYIMO
Ambaye ninamfahamu Leo tarehe **5**
Mwezi 7 mwaka 2024.

H. Lyimo
MNUNUZI

MBELE YANGU:
Jina: KAREN JOHN ALBANO Saini: ..... Wadhifa: **WAKILI**

KAREN J. ALBANO Advocate, Notary Public & Commissioner for oaths P.O.BOX 15248 DAR ES SALAAM

MKATABA HUU UMESHUHUDIWA PIA NA :

MASHAHIDI WA **MUUZAJI**:

1. Eliyulea D M Ruzu _____ Sahihi: .....
2. _____ Sahihi: .....

MASHAHIDI WA **MNUNUZI**:

1. SALMA MOHAMED CHANGA _____ Sahihi: .....
2. _____ Sahihi: .....

MBELE YANGU:

Jina: KAREN JOHN ALBANO Saini: .....

KAREN J. ALBANO
Advocate,
Notary Public
&
Commissioner
for oaths
P.O.BOX 1628 DAR ES SALAAM

Wadhifa: WAKILI

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 516916

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **NOELLA PHARMACY** this 3rd day of **JUNE** year **2022** 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 **516916** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 3rd day of **JUNE TWO THOUSAND AND TWENTY TWO**.

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.

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-896-595
HALMASHAURI YA MJI KIBAHA
MKOANI A
30112
KIBAHA

Tax Certificate Number: **271-0162-6747**

Issuing Office: Pwani
Telephone: 023 2402117
Date of issue: 11 April 2023
Expiry Date: 31 December 2023

Taxpayer Name	**GRACE JAPHETH LYIMO**		
Trading Name			
Taxpayer Identification Number	**155-920-173**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : PWANI,
DISTRICT : KIBAHA,
STREET : MKUZA

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

HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
11 April 2023

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.

NAME: GRACE JAPHETH LYIMO

NATIONAL ID:19580101371170000112

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02149-2024

This Permit is hereby granted to M/S *Noella Pharmacy* of *P.O. Box 22287, Pwani* to operate a *Retail Only Business* at the premises situated/lying between *Kwa Mathias Street, Mkuza, Kibaha* Municipality/District in *Pwani* Region with Facility Identification Number (FIN) *0102149* under a superintendent Pharmacist *Haikael Dominick Lyimo* with Personal Identification Number (PIN) *0101846*

Issued in: *June 2022*

Expires on: *30 June 2025*

04-07-2024

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. *This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation*
2. *The nature of conducting business shall conform to the category of pharmacist business registered*
3. *This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.*
4. *When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit*
5. *The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated*