

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 | <input type="checkbox"/> |
| 2. BUSINESS NAME | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: PLANT PHARMACY FIN. 0300541

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

PHYSICAL ADDRESS:

Plot No. 19 B Street: MIGEYO STREET Ward: BILELE

District/Municipal: BUKOBIA MUNICIPALITY Region: KAGERA

POSTAL ADDRESS: 265 BUKOBIA Contact No. 0753645157

E-mail: mirambogeorge@gmail.com

OWNERSHIP:

Directors (Names): 1. GEORGE J. MIRAMBO Qualification: OWNER

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: GEORGE JONATHAN MIRAMBO PIN: 0102123

Residential Address: BUKOBIA Tel: 0753645157 Email: mirambogeorge@gmail.com

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: CITIZEN STARS CHEMIST

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

PHYSICAL ADDRESS:

Plot No. 19 B Street: MIGEYO STREET Ward: BILELE

District/Municipal: BUKOBIA MUNICIPALITY Region: KAGERA

POSTAL ADDRESS: 265 BUKOBIA CONTACT No. 0753645157

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. THE NEW NAME IS REGISTERED WITH BRELA.

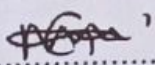
2.

SECTION D: APPLICANT INFORMATION

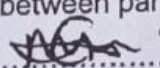
Name of Applicant: GEORGE JONATHAN MIRAMBO

(Contact/email if different from the above)

Address: 265 BUKOBA Tel: 0753645157 E-mail: mirambogeorge@gmail.com

Signature of Applicant:  Date: 13/11/2023**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: 13/11/2023**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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 923326216125021

Received from : PLANT 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 - APPLICATION FOR CHANGE OF BUSINESS NAME		100,000.00

Total Billed Amount : 100,000.00 (TZS)

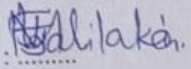
Bill Reference : 16214325235131890430

Payment Control Number : 991620224617

Payment Date : 2023-11-22 15:31:47

Issued by : Beatuss Mpogoza

Date Issued : 2023-11-22 17:02:20

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 102-312-368

BUKOBA MUNICIPAL COUNCIL

JAMHURI-KAITABA

P. O. Box 284

BUKOBA

Tax Certificate Number:

181-0149-2357

Issuing Office: Kagera

Telephone: 028 2220390

Date of issue: 09 January 2023

Expiry Date: 31 December 2023

Taxpayer Name: GEORGE JONATHAN MIRAMBO

Trading Name: PLANT PHARMACY

Taxpayer Identification Number: 118-717-937

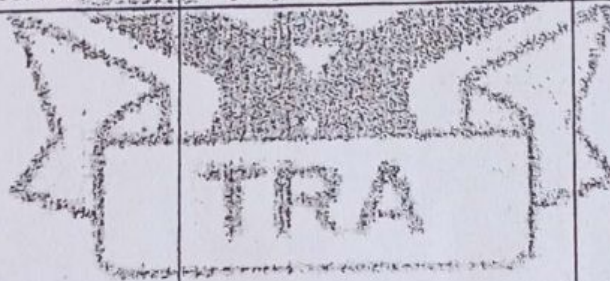
Vat Registration Number

Company Registration Number

Business Premises located at: Plot Number ; Block Number ; Street JAMHURI - BILELE

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



HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
09 January 2023



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. 533445

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **CITIZEN STARS CHEMIST** this 22nd day of **JANUARY** year **2023** 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 **533445** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 22nd day of **JANUARY** **TWO THOUSAND AND TWENTY THREE.**



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.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01D/173

28th March, 2023

Director,
Plant Pharmacy,
P.O. Box 265,
BUKOBA.

Re: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN
A BUSINESS OF A PHARMACIST

The heading above is concerned.

2. I wish to inform you that, your application for registration of your premises located at Plot No.18B Migeyo Street Bilele in Kagera region to conduct a **Retail and Wholesale business of a pharmacist**, has been approved as per Section 37 (1)(a)(b) of the Pharmacy Act, Cap. 311.

3. You are hereby directed to comply with the stipulated conditions of a pharmacist business by doing the following: -

(i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.

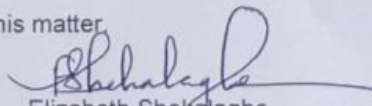
(ii) In addition to (i) above, you shall be obliged to acquire the following documents;

- a) Pharmacy Act, 2011 available at www.pc.go.tz
- b) The Pharmacy (Pharmacy Practice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at www.pc.go.tz
- c) Standard Treatment Guidelines and National Essential Medicine List of 2021;
- d) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015*;
- e) Pharmacist Duty Business Register; and
- f) Pharmacy Logo to be displayed at the entrance of the pharmacy.

4. Please be informed that, this letter does not represent the Premises Registration Certificate or a Business Permit.

5. You are required to collect the Certificate and Business Permit within 21 working days from the date of this letter which shall be issued upon fulfillment of the stipulated conditions and shall be handled strictly to a superintendent pharmacist.

6. I anticipate your cooperation in this matter.


Elizabeth Shekalaghe
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator –Lake Zone
TMDA – Zone Manager- Western Lake Zone

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300541

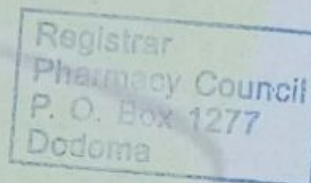
This is to certify that the premises owned by M/S Plant Pharmacy of P.O. Box 265, Bukoba located at Migeyo Street, Bilele, Bukoba Municipality/District in Kagera Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300541

Issued in: March 2023

Expires on: 29 June 2028

03-08-2022

DATE:



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





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