Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924185260614394**
Received from	: CHIHOTA 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	: 16211185245351270068
Payment Control Number	**: *991620256416***
Payment Date	**: 2024-07-03 12:06:24**
Issued by	: Zena Mango
Date Issued	: 2024-07-03 12:10:55
Signature	: .....

PHARMACY COUNCIL

99162025564 16

Alipa 100,000/-
Alteration

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: CHIHOTA PHARMACY FIN.....

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

PHYSICAL ADDRESS:

Plot No. 09 Street: CHIHOTA Ward TANDIKA

District/Municipal TEMEKE Region: DAR-ES-SALAAM

POSTAL ADDRESS: – Contact. No. 0715-274191

E-mail: –

OWNERSHIP:

Directors (Names): 1. HAMISA M. HATIBU Qualification: DISPENCCER

2. – Qualification: –

3. – Qualification: –

SUPERINTENDANT INFORMATION:

Full Name: BERNARD SULEIMAN PIN: 0101335

Residential Address: KIGAMBONI Tel: 0764520299 Email: bsalbuni28@gmail.com

Contract commencement date: 1/7/202– Cessation date 30/6/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: CHIHOTA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 09 Street CHIHOTA Ward TANDIKA

District/Municipal TEMEKE Region DAR-ES-SALAAM

POSTAL ADDRESS: CONTACT. No. 0715-274191

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. AMOUR SEIF HEMED Qualification: BUSINESS
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. The absense of ~~ownership~~ owner during applying a permit of business
2. The ~~pharmacists~~ pharmacists mistake when filling out the permit application of contraft writting employee's name instead of the owner.

SECTION D: APPLICANT INFORMATION

Name of Applicant: AMOUR SEIF

(Contact/email if different from the above)

Address: TANDIKA Tel: 0715274191 E-mail: —

Signature of Applicant..... Date 03/07/2024

SECTION E: APPLICANT DECLARATION

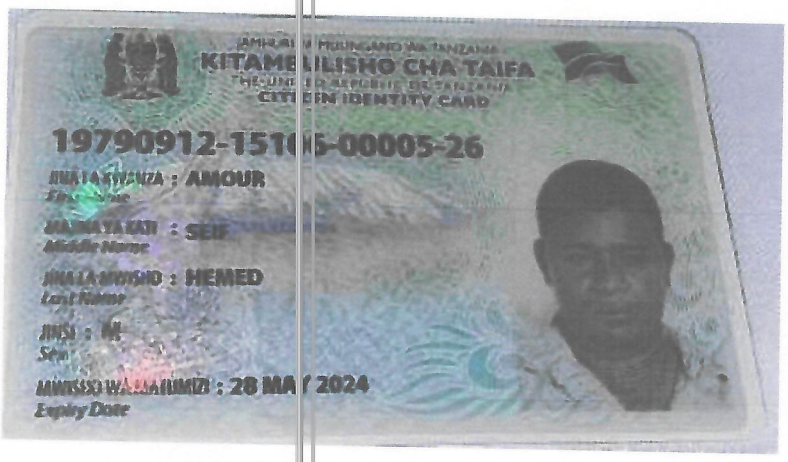
I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant..... Date 03/07/2024

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)


KITAMBULISHO CHA TAIFA
CITIZEN IDENTITY CARD
19790912-15105-00005-26
AMOUR
HEMED

102 ; 315, 081

LEASE AGREEMENT

THIS AGREEMENT is made this ..15.... day of.....01..... 2024

BETWEEN

MUSSA MTULIA KWAKO of P O BOX ..201..... Dar es salaam (here in after referred to as the **LESSOR** which expression where the context so admits shall include successor) of the one part.

AND

AMORY SEIF HEMED of P O BOX ..132.... Dar es salaam (hereinafter referred to as the **LESSEE**) of the other part.

1. The Lessor hereby demised unto part of the premises situated at **CHIOTA STREET - Plots No.**234, **Block** ..... within Temeke Municipality, Dar es salaam (hereinafter referred to as the DEMISED PREMISES and to hold the same unto the LESSEE for a term of one-year contract from ..15/1/..... 2024 to ..15/1/..... 2025. The rent for the first payment should be paid immediately after the Lessor handle over plot to the Lessee.
2. Rent will be paid in advance for every twelve months'
3. The parties shall provide **THREE MONTH'S NOTICE** intending to break this agreement
4. **The Lessee covenants with the Lessor as follows:**

a) The Lessee shall pay Tsh. **100,000/=** per month for a plot no. 234 the receipt is evidenced by signing this Agreement.

b) To pay and discharge of electricity, sewerage, water and other charges of similar used or consumed in the demised premises

c) The lessee shall make payments of stamp duty

d) To use the premises for the purpose of conducting official business.

5. **The Lessor covenants with Lesses as follows:**

a) The Lessor observing the foregoing covenants herein before reserved and performing and observing the several covenants and stipulations herein on his part shall peacefully hold the demised premises without intervention by the Lessor or any person rightfully claiming under him.

b) To pay and discharge all land rent and service charges and other outgoing whatsoever save and except electricity, sewerage sanitary, water and similar charges which are payable.

c) The Lessor has the right to make inspection of the demised premises with notice

d) The Lessor shall pay 10% of the rent to TRA

IN WITNESS WHEREOF the partient hereto have duly executed these presents in the manner and on the day and year hereinabove appearing.

SIGNED and **DELIVERED** by the said
MUSSA MTULIA KWAO who is .....
Known to me personally this.....
Day of 2024

LESSOR

BEFORE ME
Signature .....
Address: DC Ilm
Qualification MAGISTRATE

HAKIMU
MAHAKAMA YA MWANZO
ILALA WILAYA Y.. LALA

SIGNED and **DELIVERED** by the said
AMORY SEIF HEMED who are.....
Known to me personally this.....
Day of 15/11..... 2024

.....
LESSEE

BEFORE ME
Signature .....
Address DC Ilm
Qualification MAGISTRATE

HAKIMU
MAHAKAMA YA MWANZO
ILALA WILAYA YA ILALA

CTIN: 0756169

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

AMOUR SEIF HEMED

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

102-315-081

WITH EFFECT FROM: **20 January 2004**

TRA LOCATION: **TEMEKE**

TAX OFFICE: **TEMEKE**

PHYSICAL LOCATION:

BLOCK No. 9

STREET / AREA: TANDIKA

ELIJAH G. MWANDUMBYA

COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

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