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: LISA PHARMACY FIN 0102205

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

PHYSICAL ADDRESS:

Plot No. 46, BLOCK A, VI Street: KIRUMBA Ward KIRUMBA

District/Municipal ILEMELA Region: MWANZA

POSTAL ADDRESS: P.O. BOX 1370 MWANZA Contact. No. 0767 693 837

E-mail:

OWNERSHIP:

Directors (Names): 1. BERNADA NDUGURU Qualification: PROPRIETOR

2. – Qualification: –

3. – Qualification: –

SUPERINTENDANT INFORMATION:

Full Name: PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: LEANA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 46, BLOCK A, VI Street KIRUMBA Ward KIRUMBA

District/Municipal ILEMELA Region MWANZA

POSTAL ADDRESS: P.O. BOX 660 MWANZA CONTACT. No. 0786 375151

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. LEOCARDIUS A. MASAGA Qualification: PROPRIETOR.
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: MAGENI MAGEMBE PIN: 0100786

Residential Address: POB 5158-MWANZA Tel: 0786 375[illegible] E-mail: zephaniamagembe2018@gmail.com

Contract commencement date: 1ST DECEMBER 2023 Cessation date 30TH NOV 2024.

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. BUSINESS NAME
2. BUSINESS OWNERSHIP

SECTION D: APPLICANT INFORMATION

Name of Applicant: LEOCARDIUS ANACLETUS MASAGA

(Contact/email if different from the above)

Address: Box 662 MZA Tel: 0754425008 E-mail: masagaleki@yahoo.com

Signature of Applicant..... Date 04TH DECEMBER, 2023

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 04TH DECEMBER, 2023

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)

MAMLAKA YA MAPATO TANZANIA

Kumb Na: TRA/MZA/BLOCK A/122-487-962 **17/01/2024**

BERNADA E. NDUNGURU,

SLP 1333,

MWANZA.

Ndugu,

SOMO: OMBI LA KUFUNGA BIASHARA

Rejea kichwa tajwa hapo juu.

Mamlaka ya mapato Tanzania mkoa wa Mwanza inakiri kupokea barua yako ya 10/01/2024 yenye kichwa cha barua hapo juu.

Tunasitisha biashara yako kwa muda kama ulivyoomba, unapaswa kutoa taarifa mara utakapoanza tena biashara.

Aidha unapaswa kuwasilisha cheti chako halisi cha TIN katika ofisi ya Meneja wa mkoa wa mwanza.

Tunakutakia utekelezaji mwema.

"Pamoja Tunajenga Taifa Letu"

M. JACOB

KNY: MENEJA WA MKOA

MWANZA

MKATABA WA MAUZIANO YA DUKA LA DAWA.
(LISA PHARMACY)

MKATABA HUU umefungwa leo tarehe **11** Mwezi **Novemba, 2023.**

KATI YA

BERNADA NDUGURU wa S.L.P 1370, Mwanza mwenye simu nambari **0767-693 837** (ambaye katika mkataba huu ataitwa **"Muuzaji"**) kwa upande mmoja.

NA

LEOCARDIUS ANACLETUS MASAGA wa S.L.P 660, Mwanza, mwenye simu nambari **0754-425 008** (ambaye katika Mkataba huu ataitwa "Mnunuzi") kwa upande wa pili.

KWA KUWA Muuzaji ndiye mmiliki halali wa Duka la Dawa liitwalo **LISA PHARMACY** lenye utambulisho wa **Namba. (FIN) 0102205** lililopo kata ya Kirumba-Wilaya ya Ilemela ndani ya Jiji la **MWANZA** na ameamua kumuuzia Mnunuzi.

NA KWA KUWA Mnunuzi kwa hiyari yake ameamua kununua duka hilo la dawa.

BASI imekubalika kama ifuatavyo:-

1. ***Kwamba***, Muuzaji amemuuzia Mnunuzi Duka tajwa hapo juu kwa kiasi cha **Shilingi Milioni Kumi (Tshs. 10,000,000/=) tu**.

2. ***Kwamba***, sambamba na kusaini mkataba huu Muuzaji anakiri kupokea fedha taslimu kiasi cha **Shilingi Milioni Kumi (Tsh. 10,000,000/=)**

3. ***Kwamba,*** malipo husika yanajumuisha samani zote zilizomondani ya duka hilo ikiwa ni pamoja na makabati yote yanayokamilisha duka lote.

4. ***Kwamba***, Muuzaji atamkabidhi Mnunuzi nyaraka zote zinazohusiana na umiliki wa Duka hilo mara baada ya kusaini mkataba huu.

5. ***Kwamba***, duka hilo linauzwa bila pingamizi lolote, rehani, tahadhari au madai ya aina yoyote ile toka kwa mtu yoyote.

.../2.

6. ***Kwamba,*** endapo itagundulika baadae kuwa Muuzaji hakuwa mmiliki halali wa duka hilo au hakupewa dhamana ya kuuza atatakiwa kurejesha fedha yote iliyolipwa na Mnunuzi na kila upande utarudi katika hali yake ya awali.

7. ***Kwamba,*** mkataba huu utatawaliwa na sheria za nchini Tanzania.

KWA KUTHIBITISHA MAKUBALIANO haya pande zote zimeweka saini Mkataba huu kama inavyoonekana hapa chini:-

UMETIWA saini na **BERNADA NDUGURU** ambaye namfahamu/ametambulishwa kwangu na ...LEOCARDIUS ANACLETUS... ambaye namfahamu binafsi tarehe ..11.... mwezi ...Novemba..., **2023**.

.....
(MUUZAJI)

MBELE YANGU:

Jina: ...ALLY ZAID...

Saini: .....

Anwani: S.L.P. 6132 MWANZA

.....

Wadhifa: WAKILI.....

Ally Zaid Box 6132 Mwanza Advocate, Notary Public & Commissioner for Oaths

UMETIWA saini na **LEOCARDIUS ANACLETUS MASAGA** ambaye namfahamu/ametambulishwa kwangu na .....
ambaye namfahamu binafsi tarehe ..11... mwezi ...Novemba..., **2023**.

.....
(MNUNUZI)

MBELE YANGU:

Jina: ...ALLY ZAID...

Saini: .....

Anwani: S.L.P. 6132 MWANZA

.....

Wadhifa: WAKILI.....

Ally Zaid Box 6132 Mwanza Advocate, Notary Public & Commissioner for Oaths

MKATABA WA UPANGISHAJI

Mkataba huu umefungwa leo Tarehe ..8.....Mwezi.10....Mwaka.2023.

KATI YA

Ndugu ZAYNAB ABDALLAH wa S.L.P MWANZA, ambaye katika mkataba huu anajulikana kama 'MWENYE NYUMBA' kwa upande wa kwanza.

NA

Ndugu LEOCARDIUS A. MASAGA wa S.L.P 660, ambaye katika mkataba huu anajulikana kama 'MPANGAJI'

Kwa pamoja wamekubaliana kama ifuatavyo;

1. Kwamba mpangaji anapanga chumba cha biashara/kuishi kilichopo katika PLOT NO .46 Kitalu..... BLOCK A VI kwenye nyumba iliyopo **KIRUMBA,** wilaya ya **ILEMELA** jijini **MWANZA** kwa kipindi cha MWAKA 1 kuanzia leo **Tarehe** 08/10/2023.. hadi **Tarehe**..08/10/2024

2. Mpangaji atalipa mwenya nyumba kiasi cha **Shilingi**..MILLION MOJA LAKI TANO TU (1,500,000/=...) kama kodi ya pango.

3. Ni jukumu la mpangaji kuhakikisha anaitpa bili ya umeme na maji kwa kila mwezi kwa kadri atakavyotumia.

4. Ni jukumu la mpangaji kuhakikisha kuwa anatunza mazingira ya chumba husika kwa kufanya usafi wa nje na ndani na kukitunza chumba kama alivyokabidhiwa.

5. Kwamba mpangaji haruhusiwi kupangisha chumba hicho kwa mtu mwingine bila ruhusa ya mwenye nyumba.

6. Kwamba uhalibifu wowote utakaotokea kwa kusababishwa na mpangaji hivyo gharama za matengenezo zitakua juu yake mpangaji.

7. Kwamba mpangaji anatakiwa kutoa taarifa mwezi mmoja kabla ya kipindi cha mkataba wake kuisha, ikiwa atapenda kuendelea kuwa mpangaji wa chumba hicho kwa awamu nyingine tena.

8. Biashara ya pombe **haitarusiwa.**

9. Mwenya nyumba na mpangaji wote kwa pamoja wamekubaliana kwamba hakuna yeyote kati yao atakaekiuka na kuvunja mkataba bila sababu nyeti kisheria, aidha atawajibika katka gharama na hasara zitakazo tokea kutokana na kuvunja mkataba huu.

KWA USHUHUDA: **pande zote wanaohusika wameweka sahihi zao kwa namna ilivyo hapa chini.**

Mpangishaji

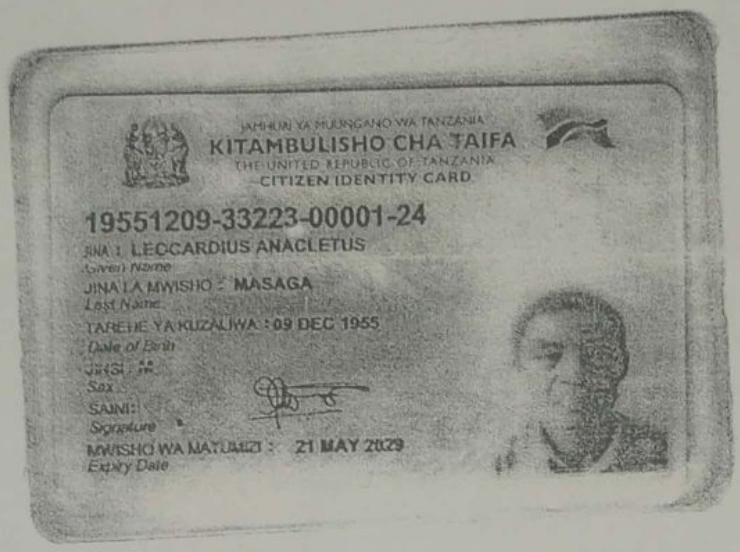
Jina: ZAYNAB ABDULLAH

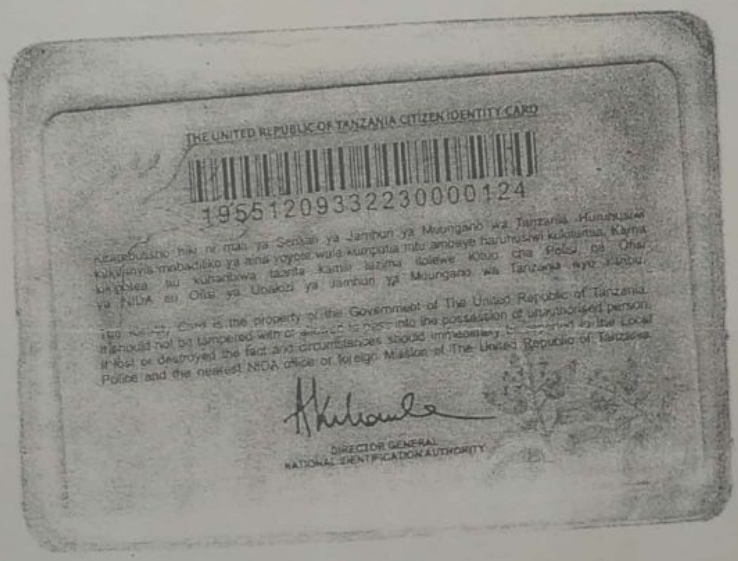
Sahihi: .....

Mpangaji

Jina: LEOCARDIUS A. MASAGA

Sahihi: .....





I HEREBY CERTIFY THAT THIS IS A TRUE
COPY OF THE ORIGINAL
ALLY ZAID
ADVOCATE, NOTARY PUBLIC & COMMISSIONER FOR OATHS
SIGNATURE
DATE: 25/03/2092

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 561991

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **LEANA PHARMACY** this **5th** day of **JANUARY** 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 **561991** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **5th** day of **JANUARY TWO THOUSAND AND TWENTY FOUR**.

REGISTRAR OF BUSINESS NAMES
TANZANIA

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.

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02205-2023

This Permit is hereby granted to M/S *Lisa Pharmacy* of *P.O.Box 1370, Mwanza* to operate a *Retail Only Business* at the premises situated/lying between *Kirumba Street, Kirumba, Ilemela* Municipality/District in *Mwanza* Region with Facility Identification Number (FIN) *0102205* under a superintendent Pharmacist *Marystella Z Vingson* with Personal Identification Number (PIN) *0102160*

Issued in: *July 2022*

Expires on: *30 June 2023*

26-08-2022

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*

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102205

This is to certify that the premises owned by M/S ***Lisa Pharmacy*** of ***P.O.Box 1370, Mwanza*** located at ***Kirumba Street, Kirumba, Ilemela*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102205***

Issued in: ***July 2022***

Expires on: ***30 June 2027***

26-08-2022

DATE:

SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O.BOX 31818 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*

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **924003224435522**

Received from : LISA 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 - APPLICATION CHANGE OF NAME AND OWNERSHIP*		200,000.00

Total Billed Amount : **200,000.00 (TZS)**

Bill Reference : 16212003240047557843

Payment Control Number : ***991620233453***

Payment Date : **2024-01-03 16:29:58**

Issued by : Beatuss Mpogoza

Date Issued : 2024-01-19 13:29:13

Signature : .....