99162025972 9

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: FAVE PHARMACY FIN: 0102670

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

PHYSICAL ADDRESS:

Plot No. 154 Street: MNKAKANGO Ward: NKUHUNGU

District/Municipal: DODOMA DC Region: DODOMA

POSTAL ADDRESS: 13113 Contact. No. 0652214034

E-mail: faveenterprises1@gmail.com

OWNERSHIP:

Directors (Names): 1. JOEL RICHARD MHANDA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: GODFREY JOSEPH KILIWE PIN: 0103439

Residential Address: P.O.Box 447 DODOMA Tel: 0655084671 Email: Kiliwegodfrey130@gmail.com

Contract commencement date: 28/05/2024 Cessation date: 28/05/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: FAVE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 154 Street MNKAKANGO Ward NKUHUNGU

District/Municipal DODOMA DC Region DODOMA

POSTAL ADDRESS: 13113 CONTACT. No. 0652214034

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ALICE PETER TERI ..... Qualification: OWNER
2. ~~JACK RICHARD MAWANZA~~ Qualification: ~~OWNER~~
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: GODFREY JOSEPH KILAWE PIN: 0103439

Residential Address: P.BOX 47 DODOMA Tel: 0655084671 Email: kilawegodfrey150@gmail.com

Contract commencement date: 28/05/2024 Cessation date 28/05/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Selling Love Pharmacy Firm from Jack Richard Mawanza to Alice Peter Teri

2. Changing of Ownership from Jack Richard Mawanza to Alice Peter Teri.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ALICE PETER TERI

(Contact/email if different from the above)

Address: Dodoma P.BOX 13113 Tel: 0652 214 034 E-mail: alicepeter123@gmail.com

Signature of Applicant ..... Date 11/09/2024

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 11/09/2024

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)

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:
161-0179-7159

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 04 September 2023
Expiry Date: 31 December 2023

Taxpayer Name	**JOEL RICHARD MAVANZA**		
Trading Name			
Taxpayer Identification Number	**138-132-994**	Vat Registration Number	
Company Registration Number			

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

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	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy
3	Retail sale of pharmaceuticals in Accredited Drug Dispensing Outlet (ADDO) (ie. Duka la Dawa Muhimu (DLDM))

HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
04 September 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.

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 AJICE PETER TERI with Personal Identification Number (PIN) 0407416 of Year 2024, residing at NDOMA NC district, in NDOMA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named FAVE # PHARMACY, with Facility Identification Number (FIN) _____ of year 2024, located at NDOMA NC District, NDOMA Region with a Business Tax Identification Number (TIN) 153-610-037 (**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: 0652 214 034 Email Address: tenalica89@gmail.com

Signature: _____ Date: 22/07/2024

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**

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924194262670557**
Received from	: FAVE 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	: 16212194245144494315
Payment Control Number	: ***991620259729***
Payment Date	: **2024-07-12 12:54:33**
Issued by	: Zena Mango
Date Issued	: 2024-07-12 12:56:52
Signature	: .....

Government Payment Gateway © 2017 All Rights Reserved (GePG)

Joel Richard Mawanza
Dodoma
11-07-2024

REGISTRAR
PHARMACY COUNCIL
P.O.Box 1277
DODOMA

YAH: KUBADILISHA UMILIKI WA FAVE PHARMACY

Husika na kichwa cha barua hapo juu. Mimi Joel Richard Mawanza naomba kubadilisha umiliki wa famasi yangu iliyopo mtaa wa nkuhungu kata ya mzakwe kumilikiwa na nduguy Alice Peter Teri kwa kuwa mmiliki mpya, niki ambatisha na hati zote za msingi. Naamini ombi langu litapokelewa

Wako katika kufanya kazi

Joel Richard Mawanza

Joel

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: **161-0199-0282**

Issuing Office: Dodoma
Telephone: 026 23222912
Date of issue: 28 March 2024
Expiry Date: 31 December 2024

Taxpayer Name	**ALICE PETER TERI**		
Trading Name	**FAVE ENTERPRISES**		
Taxpayer Identification Number	**153-610-037**	Vat Registration Number	
Company Registration Number			

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

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	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
28 March 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 KUPANGISHA

NYUMBA PLOT NO.154.BLOCK.....H.....

Mkataba huu unafanywa leo tarehe .....7..... Mwezi.....11.....Mwaka.....2023

Kati ya

Ndugu.RATHIM A. FARRAGH..... wa simu Na.0762 073 075

Dodoma,Ambaye katika mkataba huu atajulikana kama **mwenye nyumba**(mmiliki)

Na

Ndugu.....ALICE · P. TERI..... wa simu Na.0652 214 034

ambaye katika mkataba huu atajulikana kama **(mpangaji)** kwa upande mwingine .

Makubaliano haya yanafikiwa kama ifuatavyo:-

i. Mpangaji atapanga nyumba tajwa hapo juu kwa matumizi ya ~~kuishi~~ Biashara tu yeye pamoja na familia kwa kipindi cha miezi .....3....., kuanzia tarehe ya mkataba huu.Kiwango cha kodi kwa mwezi ni Tsh.200,000/=ambapo mpangaji atatakiwa kulipa jumla ya kiasi cha shilingi...1,200,000/=...kwa mwezi 3

ii. Mpangaji atakabidhiwa funguo za nyumba mara baada ya kufanya malipo yaliyoanishwa kwenye kipengele (i) hapo juu.

iii. Gharama za maji na umeme zitalipwa na mpangaji na wala si sehemu ya kodi inayolipwa kwa mmiliki.Mpangaji haruhusiwi kuchokonoa mita ya umeme kwa lengo la kuiba umeme,pia haruhusiwi kuchokonoa mita ya maji kwa lengo la kuiba maji.Haya yote yakibainika ,suala hili litafikishwa kwenye vyombo husika kwa lengo la kuchukuliwa hatua kwa mujibu wa taratibu na sheria zilizowekwa na mamlaka husika. Ila gharama za maji zitachangiwa kwa wote mpangaji na mwenye nyumba.

iv. Mpangaji atatakiwa kutunza nyumba na vifa vyake vyote katika hali nzuri,na endapo kuna kifaa kitaharibiwa kwa makusudi ama uzembe wa mpangaji,mpangaji atawajibika kufanya marekebisho yote ya kudumu kabla ya kupata ridhaa ya Mmiliki.

v. Mpangaji atatakiwa kuchangia gharama za huduma ya majitaka endapo shimo la maji taka litajaa,pia kuepuka ujaaji wa shimo kwa haraka mpangaji atatakiwa kutokufulia ndani bali afulie nje.

vi. Mkataba huu utatumika kwa muda ulioainishwa katika kipengele (i),baada ya hapo mkataba mpya unaojitegemea utatayarishwa (endapo mpangaji atahitaji kuendelea kupanga) na kutiwa saini upya.Aidha mmiliki anaweza kuongeza kodi ya mkataba mpya kadri atakavyoona inafaa kwa kumtaarifu mpangaji na kukubaliana nae mwezi mmoja kabla ya mkataba wa awali haujaisha.

vii. Mkataba huu unaanza tarehe 7/11/2023 hadi 7/2/2024

Mkataba huu unashuhudiwa na kutiwa sahihi leo Tarehe 7/11/2023

Jina la mwenye Nyumba RAHIM A. FARAHAN sahihi R.A. FARAHAN

Shahidi wa mwenye nyumba BIWANA IDD OMI sahihi

Jina la mpangaji ALICE P TERI sahihi

Shahidi wa mpangaji NOEL R MAUNGA sahihi

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102670

This is to certify that the premises owned by M/S ***Fave Pharmacy*** of ***932 Dodoma*** located at ***Nkuhungu Ward, Mnyakongo Street, Plot No. 140G*** Municipality/District in ***Dodoma*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102670***

Issued in: ***June 2023***

Expires on: ***29 June 2028***

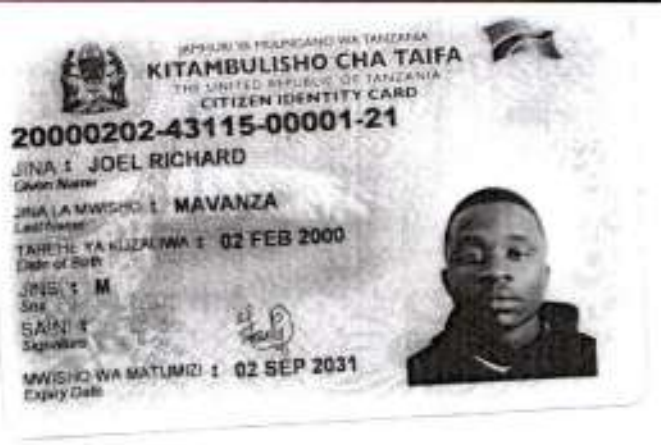
20-07-2023

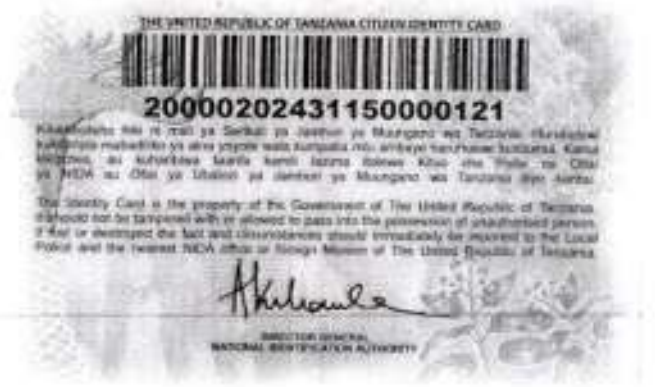
DATE:

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
20000202-43115-00001-21
JINA : JOEL RICHARD
Given Name
JINA LA MWISHO : MAVANZA
Last Name
TAREHE YA KUZALIWA : 02 FEB 2000
Date of Birth
JINSI : M
Sex
SAINI :
Signature
MWISHO WA MATUMIZI : 02 SEP 2031
Expiry Date


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD
20000202431150000121
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

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19990603-23209-00002-12

JINA : ALICE PETER

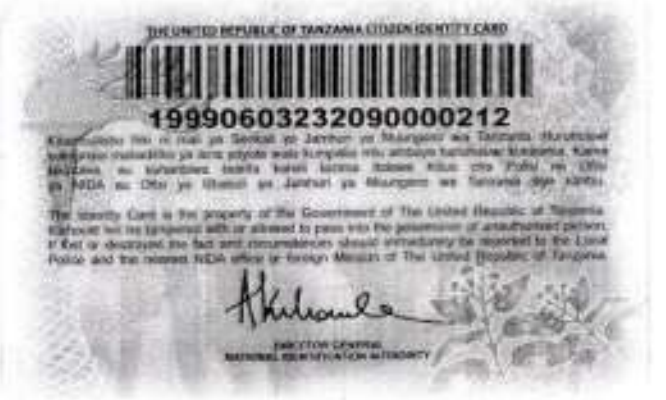
JINA LA MWISHO : TERI

TAREHE YA KUZALIWA : 03 JUN 1999

JINSI : F

SAINI :

MWISHO WA MATUMIZI : 15 MAR 2031



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19990603232090000212

SHERIA YA MKATABA

SURA YA 345

MKATABA WA MAUZIANO YA DUKA LA DAWA

KATI YA

JOEL RICHARD MAVANZA

NA

ALICE PETER TERI

MKATABA WA KUUZIANA DUKA LA DAWA BARIDI LIITWALO FAVE PHARMACY LILILOPO NYUMBA NA. 154, MTAA WA NYAMKONGO, KATA YA NKHUNGU, WILAYA YA DODOMA MKOANI DODOMA

MKATABA WA MAUZIANO YA DUKA LA DAWA

Mkataba huu umefanyika leo tarehe ..11.. Mwezi ..07.. Mwaka 2024.

KATI YA

JOEL RICHARD MAVANZA wa sanduku la posta 13113 Dodoma, mkazi wa jiji la Dodoma, (ambaye katika mkataba huu atajulikana kama "***Muuzaji***") kwa upande mmoja;

NA

ALICE PETER TERI, wa sanduku la posta **13113** Dodoma, Tanzania, (ambaye katika mkataba huu atajulikana kama "***Mnunuzi***") kwa upande wa pili.

KWAMBA, Muuzaji ni mmiliki halali wa duka la dawa baridi liitwalo Fave pharmacy lililopo nyumba na. 154, mtaa wa Nyamkongo, kata ya Nkhungu, wilaya ya Dodoma mkoani Dodoma.
KWAMBA, Muuzaji anataka kumuuzia Mnunuzi duka hilo kwa bei iliyoainishwa katika Mkataba huu.
NA KWAMBA, Mnunuzi yupo tayari kununua duka hilo kwa gharama na masharti yaliyoainishwa katika Mkataba huu.

MKATABA HUU UNASHUHUDIA MAKUBALIANO YAFUATAYO:

1. **GHARAMA ZA MAUZIANO;**

    1.1 Kwamba Muuzaji pamoja na Mnunuzi wamekubaliana kwamba Mnunuzi atanunua duka hilo kwa **Shilingi za Kitanzania Millioni Kumi (10,000,000/=**
    1.2 Muuzaji pamoja na Mnunuzi wanakubaliana Mnunuzi atamlipa Muuzaji pesa hiyo katika awamu moja.
    1.3 Pande zote mbili za mkataba huu zinakubaliana kwa kutia sahihi mkataba huu ni uthibitisho Wauzaji wamepokea **kiasi cha shilingi za kitanzania Milioni Kumi (TShs 10,000,000)** ikiwa ni malipo ya ununuzi wa duka hilo.
    1.4 Pande zote mbili zimekubaliana kuwa malipo yaliotajwa awali yatalipwa na mnunuzi kwa mfumo pesa taslimu.
    1.5 Kwamba mara baada ya malipo hayo Muuzaji atakuwa hana deni lolote kwa Mnunuzi linalohusiana na manunuzi haya.

2. **USULUHISHI**

2.1 Mgogoro wowote utakaojitokeza kutokana au utakaounganishwa kwenye mkataba huu utasuluhishwa pamoja kati ya pande mbili husika, itakaposhindikana, wahusika kwenye mkataba huu watapeleka mashauri yao katika Mahakama ya Jamhuri ya Muungano wa Tanzania.

3. **MENGINEYO**

3.1 Jambo lolote lililotokea katika Mkataba huu au linalohusu Mkataba huu litakuwa linaongozwa na kutafsiriwa kwa Sheria za Jamhuri ya Muungano wa Tanzania.

3.2 Mkataba huu utakuwa kwa lugha ya Kiswahili katika nakala halisi tatu kila moja.

KWA USHUHUDA BASI, pande zote mbili zinazohusika katika Mkataba huu zimeweka saini zao hapa chini kama ifuatavyo-

Mkataba huu umewekwa saini na kupokelewa
Na **JOEL RICHARD MAVANZA** ambaye
Ametambulishwa kwangu na _____
_____ na kujulikana kwangu leo
Tarehe 11 mwezi 07 mwaka 2024.

_____
MUUZAJI

JOEL SIGN

MBELE YA
JINA : VICTOR PHILBERT KAGILWA
TAREHE: 11/07/2024
SAHIHI.....
CHEO: **KAMISHNA WA VIAPO/WAKILI**

Victor Philbert Kagilwa Box 11090 Arusha Advocate, Notary Public & Commissioner for Oaths

Mkataba huu umewekwa saini na kupokelewa
Na **ALICE PETER TERI** ambaye
Ninamfahamu leo tarehe 11
Mwezi 07 Mwaka 2024.

_____
MNUNUZI

ALICE SIGN

MBELE YA
JINA : VICTOR PHILBERT KAGILWA
TAREHE: 11/07/2024
SAHIHI.....
CHEO: KAMISHNA WA VIAPO/WAKILI

Victor Philbert Kagilwa Box 11090 Arusha Advocate, Notary Public & Commissioner for Oaths

Sahihi ya Muuzaji .....

Sahihi ya Mnunuzi .....

SHAHIDI WA UPANDE WA MUUZAJI.

1.Jina: SARAPHINA MAUNZA

Sahihi..... Tarehe 11/07/2024

MADHIFA/ UHUSIANO WAKE NA MUUZAJI: DADA

SHAHIDI WA UPANDE WA MNUNUZI.

1.Jina: IVANOI - P. TERI . Wadhifa; KAKA

Sahihi..... Tarehe 11/07/2024

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 544118

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **FAVE ENTERPRISES** this **29th** day of **MAY** year **2023** 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 **544118** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **29th** day of **MAY TWO THOUSAND AND TWENTY THREE.**

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.