



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchanged 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

:

Atopia 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: NOELA PHARMACY

FIN

0102149

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

PHYSICAL ADDRESS:

Plot No.

Street: KWA MATHERI

Ward: KUSHEHA TC

Region: PUANI

Contact No.

OWNERSHIP:

Directors (Names): 1. GRACE JAPHET

Qualification: DVM RFR

2.

Qualification:

3.

Qualification:

SUPERINTENDANT INFORMATION:

Full Name: HAIKHEL DOMINIC

Te: 0654292427

Residential Address: RIBOHA TC

Contract commencement date: 01/7/2024

Cessation date: 30/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NOELA PHARMACY

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

PHYSICAL ADDRESS:

Plot No.

Street: KWA MATHERI

Ward: KUSHEHA TC

Region: PUANI

POSTAL ADDRESS:

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. *HAIRAT DOMINIC* Qualification: *PHARMACEUT*

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: *HAIRAT DOMINIC* PIN:

Residential Address: *HAIRAT*

Contract commencement date: *01/7/2024* Tel: *0654992922* Email: *hairat2011@gmail*

Cessation date: *30/6/2025*

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. *CHANGE OF THE PHARMACY OWNERSHIP*

SECTION D: APPLICANT INFORMATION

Name of Applicant: *HAIRAT DOMINIC*

(Contact/email if different from the above)

Address: *HAIRAT - PAVIL* Tel: *0654992922* E-mail: *hairat2011@gmail*

Signature of Applicant: *HAIRAT*

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: *HAIRAT*

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

Bana ya

BI. GRACE JAPHET LYIMO wa , kata ya (Goba 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 HAIRAKEL 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 shurutii 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 NO:0102149 iliyopo kwa mathias, kata ya mkuza , halmashauri ya mji wa kibaha, mkoa wa Pwani. Katika jengo lenye usajili NO. 163.

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

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

4. **MUZAJI** 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 utatuliwa kwa sheria za nchi zitakazo kuwepo wakati huo.

KWA KUSHUHUDIA pande zote mbili zinaweka sahihi zao Leo tarehe 5 mwezi 7 na mwaka 2024 kama inavyoonekana hapa chini:

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

MBELE YANGU:

Jina: KAREN JOHN ALBANO Saini



Wadhifa: WAKILI

MUZAJI

C. Lyimo

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

MBELE YANGU:

Jina: KAREN JOHN ALBANO Saini



Wadhifa: WAKILI

MNUNUZI

H. Lyimo

MKATABA HUU UMESHUHUDIWA PIA NA:

MASHAHIDI WA MUZAJI:

1. Elyce D M Ruz
2. _____

MASHAHIDI WA MNUNUZI:

1. SAEMA MOTTAMID CHAKKA
2. _____

MBELE YANU:

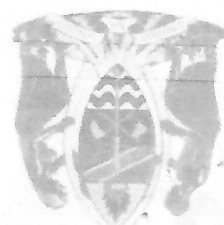
Jina: KAREN JOHN ALBANO Saini:



Wadhifa: WAKILI

Sahih: _____
Sahih: Albano

Sahih: _____
Sahih: Albano



TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 516916

Certificate of Registration

The Business Names (Registration) Act (Cap. 213)

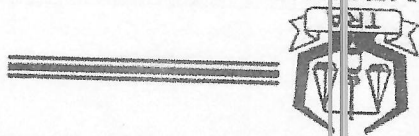
I HEREBY CERTIFY THAT **NOELA PHARMACY** this 3rd day of **JUNE** year **2022** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **516916** in the Index of Registration.

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



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)

Tax Certificate Number: 271-0162-6747

Issuing Office: Pwani

Telephone: 023 2402117

Date of issue: 11 April 2023

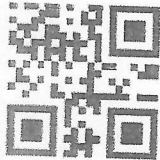
Expiry Date: 31 December 2023

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

Taxpayer Name	GRACE JAPHETH LYIN O
Trading Name	
Taxpayer Identification Number	155-920-173
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. KABEMELA
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

NATIONAL ID:19580101371170000112

NAME: GRACE JAPHETH LYIMO

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

DATE: 04-07-2024

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

