

991620335817

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: Gobrothers Pharmacy FIN. 0101713

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

PHYSICAL ADDRESS:

Plot No. 01 Street: JAMAL Ward MADUKANI
District/Municipal DODOMA MTINI Region: DODOMA
POSTAL ADDRESS: P.O. box 1249-DOM Contact. No. 0620-280939
E-mail:

OWNERSHIP:

Directors (Names): 1. Vitus Gharer Qualification: Pharm - tech
2. William Manda Qualification: Pharm - tech
3. Michael Prosper Qualification: Pharm - tech

SUPERINTENDANT INFORMATION:

Full Name: ABEL ALPHONSE NDORO PIN: 0102337
Residential Address: P.O. box 981-DOM Tel: 0757-861188 Email: ndoroabel16@gmail.com
Contract commencement date: 01/07/2025 Cessation date: 30/06/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: Gobrot Pharmacy

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

PHYSICAL ADDRESS:

Plot No. 01 Street: MADUKANI Ward: MADUKANI
District/Municipal DODOMA MTINI Region: DODOMA
POSTAL ADDRESS: P.O. box 1249-DOM CONTACT. No. 0620-280939

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. Adherence to similarity of the Name between the registered name in Brela Certificate and registered name in Pharmacy Council
2. (Premises registration certificate)

SECTION D: APPLICANT INFORMATION

Name of Applicant: ABEL ALPHONSE NDOBO

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: *Abdo* Date: 29/09/2025

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: *Abdo* Date: 29/09/2025

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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925273370668931**

Received from : COBROTHER PHARMACY

Amount : 200,000.00

Amount in Words : Two 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 NAME	100,000.00	
: 142201270421 - Inspection of Premises - INSPECTION FEE	100,000.00	
Total Billed Amount :		200,000.00 (TZS)


Bill Reference : 16213272252200728230

Payment Control Number : **991620335817**

Payment Date : **2025-09-30 09:25:41**

Issued by : Zena Mango

Date Issued : 2025-10-01 15:08:02

Signature : 

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101713

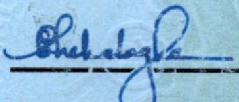
I is to certify that the premises owned by M/S Cobrothers Pharmacy of P.O.Box, Dodoma located at Plot No 01, Madukani, Dodoma Mjini Municipality/District in Dodoma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101713

Issued in: July 2021

Expires on: 30 Nov 2026

08-11-2021

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





TANZANIA



Extract date and time: 15/07/2021 15:08:09

Registration date and time: 15/07/2021 15:06:49

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. **Name of Business:** COBROT PHARMACY
2. **Registration number:** 495845
3. **Principale Place of Business:** Region Dodoma, District Dodoma CBD, Ward Madukani, Postal code 41103, Street JAMAL, Road 11TH, Plot number 1, Block number 20, House number 11
4. **Contacts:** Email cobrotherspharmacy@yahoo.com, Phone 255654663880, P.O.Box 1249
5. **Business activity:** 7490 - Other professional, scientific and technical activities n.e.c., Main activity
6. **Propriator/Partners:** MICHAEL PROSPER SALVATORY
WILLIAM MAURICE MANDIA
VITUS RUGALABAMU MWERA
7. **Authorized to Operate Bank Account etc:** MICHAEL PROSPER SALVATORY
WILLIAM MAURICE MANDIA
VITUS RUGALABAMU MWERA

*Deputy Registrar Business Names*

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.



TANZANIA

Form 5



No. 495845

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **COBROT PHARMACY** this 15th day of **JULY** year **2021** 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 **495845** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 15th day of **JULY TWO THOUSAND AND TWENTY ONE**.



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)

Licencing Authority; TIN : 101-221-490

MKURUGENZI WA JIJI DODOMA

MTAA WA CDA

1249

DODOMA

Tax Certificate Number:

161-0236-8930

Issuing Office: Dodoma

Telephone: 026 23222912

Date of issue: 23 April 2025

Expiry Date: 31 December 2025

Taxpayer Name	COBROT PHARMACY		
Trading Name			
Taxpayer Identification Number	153-001-197	Vat Registration Number	
Company Registration Number	495845		

Business Premises located at :

REGION : DODOMA,

DISTRICT : DODOMA,

STREET : BARABARA YA 11

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 |
|---|---|

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

23 April 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.


DIREKTORESI KEMENTERIAN KEMAMPUAN
Nasional KEMENTERIAN KEMAMPUAN

Handwritten signature

The Identity Card is the property of the Government of the United Republic of Tanzania. It shall not be loaned, sold, or otherwise disposed of to any person. If it is lost or destroyed, the holder should immediately report it to the Local Police and the nearest Regional Office or District Office of the United Republic of Tanzania.

Kartu Identifikasi adalah milik Pemerintah Republik Zanzibar dan Republik Tanzania. Kartu ini tidak boleh dipinjamkan, dijual, atau diabaikan kepada siapa pun. Jika hilang atau rusak, pemegangnya harus segera melaporkannya ke Polisi setempat dan Kantor Wilayah atau Kantor Distrik terdekat dari Republik Zanzibar dan Republik Tanzania.

19970113411080000225




THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

JAMHUR YA MUJAGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD

19970113-41108-00002-25

JINA : MTUS RUGALABAMU
JINA LA MWISHO : MWERA
LIMU NAAMA
TAREHE YA KUZALIMWA : 13 JAN 1997
JINSI : M
Sex
SAINI :
Signature
MMSHO WA NATUMIZI : 15 JAN 2031
Expiry Date





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



19951227-41108-00001-23

JINA : WILLIAM MAURICE
Given Name

JINA LA MWISHO : MANDIA
Last Name

TAREHE YA KUZALIWA : 27 DEC 1995
Date of Birth

JINSI : M
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : 21 JAN 2031
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19970113411080000225

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanya maadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalizi 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 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



JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD



19950105-43421-00001-25

INA : MICHAEL PROSPER
Given Name

JINA LA MWISHO : SALVATORY
Last Name

TAREHE YA KUZALIWA : 05 JAN 1995
Date of Birth


JINCHI : BA
Sex

SAHIBU :
Signature

MWISHO WA MATUMIZI : 23 JAN 2027
Expiry Date



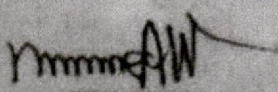
THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19950105434210000125

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhiwaeli kutiipanyie mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwa kukitumia. Kama kikitolewa, au kuharibiwa taarifa kamili lazima iolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyoko karibu.

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DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

COBROT PHARMACY,
P.O. BOX 1249,
DODOMA.

14.10.2025

REGISTAR,
PHARMACY COUNCIL,
P. O. BOX 1277,
DODOMA.

REF: APPLICATION FOR CHANGE OF BUSINESS NAME

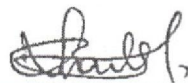
Refer to the heading above.

Cobrothers Pharmacy, located at Jamal Street in Madukani ward, is the retail Pharmacy registered on 2021 with file no. 0101713.

The Pharmacy seek to change name from **Cobrothers Pharmacy** to **Cobrot Pharmacy**. Reason for changes is to match the name with that appearing in the certificate of BRELA and TIN Number used to pay Tax since 2021.

Thank you for Assistance.

Your sincerely



VITUS CHARLES