



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924127248228740

Received from : MD PHARMACY LTD

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 - 16214127240415631033		100,000.00

Total Billed Amount : 100,000.00 (TZS)


Bill Reference : 16214127240415631033

Payment Control Number : 991620244400

Payment Date : 2024-05-06 18:03:50

Issued by : Mohammed Ulombe

Date Issued : 2024-06-06 14:55:46

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924143251249791

Received from : MD PHARMACY LTD

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 NAME OF PREMISE FEE		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16212143245050632864

Payment Control Number : 991620245479

Payment Date : 2024-05-22 12:56:26

Issued by : Mohammed Ulombe

Date Issued : 2024-06-06 14:54:09

Signature

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: MKWAKWANI PCY FIN: 0100804

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

PHYSICAL ADDRESS:

Plot No. 50/1 Street: MARKET AREA Ward: CENTRAL

District/Municipal: TANGA MJIM Region: TANGA

POSTAL ADDRESS: P.O BOX 642 TANGA Contact No. 0715-260242

E-mail: mdpharmacy@gmail.com

OWNERSHIP:

Directors (Names):

1. MAZAHER DHIRANI Qualification: BUSINESS MAN
2. HUSSEINALI DHIRANI Qualification: BUSINESS MAN
3. ALI DHIRANI Qualification: BUSINESS MAN

SUPERINTENDANT INFORMATION:

Full Name: JIRABI MASIGE PIN: 0870

Residential Address: P.O 19795 Tel: 0713244031 Email: -

Contract commencement date: 1st June 2024 Cessation date: -

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MD PHARMACY LTD
- MKWAKWANI PCY

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

PHYSICAL ADDRESS:

Plot No. 50/1 Street: MARKET AREA Ward: -

District/Municipal: TANGA MJIM Region: TANGA

POSTAL ADDRESS: P.O BOX 642 CONTACT No. 0715 260242

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. MAZAHER DHIRAM Qualification: B/MAN
2. HUSSEIN DHIRAM Qualification: B/MAN
3. ALI DHIRANI Qualification: B/MAN

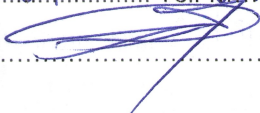
SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JIRABI MASIGE PIN: 0870
 Residential Address: 19795 Tel: 0713244031 Email: —
 Contract commencement date: 1st June 2024 Cessation date

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

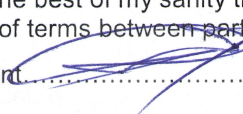
1. Mara ya kuanza ulikuwa MD pharmacy ikaba-dhihwa kwa Mtuakwani pharmacy ila kwa sasa imerejerhwa MD Pharmacy.
2. Mkataba

SECTION D: APPLICANT INFORMATION

Name of Applicant: MAZAHER DHIRAM
 (Contact/email if different from the above)
 Address: P.O. Box 642 Tel: 0715260242 E-mail: mdpharmacy@gmail.com
 Signature of Applicant:  Date: 06th May 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: 06th May 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 : 125-847-269

PHARMACY COUNCIL

MWENGE

31818

DAR ES SALAAM

Tax Certificate Number:

331-0206-4166

Issuing Office: Tanga

Telephone: 027 2644485

Date of issue: 07 June 2024

Expiry Date: 31 December 2024

Taxpayer Name	MOHAMED HASSANALI DHIRANI		
Trading Name	MKWAKWANI PHARMACY.		
Taxpayer Identification Number	100-716-593	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : TANGA,
DISTRICT : TANGA,
STREET : MKWAKWANI

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 personal service activities n.e.c.

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

07 June 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.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

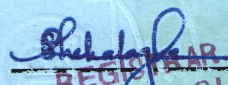
FIN: 0100804

This is to certify that the premises owned by M/S Mkwakwani Pharmacy of P. O. Box Tanga located at Plot No. 50/1, Block KB II, Mkwakwani Market Area, Tanga Municipality/District in Tanga Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100804

Issued in: July 2012

17-04-2019

DATE:


REGISTRAR
SIGNATURE OF REGISTRAR
AND STAMP
PHARMACY COUNCIL
P.O. BOX 31810 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



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00804

This Permit is hereby granted to M/S Mkwakwani Pharmacy of to operate a Retail Only Business at the premises situated/lying between Plot No. 50/1, Block KB II, Mkwakwani Market Area, Tanga Municipality/District in Tanga Region with Facility Identification Number (FIN) 0100804 under a superintendent Pharmacist Jirabi Masige with Personal Identification Number (PIN) 0100870

Issued in: July 2012

Expires on: 30 June 2021

22-07-2020

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated



IN THE UNITED REPUBLIC OF TANZANIA
THE OATHS (JUDICIAL PROCEEDINGS) AND STATUTORY
DECLARATIONS ACT (Cap 34 R.E 2019)
AFFIDAVIT AS TO CONSENT

I, **MOHAMMED HASSANALI. DHIRANI**, Male, adult, Muslim of P.O.Box 642, Tanga,
DO HEREBY take OATH and state as follows;

1. That I am the one named above hence conversant with the facts deposed herein thereof,
2. That I own the Business of MKWAKWANI PHARMACY located at Tanga-Tanzania.
3. That due to my current ill health, I am unable to operate my business as normal.
4. That hence I consented to the transfer of the said business of Pharmacy to the name of M D PHARMACY LTD which is owned by my young Brother named MAZAHER HASSANALI DHIRANI.
5. That this deed serve as I unqualified and irrevocable consent to the transfer of the said business and that I undertake not to object by way of suit, caveat or interference in any way whatsoever in the transfer of the above Business entity.
6. That I make this declaration conscientiously believing the same to be true and by virtue of the Oaths (Judicial Proceedings) and Statutory Declarations Act, (Cap 34 R.E 2019).

VERIFICATION

I, **MOHAMMED H. DHIRANI**, verify that all what is stated under paragraph 1, 2, 3,4,5 and 6 is true according to the best of my knowledge.

Dated.....21st.....This day ofMay.....2024.

No 629

.....
DEPONENT.

AFFIRM AT TANGA by the said

MOHAMMED H. DHIRANI

Who is known to me personal/who

Was introduced to me by.....

the later known to me personal

On this...21st day of...May.....2024

No 228

.....
DEPONENT

BEFORE ME:

NAME: LINDA E. LUGANO.

SIGNATURE:L. Lugano.....

POSTAL ADDRESS: P.O.BOX 2228 TANGA

QUALIFICATION: COMMISSIONER FOR OATHS





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



19591021-21101-00001-26

JINA : MAZAHER HASSANALI

Given Name

JINA LA MWISHO : DHIRANI

Last Name

TAREHE YA KUZALIWA : 21 OCT 1959

Date of Birth

JINSI : M

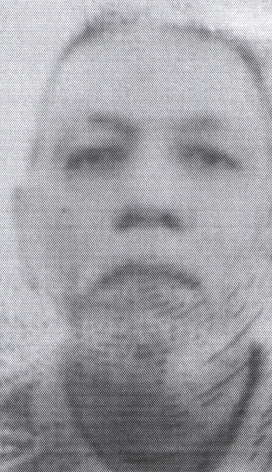
Sex

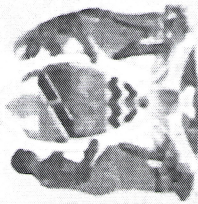
SAINI:

Signature

MWISHO WA MATUMIZI : 08 JAN 2028

Expiry Date





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



19820111-21101-00001-21

JINA : HUSSEINALI MAZAHER

Given Name

JINA LA MWISHO : DHIRANI

Last Name

TAREHE YA KUZALIWA : 11 JAN 1982

Date of Birth

JINSI : M

Sex

SAINI:

Signature

MWISHO WA MATUMIZI : 08 JAN 2028

Expiry Date





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



19960226-21101-00002-24

JINA : ALI MAZAHER
Given Name

JINA LA MWISHO : DHIRANI
Last Name

TAREHE YA KUZALIWA : 26 FEB 1996
Date of Birth

JINSI : M
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 13 JUN 2028
Expiry Date

