



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925184345378482**

Received from : **WALAGAH 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 : **16214184250658797651**

Payment Control Number : **991620315768**

Payment Date : **2025-07-03 14:29:45**

Issued by : **Zena Mango**

Date Issued : **2025-07-08 08:37:38**

Signature : 

PHARMACY COUNCIL

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

Amelia
03/07/2025

991620315768

991620315779 Logo

Alprie 109000h
change of ownership
03/07/2025
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: WAGAGAH PHARMACY FIN:

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

PHYSICAL ADDRESS:

Plot No. Street: TEGETA - AZANIA Ward: WA20
District/Municipal: KINONDONI Region: DAR-EL-SALAAM
POSTAL ADDRESS: TEGETA Contact. No. 0693 477631
E-mail:

OWNERSHIP:

Directors (Names): 1. JOYCE CUMAR SHMA Qualification: PHARMACEUTICAL PERSONNEL
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: ELITHA O. KINGORI PIN: 0101647
Residential Address: UBETI Tel: Email:
Contract commencement date: 1/11/2024 Cessation date: 1/11/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES:

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

PHYSICAL ADDRESS:

Plot No. Street: Ward:
District/Municipal: Region:
POSTAL ADDRESS: CONTACT. No.

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. Owners status changed from non-pharmaceutical personnel to pharmaceutical personnel.
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOYCE OSCAR STIMA

(Contact/email if different from the above)

Address: TEGETA Tel: 0693477631 E-mail: joeywalagah@gmail.com

Signature of Applicant: J. Stima Date: 3/7/2025

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: J. Stima Date: 3/7/2025

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)



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 JOYCE OSCAR STIMA with Personal Identification Number
(PIN) 0408959 of Year 2024, residing at KINONDONI district, in DAR-ES-SALAAM
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named WALAGAH PHARMACY
, with Facility Identification Number (FIN) 0103403 of year 2024, located at DAR-ES-SALAAM
District, KINONDONI Region with a Business Tax Identification Number (TIN) 168319614
(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: 0693477631 Email Address: Joeywalagah@gmail.com

Signature: J. Stima Date: 3/7/2025

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



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

JOYCE OSCAR STIMA

PIN NO: 0408959

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311
is entitled to practice as a **Pharmaceutical Technicians** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued:16 December 2024

Expires on:31 December 2025

*Registrar
Pharmacy Council*