

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 | <input type="checkbox"/> |
| 2. BUSINESS NAME | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: IROGA PHARMACY FIN. 0200136

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

PHYSICAL ADDRESS:

Plot No. 102/103 Street: NYERERE ROAD Ward: PAMBA

District/Municipal: NYAMAGANA Region: MWANZA

POSTAL ADDRESS: P.O. BOX 8123, MWANZA Contact No. 0765 988 220

E-mail: eithermafiisi@gmail.com

OWNERSHIP:

Directors (Names): 1. ESTHER MAFISI IBRAHIM Qualification: Form IV
 2. Qualification:
 3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: SIKUSUA SYLVANUS NGALABA PIN: 0101227
 Residential Address: NYAMONGOLO ILEMELA Tel: 0755 493 012 Email: ssikusua@gmail.com
 Contract commencement date: 1st July 2024 Cessation date: 30th JUNE 2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: IROGAH PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 102/103 Street: NYERERE ROAD Ward: PAMBA

District/Municipal: NYAMAGANA Region: MWANZA

POSTAL ADDRESS: P.O. BOX 8123, MWANZA CONTACT No. 0765 988 220

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 modify the Premises Name to Match
with that of Business Registration and Lincen-
sing Agency.
2.
-
-

SECTION D: APPLICANT INFORMATION

Name of Applicant:

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: Date

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: *[Signature]* Date *3rd MARCH 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)

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma SIKUTUA S. NGALABA PIN 1227
2. Namba ya simu 0755493012 barua pepe ssikujua@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention) 31/12/2023
4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php)) ☒ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi SIKUTUA SYLVANUS NGALABA mwenye
taaluma ya dawa ngazi ya DIGRII nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
IROGA PHARMACY FIN 0200136 lililopo katika
Wilaya ya NYAMAGANA Mkoani MWANZA
Sahihi [Signature] Tarehe 24/06/2024

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Emmanuel J. Mshahidi Tarehe 01/07/24

Muhuri KNY:
DMO

MGANGA MKUU WA
MWANZA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) JORCE SUNGURUMA Kata ya MBUGANI

Nadhibitisha kwamba Ndugu SIKUTUA SYLVANUS anaishi

langu mtaa/kijiji UMURU, kuanzia mwaka 2021

Sahihi Afisamtendaji

Tarehe

01/07/24

Muhuri
Mtendaji

AFISA MTENDAJI WA KATA
KATA YA MBUGANI
JIL LA MWANZA



United Republic of Tanzania
Business Registrations and Licensing Agency
Application for Registration of Business Name
Business Names (Registration) Act (Cap 213)



APPLICATION

Tracking number G260221-0131
Application date 21/02/2025 13:59:28

APPLICANT

National ID 19801228332240000113
Name ESTHER MASISI IBRAHIM
Gender Female
Date of birth 28/12/1980
Nationality Tanzanian
E-mail Address wendobcc@gmail.com
Mobile Phone Numbers 0765988220
Can this person update data in ORS? Yes
This person is empowered to assign persons who can update data in ORS Yes

INFORMATION ABOUT BUSINESS NAME

Business name IROGAH PHARMACY
Business name owner type Individual

PRINCIPAL PLACE OF BUSINESS

Principal place of Business

Region Mwanza, District Nyamagana, Ward Nyamagana, Postal code 33101, Street nyamagana, Road nyerere road, Plot number 102/103, Block number Q, House number 102/103

P.O. BOX

33224

E-mail

consultants.vigor@gmail.com

Mobile Phone Number

0765988220

BUSINESS ACTIVITY

Name of activity 8690 - Other human health activities Main

OWNERSHIP

OWNER

National ID 19801228332240000113
Name ESTHER MASISI IBRAHIM
Gender Female
Date of birth 28/12/1980
Nationality Tanzanian
E-mail Address consultants.vigor@gmail.com
Mobile Phone Numbers 0765988220
Residential address

Region Mwanza, District Nyamagana, Ward Nyamagana, Postal code 33101, Street nyamagana, Road nyerere road, Plot number 102/103, Block number Q, House number 102/103

Is bank account operator?

Yes

Can this person update data in ORS?

Yes

Owner ESTHER MASISI
IBRAHIM

Masisi

26/02/2025

Signature and date



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 100-929-481

NMB BANK PUBLIC LIMITED COMPANY

OHIO/ALI HASSAN MWINYI RD

9213

DAR ES SALAAM

Tax Certificate Number:

221-0226-3796

Issuing Office: Mara

Telephone: 028 2622551

Date of issue: 04 February 2025

Expiry Date: 31 December 2025

Taxpayer Name	ESTHER MASISI IBRAHIM		
Trading Name	IROGA PHARMACY		
Taxpayer Identification Number	122-639-150	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MARA,

DISTRICT : TARIME,

STREET : ZEROZERO-NYAMONGO

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 business support service activities n.e.c.

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

04 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

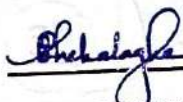
FIN: 0200136

This is to certify that the premises owned by M/S Iroga Pharmacy of P.O.Box 8123, Mwanza located at Plot No. 102/103, Block Q, Nyerere Road, Nyamagana Municipality/District in Mwanza Region has been registered for Wholesale Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0200136

Issued in: July 2016

02-06-2020

DATE:


SIGNATURE OF REGISTRAR
AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31818, DAR ES SALAAM

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



MKATABA WA UPANGAJI VYUMBA VIWILI VYA BIASHARA

Mkataba huu umetiwa saina leo.....¹⁹.....Mwezi¹².....2024

KATI YA

Ndugu **HUSSEIN YUSUF UGULUM** wa **S.L.P.....¹¹⁵⁹.....** **DAR ES SALAAM**
SIMU :0688232330 ambaye ni "Mpangishaji kwa upande mmoja.

NA

Ndugu **MASISI IBRAHIM** wa **S.L.P 8123 MWANZA** ambaye ni "Mpangaji" kwa upande mwingine.

Mpangishaji kwa hiari yake na bila ya kulazimishwa au kushawishiwa amekubali kumpangisha Mpangaji Vyumba Viwili kwa madhumuni ya kufanya biashara ya Pharmacy na Mpangaji kwa hiari yake amekubali kupanga vyumba hivyo viwili kwenye Nyumba iliyopo katika **kiwanja Na 102&103 kitalu "Q" Nyerere Road Mwanza** kwa muda wa mwaka mmoja kuanzia tarehe **1JANUARI 2025** hadi tarehe **31 DISEMBA 2025** kwa malipo ya kodi ya pango **Tanzania shilling Milioni Tisa (TShs. 9,000,000/=)**.

KATIKA MKATABA HUU PANDE ZOTE MBILI ZINAKUBALIANA KAMA IFUATAVYO:-

1. Mpangishaji anapangisha nyumba yake kwa Mpangaji kwa kodi ya pango ya **Tanzania shillings Milioni Tisa (Tshs. 9,000,000/=)** kwa mwaka mmoja.
2. Mpangaji atalipa kodi hiyo ya pango ya mwaka mmoja kwa awamu tatu. Malipo ya kodi ya pango ya awamu ya kwanza **Tshs.3,000,000/=** yatalipwa kabla tarehe **31 Machi 2025**, Malipo ya kodi ya pango ya awamu ya pili **Tshs.3,000,000/=** yatalipwa kabla tarehe **30 Juni 2025** na malipo ya kodi ya pango ya awamu tatu **Tshs.3,000,000/=** yatalipwa kabla ya tarehe **31 Septemba 2025**.
3. Mkataba huu ni wa mwaka mmoja na unaweza kuongeza muda wake kwa makubaliano ya pande mbili zinazohusika kwa makubaliano kuhusu kodi.

MPANGAJI ANAAHIDI NA KUJIFUNGA NA MPANGISHAJI KAMA IFUATAVYO:-

- (a) Kukamilisha malipo ya kodi kama ilivyotajwa hapo juu.

KWAMBA, Mkataba huu utatawaliwa na sheria za Mikataba ya Nchini Tanzania na udanganyifu wowote utakaotokea basi sheria itachukua mkondo wake.

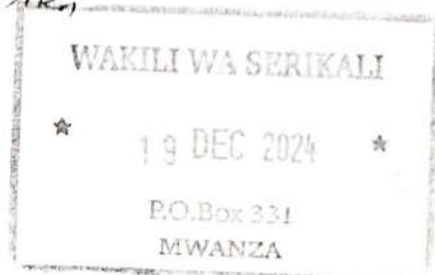
Pande zote mbili zinashuhudia kuwa mkataba huu umefungwa kwa tarehe tajwa katika ukurasa wa 1 wa mkataba huu kwa masharti yaliyoainishwa katika mkataba huu:-

UMETIWA SAINI hapa **MWANZA** na
HUSSEIN YUSUF UGULUM ambaye
Namfahamu/ ametambulishwa kwangu na
.....FRANCOEL.....LULUWA.....
Ambaye namfahamu leo hii
Tarehe19.....Mwezi12..... 2024

HS
.....
MPANGISHAJI

MBELE YANGU :

JINA :DECENTIUS R RUMANTUKA.....
SAHIHI :SR.....
ANWANI :331, MWANZA.....
WADHIFA :KAMISHANA WA UAPU.....

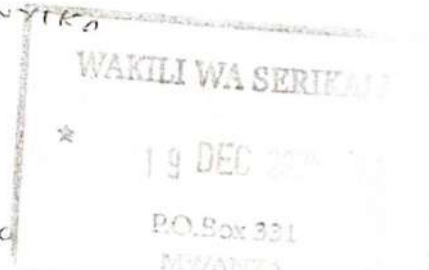


UMETIWA SAINI hapa **MWANZA** na
MASISI IBRAHIM ambaye
Namfahamu/ ametambulishwa kwangu na
.....HUSSEIN YUSUF UGULUM.....
Ambaye namfahamu leo hii
Tarehe19.....Mwezi12..... 2024

MASISI
.....
MPANGAJI

MBELE YANGU:

JINA :DECENTIUS R RUMANTUKA.....
SAHIHI :SR.....
ANWANI :331, MWANZA.....
WADHIFA :KAMISHANA WA UAPU.....





JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19801228-33224-00001-13

JINA : ESTHER MASISI
Given Name

JINA LA MWISHO : IBRAHIM
Last Name

TAREHE YA KUZALIWA : 28 DEC 1980
Date of Birth

JINSI : F
Sex

SAINI :
Signature

Esther Masisi



AGREEMENT TO OPERATE A BUSINESS OF A PHARMACIST
AT IROGA PHARMACY

BETWEEN

.....MASISI IBRAHIM IROGA.....
(PROPRIETOR)

AND

.....SIKUJUA SYLVANUS NGALABA.....
(SUPERINTENDENT)

**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A
PHARMACIST**

This Agreement is made this 23TH day of JUNE 2024

BETWEEN

MASISUBRAHIMIROGA (Name) of P.O.BOX 8123 Region MWANZA (hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignee's, agents or his legal representative of his business, of one part;

AND

SIKUTUA SYLVANUS NGALABA a registered pharmacist in charge who supervise a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**) of another part.

WHEREAS the Proprietor wishes to establish and operate a business of pharmacist which is a regulated business under the Act.

AND WHEREAS in a compliance with section 43 of the Act the Proprietor wishes to engage the professional services of a pharmacist to be in charge of his business;

AND WHEREAS the Superintendent is willing to offer professional service to the Proprietor in lieu of remuneration for such services or such other terms and conditions as stipulated hereunder;

AND WHEREAS the proprietor and superintended (together referred as "**the Parties**") are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

AND WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as WHOLESALE Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

In this Agreement, unless the contrary intention appears, the following words shall denote the meaning assigned to them:

"**Act**" means the Pharmacy Act, [Cap 311 R: E 2002] Laws of Tanzania.

"**Agreement**" means this Agreement between the parties to establish and operate a business of Pharmacist.

"**Business of pharmacy of pharmacist**" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

"**Council**" means the Pharmacy Council established under section 3 of the Act.

"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Pharmacist" means a person registered as such under section 16 of the Act.

"Proprietor" means an owner of Pharmacy who is registered as such the Tanzania Food, Drugs and Cosmetics Act of 2003 and includes his assignees, agents or his legal representatives.

"Registrar" means registrar of the Council appointed under Section 11 of the Act.

"Superintendent" means a Pharmacist In-charge of the business of a pharmacist who supervises a pharmacy and is registered as such by the Council under the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing of transferring power of authority of owning of pharmacy to a third person during existence of its operation.

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 01ST day of JULY 2024 to 30TH day of JUNE 2025

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy in the 01ST day of JULY 2024

4. Obligation of the Parties:

4.1 The Proprietor:

The Proprietor shall have the following duties and responsibilities;

4.1.1 The **PROPRIETOR** shall pay monthly allowance/emoluments of TZS 1,200,000.00 payable to the **SUPERRINTENDENT** upon discharging his duties and functions as per this Agreement.

(a) Provided that the said allowance shall be net off any applicable taxes and/or deductible employment benefits and shall be paid in monthly basis, and no later than **1st day** of the following month, unless the delay in payment is communicated to the Superintendent and has accepted to the delay.

(b) Where the Proprietor fails to pay a monthly allowance to the Superintendent for **ten (10)** days without any justifiable cause, the Superintendent shall treat such late payment as a breach of contract and the matter may be taken to court for appropriate legal measure at the expenses of the Proprietor.

8. Costs

The Proprietor shall meet the cost of drawing up the Agreement.

9. The laws of Tanzania hereto shall govern the validity, Construction and interpretation of this agreement and the rights and duties of the parties.

10. The pharmacy Council will accept additional clauses but this Agreement is a generic contract for guidance only.

11. Payment

The Proprietor shall pay monthly allowance/emoluments to the superintendent through NMB ACC.No.31208000247

IN WITNESS WHEREOF the parties here to have duty signed and sealed this presents on the date and in the manner here in after appearing.

Signed and delivered by the parties at this 29 day of 06 2024

SIGNED and DELIVERED

By the said... MAINI BRAHIM OIROGA

Who is known to me personally.....

Introduced to me by... ABDALLAH MGWA

.....the latter known to me personally

This... 29 day of 06 2024

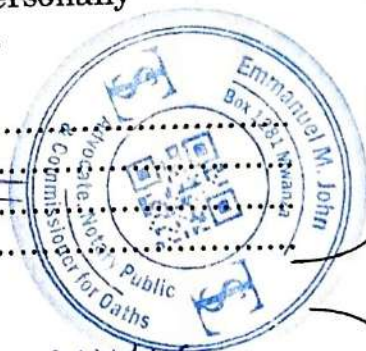
In the presence of:

Name... EMMANUEL M. JOHN

Designation... ADVOCATE

Signature... [Signature]

Date... 29/06/2024



[Signature]

Proprietor

SIGNED and DELIVERED

By the said... SHARILY ZEPHANIA OUYANGO

Who is known to me personally.....

Introduced to me by... ABDALLAH MGWA

.....the latter known to me personally

This... 29 day of 06 2024

In the presence of:

Name... EMMANUEL M. JOHN

Designation... ADVOCATE

Signature... [Signature]

Date... 29/06/2024



[Signature]

Superintendent