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: OCEAN PHARMACY FIN 0102536

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

PHYSICAL ADDRESS:

Plot No. ..... Street: KITAJI C Ward KITAJI

District/Municipal MUSOMA M.C Region: MARA

POSTAL ADDRESS: 1127 MUSOMA Contact. No. 0757927178

E-mail: tungarazaberedicto@gmail.com

OWNERSHIP:

Directors (Names): 1. TUNGARAZA BENEDICTO Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: SELINA WILLIAM MBUGI PIN: 0703295

Residential Address: MWANZA Tel: 0755894642 Email: selinambugi84@gmail.com

Contract commencement date: 01/07/2024 Cessation date 01/07/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: OCEAN PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street KITAJI C Ward KITAJI

District/Municipal MUSOMA M C Region MARA

POSTAL ADDRESS: ~~1127~~ 2440 ~~MUSOMA~~ MWANZA CONTACT. No. 0755894642

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SELINA WILLIAM MBUYU Qualification: PHARMACIST
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. change of bussiness ownership because owner sell pharmacy bussiness to another person.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: TUNGARAZA BENEDICTO TUNGARAZA

(Contact/email if different from the above)

Address: 1127 MWOMA Tel: 0757927178 E-mail: tungarazabenedicto1@gmail.com

Signature of Applicant..... Date 15/09/2024

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 15/09/2024

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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924262277513235**
Received from	: OCEAN 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 - APPLICATION FOR BUSINESS OWNERSHIP*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16213262240404171416
Payment Control Number	**: *991620273683***
Payment Date	**: 2024-09-18 13:21:27**
Issued by	: Beatus Mpogoza
Date Issued	: 2024-09-18 14:47:56
Signature	: .....

MKATABA WA KUNUNUA BIASHARA YA FAMASI INAYOFANYIKA KATIKA JENGO LA UPANGAJI.

MKATABA HUU umefanyika Leo tarehe 15 mwezi 09 2024

Baina ya

Ndugu TUNGARAZA BENEDICTO TUNGARAZA **wa** MUSOMA **kata ya** wilaya ya MUSOMA MC ,Mkoa wa MARA Simu 0769927178 ,(Ambaye **katika** Mkataba huu atajulikana na kutambulika kisheria kama "MUUZAJI") Kwa upande mmoja;

Na

Ndugu SELINA WILLIAM MBUTI **wa** MWANZA ,kata ya wilaya ya ILEMELA ,Mkoa wa MWANZA Simu 0755891642(Ambaye katika Mkataba huu atajulikana na kutambulika kisheria kama "MNUNUZI") Kwa upande mwingine.

AMBAPO

Bila **shuruti** wala vitisho pande zote mbili **zimeridhiana kwa masharti ya mkataba huu kwamba MUUZAJI** ana nia thabiti ya kuuza biashara ya Famasi hiyo, na **MNUNUZI** ana nia thabiti ya kununua bashara ya Famasi inayofanyika katika jengo la kupanga.

AMBAPO SASA INASHUHUDIWA KUWA:-

1. **MUUZAJI** ni mmiliki halali wa biashara ya famasi hiyo iliyopo kwenye jengo la kupangishwa eneo la KITAJI C , KATA YA BUJI ,kata ya ,halmashauri MUSOMA MC ,Mkoa wa MARA
2. MNUNUZI atapaswa kuendelea kulipa kodi ya upangaji wa jengo kwa mmiliki wa jengo kuanzia _____
3. **MUUZAJI** anakubali kumuuzia biashara ya Famasi hiyo MNUNUZI kwa bei ya **shilingi** Za **kitanzania**,(Tshs 6,500,000/= ambapo **mnunuzi** analipa leo shilingi 4,500,000/= kwa mara moja, na anadaiwa shilingi 2,000,000/= ,ambazo atalipa 30/10/2024 na **MUUZAJI anakiri** kupokea fedha zote zilizotolewa, **kutoka kwa MNUNUZI.**

2. **MUUZAJI** anaahidi kuwa katika kutekeleza matakwa ya mkataba huu, kuanzia leo na kuendelea biashara ya famasi hiyo na vilivyomo vyote ni mali ya **MNUNUZI**

3. **MUUZAJI** anamhakikishia **MNUNUZI** kuwa famasi hiyo haina madai yoyote wala mgogoro wowote na anaahidi kumlinda na kushughulikia kwa gharama zake mwenyewe endapo madai yoyote yatajitokeza

4. Kwamba makubaliano haya ni ya kudumu na yatazibana pande zote mbili na hata warithi, ndugu na wawakilishi wao.

5. Kwamba mkataba huu unalindwa na sheria za Tanzania zinazohusu mikataba pamoja na mabadiliko yake yatakayojitokeza kwa mujibu wa sheria za Tanzania.

6. Kwamba endapo mgogoro wowote utajitokeza kati yapande mbili basi mgogoro huo utatatuliwa kwa sheria za nchi zitakazo kuwepo wakati huo.

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

UMESAINIWA na KUWASILISHWA

Hapa MUSOMA na TUNGARAZA BENEDICTO 'TUNGARAZA'

Ambaye ninamfahamu Leo tarehe 15

Mwezi 09 2024.

MUUZAJI T Benedicto

MBELE YANGU:

Jina: MARY JOAKIMU Saini: Wakili

Wadhifa: WAKILI

UMESAINIWA na KUWASILISHWA

Hapa MUSOMA na SELINA WILLIAM MBATA

Ambaye ninamfahamu Leo tarehe 15

Mwezi 09 2024.

MNUNUZI Selina

MBELE YANGU:

Jina: MARY JOAKIMU Saini: Wakili

Wadhifa: WAKILI

MKATABA HUU UMESHUHUDIWA PIA NA:

MASHAHIDI WA MUUZAJI:

1. JACKSON YWENS

Sahihi:

MASHAHIDI WA MNUNUZI:

1. NEEMA JACOB MGUTU

Sahihi:

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 SELINA WILLIAM MBUGI with Personal Identification Number (PIN) 0108395 of Year 2023, residing at ILEMELA district, in MWANZA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named OCEAN PHARMACY, with Facility Identification Number (FIN) 0102536 of year 2023, located at MUSOMA MC District, MARA Region with a Business Tax Identification Number (TIN) 168-757-263 (**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: 0755894642 Email Address: Selinambagi84@gmail.com

Signature: Date: 18/09/2024.

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**

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

SELINA WILLIAM MBUGI

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

168-757-263

WITH EFFECT FROM: **22ND SEPTEMBER 2023**

TRA LOCATION: **MARA** TAX OFFICE: **MUSOMA**

PHYSICAL LOCATION

STREET / AREA: **KITAJI C**

ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN :	137-107-163
DISTRICT MANAGER-TRA ULANGA	
BOMANI	
42	
MAHENGE	

Tax Certificate Number: **241-0216-2156**

Issuing Office: Morogoro
Telephone: 023-2614770
Date of issue: 20 September 2024
Expiry Date: 31 December 2024

Taxpayer Name	**TUNGARAZA BENEDICTO TUNGARAZA**		
Trading Name			
Taxpayer Identification Number	**130-237-304**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MOROGORO,
DISTRICT : ULANGA,
STREET : MAHENGE MJINI

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 human health activities
2	Retail sale of audio and video equipment in specialized stores

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
20 September 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.

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN :	125-847-269
PHARMACY COUNCIL	
MWENGE	
31818	
DAR ES SALAAM	

Tax Certificate Number: **221-0216-1823**

Issuing Office: Mara
Telephone: 028 2622551
Date of issue: 20 September 2024
Expiry Date: 31 December 2024

Taxpayer Name	**SELINA WILLIAM MBUGI**		
Trading Name			
Taxpayer Identification Number	**168-757-263**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MARA,
DISTRICT : MUSOMA,
STREET : Kitaji C

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	Medical consultation and treatment in the field of general and specialized medicine by general practitioners and medical specialists and surgeons
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
20 September 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.

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19930705-31101-00001-21

JINA : TUNGARAZA BENEDICTO
Given Name

JINA LA MWISHO : TUNGARAZA
Last Name

TAREHE YA KUZALIWA : 05 JUL 1993
Date of Birth

JINSI : M
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 25 APR 2028
Expiry Date

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19980301-41111-00001-15

JINA : **SELINA WILLIAM**
Given Names

JINA LA MWISHO : **MBUGI**
Last Name

TAREHE YA KUZALIWA **01 MAR 1998**
Date of Birth

JINSIA: **F**
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : **22 DEC 2028**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19980301-41111-00001-15

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hakuruhusiwi kukiharibu mabadiliko yo yote yoyote wala kumpatia mtu ambaye hastahiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima zitolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Uhalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered 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