

# 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: PONYA PHARMACY FIN 0100864

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

### PHYSICAL ADDRESS:

Plot No. .... Street: ZARAMU Ward: KATI

District/Municipal: ARUSHA Region: ARUSHA

POSTAL ADDRESS: P.O. Box 14843 ARUSHA Contact No. 0713357315

E-mail: Zsaronga@gmail.com

### OWNERSHIP:

Directors (Names): 1. ASHA PIUS SARONGA Qualification: .....

2. .... Qualification: .....

3. .... Qualification: .....

### SUPERINTENDANT INFORMATION:

Full Name: JOYCE BUYENZE PIN: 0101498

Residential Address: SIMANJIRO Tel: 0767635699 Email: joybuyenze@gmail.com

Contract commencement date: 1/7/2025 Cessation date: 30/6/2026

### 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. ZAKIANICE PIUS SARONGA Qualification: GRADUATE
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. DEMISE OF PREVIOUS OWNER
- .....
- .....
2. ....
- .....
- .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: ZAKIANICE PIUS SARONGA

(Contact/email if different from the above)

Address: ..... Tel: ..... E-mail: .....

Signature of Applicant: [Signature] Date: 6/8/2025

**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: [Signature] Date: 6/8/2025

**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)



## MEMORANDUM OF UNDERSTANDING

### BETWEEN

MRISHO SALUM (Administrator of the Estate of the Late ASHA SARONGA)

### AND

ZAKIANICE SARONGA (Beneficiary of the Estate of the Late ASHA SARONGA)

#### 1. PARTIES

This Memorandum of Understanding ("MOU") is made and entered into on this 18<sup>th</sup> day of August 2025, by and between:

1. Mrisho Salum Kitigwa, of P.O. Box 14843 Arusha, acting in his capacity as the duly appointed Administrator of the Estate of the Late Asha Saronga, hereinafter referred to as "the Administrator"; and
2. Zakianice Pius Saronga, of P.O. Box 14843 Arusha, a beneficiary of the Estate of the Late Asha Saronga, hereinafter referred to as "the Beneficiary".

#### 2. BACKGROUND

##### WHEREAS:

- a) The Late Asha Pius Saronga passed away in 2009, leaving certain assets including a medical dispensing business known as Ponya Pharmacy;
- b) The Administrator, Mrisho Salum Kitigwa, was duly appointed to administer the estate;
- c) It is in the interest of the estate and its beneficiaries that Ponya Pharmacy continues to operate for the benefit of all beneficiaries; and
- d) The parties wish to record the transfer of day-to-day operational control of Ponya Pharmacy from the Administrator to the Beneficiary so that she may manage and administer the business in a transparent manner for the benefit of all beneficiaries.

#### 3. PURPOSE

The purpose of this MOU is to set out the mutual understanding between the Administrator and the Beneficiary regarding the transfer of operational control of Ponya Pharmacy.

#### 4. TERMS OF UNDERSTANDING

- 4.1 The Administrator hereby transfers operational control and day-to-day management of Ponya Pharmacy to the Beneficiary.
- 4.2 The Beneficiary shall operate the pharmacy in compliance with all relevant laws and regulations governing medical dispensing businesses.
- 4.3 All net proceeds and profits from the operation of the pharmacy shall be applied and accounted for in accordance with the rules of estate administration, for the benefit of all beneficiaries.
- 4.4 The Beneficiary shall keep proper books of account and make them available to the Administrator and/or other beneficiaries upon reasonable request.

4.5 This arrangement shall not constitute a permanent transfer of ownership of the pharmacy, which remains an asset of the estate until final distribution.

#### 5. DURATION

This MOU shall remain in force until such time as the estate is fully administered and the assets are distributed in accordance with the applicable succession laws or by agreement of all beneficiaries.

#### 6. AMENDMENTS

This MOU may be amended only by mutual written consent of the parties.

#### 7. GOVERNING LAW

This MOU shall be governed by and construed in accordance with the laws of the United Republic of Tanzania.

#### 8. SIGNATURES

IN WITNESS WHEREOF, the parties hereto have signed this Memorandum of Understanding on the date first written above.

SIGNED by the Administrator:

[Signature]  
Mrisho Salum Kitigwa  
Administrator of the Estate of the Late Asha Pius Saronga  
Date: 18/8/2025

SIGNED by the Beneficiary:

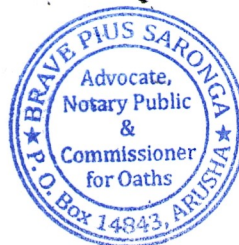
[Signature]  
Zakianice Pius Saronga  
Beneficiary  
Date: 18-8-2025

WITNESSES:

Full Name: ELIAS SARONGA  
Signature: [Signature]  
Designation: 18-8-2028

BEFORE ME:

Name: BRAVE SARONGA  
Signature: [Signature]  
Designation: 18/8/2025





TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-916-995

ARUSHA CITY COUNCIL

MANISPAA

3013

ARUSHA

Tax Certificate Number:

151-0245-0478

Issuing Office: Arusha

Telephone: 027-2502946

Date of issue: 15 July 2025

Expiry Date: 31 December 2025

Taxpayer Name	ZAKIANICE PIUS SARONGA		
Trading Name			
Taxpayer Identification Number	116-443-023	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : ARUSHA,

DISTRICT : ARUSHA,

STREET : KATI

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 |
|---|---|

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

15 July 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.




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

**19881106-25113-00001-10**

JINA : ZAKIANICE PIUS  
*Given Name*  
 JINA LA MWISHO : SARONGA  
*Last Name*  
 TAREHE YA KUZALIWA : 06 NOV 1988  
*Date of Birth*  
 JINSI : F  
*Sex*  
 SAINI:  
*Signature*



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



**19881106251130000110**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwa kukitanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwa kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalizi 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.

*Signature*  
 DIRECTOR GENERAL  
 NATIONAL IDENTIFICATION AUTHORITY