



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925267368953657**

Received from : RASKAZONE 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 - 0		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16213267254840963666

Payment Control Number : **991620335518**

Payment Date : **2025-09-24 13:52:47**

Issued by : Zena Mango

Date Issued : 2025-09-24 14:06:44

Signature

:

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

77162035518

PHARMACY COUNCIL



PCF.14

Alipie 100,000/-
change of business
name

Wgo 24/9/2025

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: Rawkazona Pharmacy FIN. 0101289

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

PHYSICAL ADDRESS:

Plot No. 544 Street: Tip Top Ward: Manzese

District/Municipal: Ubungu Region: Dar es Salaam

POSTAL ADDRESS: Contact No. 0713995060

E-mail: dr.omart2@gmail.com

OWNERSHIP:

Directors (Names): 1. Omari Twaha Qualification: Pharmacist

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: Omari Twaha PIN: 0101928

Residential Address: Magomeni Tel: 0713995060 Email: dr.omart2@gmail.com

Contract commencement date: 01/07/2025 Cessation date: 20/06/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: CHAMPION PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 544 Street: Tip Top Ward: Manzese

District/Municipal: Ubungu Region: Dar es Salaam

POSTAL ADDRESS: CONTACT No. 0713995060

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 have a name which is more attractive
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: Omaric Twaha

(Contact/email if different from the above)

Address: Magomani Tel: 0713995060 E-mail: dr.omart2@gmail.com

Signature of Applicant: IT. Twaha Date: 24/09/2025

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: IT. Twaha Date: 24/09/2025

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)



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:

131-0228-0703

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 18 February 2025

Expiry Date: 31 December 2025

Taxpayer Name	OMARI TWAHA MOHAMED		
Trading Name			
Taxpayer Identification Number	139-401-263	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : MAGOMENI

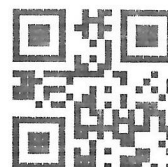
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Activity for Non Business Purposes
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Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

19 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.



TANZANIA

Form 5
BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

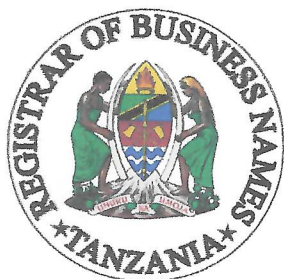
No. 585213

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **CHAMPION PHARMACY** this 25th day of **SEPTEMBER** year **2024** 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 **585213** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 25th day of **SEPTEMBER TWO THOUSAND AND TWENTY FOUR.**



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



Extract date and time: 25/09/2024 18:58:01

Registration date and time: 25/09/2024 18:57:50

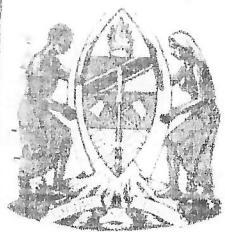
The Business Names (Registration) Act (Cap 213)

Extract from Register

1. Name of Business: CHAMPION PHARMACY
2. Registration number: 585213
3. Principale Place of Business: Region Dar Es Salaam, District Kinondoni, Ward Ndugumbi, Postal code 14104, Magomeni Kagera Street House no 2
4. Contacts: Email dr.omartz@gmail.com, Phone 0747333310, P.O.Box 75404
5. Business activity: 8690 - Other human health activities, Main activity
6. Propriator/Partners: OMARI TWAHA MOHAMED
7. Authorized to Operate Bank Account etc: OMARI TWAHA MOHAMED
OMARI TWAHA MOHAMED

*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



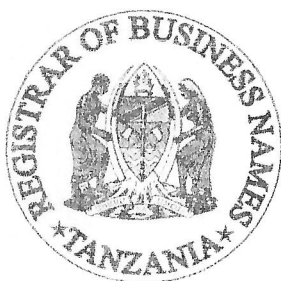
No. 585213

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

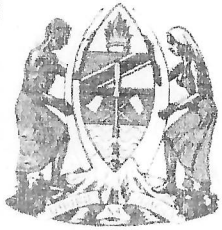
I HEREBY CERTIFY THAT **CHAMPION PHARMACY** this 25th day of **SEPTEMBER** year **2024** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **585213** in the Index of Registration.

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TANZANIA

Form 5



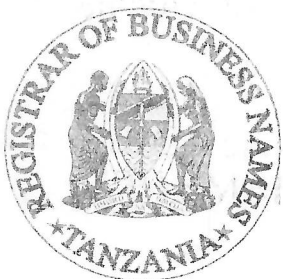
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PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101389

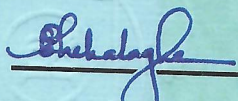
This is to certify that the premises owned by M/S Raskazone Pharmacy of P.O. Box 65000, Dar es Salaam located at Plot No. 544, Tip Top Street, Manzese, Ubungo Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101389

Issued in: July 2012

Expires on: 30 June 2026

18-01-2021

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 premises
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



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

19881211-12101-00002-24


JINA : OMARI TWAHA
 Given Name

JINA LA MWISHO : MOHAMED
 Last Name

TAREHE YA KUZALIWA : 11 DEC 1988
 Date of Birth

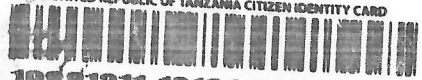
JINSI : M
 Sex

SAINI :
 Signature



Mohamed

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19881211-12101-00002-24

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhuswi kutumia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikiptoe, au kuhanbiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi 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.

A. K. Kikunda

DIRECTOR GENERAL
 NATIONAL IDENTIFICATION AUTHORITY