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: MWALONI PHARMACY FIN 010508

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

PHYSICAL ADDRESS:

Plot No. 52 Street: MWALONI Ward: KIRUMBA

District/Municipal: ILEMELA Region: MWANZA

POSTAL ADDRESS: — Contact. No. 0763229839

E-mail: .....

OWNERSHIP:

Directors (Names): 1. LEONATUS CHARLES JOSEPH Qualification: BUSSINESSMAN.

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

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

SUPERINTENDANT INFORMATION:

Full Name: HARUNI WINFRIDA ISHARA PIN: 010278

Residential Address: NYAMAGANA MWANZA Tel: 0691636768 Email: harumiishara@gmail.com

Contract commencement date: 29/10/2023 Cessation date 29/10/2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MWALONI PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 52 Street MWALONI Ward KIRUMBA

District/Municipal ILEMELA Region MWANZA

POSTAL ADDRESS: — CONTACT No. 0695427703.

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SAFINA YM KIUNGO Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: SAFINA Y M. KIUNGO PIN: 0103700

Residential Address: ILEMELA-MWANZA Tel: 0695427703 Email: safinkiungo20@gmail.com

Contract commencement date: ..... Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. CHANGE IN OWNERSHIP.

SECTION D: APPLICANT INFORMATION

Name of Applicant: SAFINA Y M KIUNGO

(Contact/email if different from the above)

Address: ILEMELA - MWANZA Tel: ..... E-mail: .....

Signature of Applicant..... Date 2/01/2025

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..... Date 2/01/2025.

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)

CTIN: 900796

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION
FOR
TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

SAFINA YOBU KIUNGO

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

179-262-584

WITH EFFECT FROM: **01 NOVEMBER 2024**

TRA LOCATION: **MWANZA** TAX OFFICE: **NYAMAGANA**

PHYSICAL LOCATION: **PLOT No. 0 BLOCK No. 0**

STREET / AREA: **MAGOMENI**

ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101508

This is to certify that the premises owned by M/S ***Mwaloni Pharmacy*** of ***P.O. Box, Mwanza*** located at ***Plot No. 52, Mwaloni 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) ***0101508***

Issued in: ***April 2021***

Expires on: ***30 June 2026***

08-06-2021

DATE:

SIGNATURE OF REGISTRAR AND STAMP

PHARMACY COUNCIL REGISTRAR P.O. BOX 31218 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***

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01508-2024

This Permit is hereby granted to M/S ***Mwaloni Pharmacy*** of ***P.O. Box, Mwanza*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Plot No. 52, Mwaloni Street, Kirumba, Ilemela*** Municipality/District in ***Mwanza*** Region with Facility Identification Number (FIN) ***0101508*** under a superintendent Pharmacist ***Haruni Winfrida Ishara*** with Personal Identification Number (PIN) ***0103278***

Issued in: ***April 2021***

Expires on: ***30 June 2025***

22-08-2024

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***

MKATABA WA KUUZIANA PHARMACY

Mkataba **huu umefungwa leo tarehe 24th Mwezi 10,Mwaka 2024**

BAINA YA

LEONATUS CHARLES JOSEPH **mkazi wa Mkolani, Wilaya ya Nyamagana Jiji la Mwanza, mwenye simu Namba 0763 229 839 ambaye katika mkataba huu atajulikana kama *"MUUZAJI" kwa upande mmoja.***

NA

SAFINA YOBU KIUNGO , Mkazi wa Kirumba , Manispaa ya Ilemela, Jiji la Mwanza Mwenye simu namba 0695 427 703 ambaye katika mkataba huu atajulikana kama "MNUNUZI" kwa upande mwingine.

(Neno Muuzaji na Mnunuzi kama kalima yatawahusu Mawakala, Jamaa na Warithi wao kwa Mujibu wa Sheria)

IMEKUBALIKA KAMA IFUATAVYO.

Kwamba MUUZAJI ni Mmiliki halali wa Duka la Phamarcy lililopo, Mtaa Mwaloni ,Kata ya Kirumba,Manispaa ya Ilemela Jiji la Mwanza,

Kwamba Duka la Phamarcy linalouzwa, lina Dawa, Shelves za kuwekea dawa,Meza Moja (1), Viti Viwili(2) Fan Moja(1), AC moja(1), Mlango wa Kioo na Kibali cha kufanyia Biashara ya Phamarcy,

Kwamba kwa hiari yake wenyewe MUUZAJI ameamua kumuuzia MNUNUZI Pharmacy hiyo hiyo, kwa bei ya shilingi za Kitanzania TSH Milioni Kumi na Laki Tano tu. (TSH 10,500,000/=) Kwa makubaliano haya.

1. Kwamba,Muuzaji amekiri yeye mwenyewe kuwa Pahamarcy hiyo ni mali yake halali .
2. Kwamba, **MNUNUZI** amekubali kununua Phamarcy tajwa toka kwa MUUZAJI kwa bei hiyo.
3. Kwamba, Malipo ya Gharama za ununuzi wa phamarcy hiyo imelipwa yote leo hii pande zote mbili wanapo saini mkataba huu.
4. Kwamba, makubaliano haya yanafanyika wote wakiwa na akili timamu bila kileo chochote wala kushawishiwa au kuahidiwa chochote na mtu yeyote.
5. Kwamba , kwa kuwa mmiliki wa Phamarcy ni Mme halali wa Upendo Nicodemus Masanja, basi mkataba huu utasainiwa na mke wake tajwa kwa niaba yake.

Yuda Rudovick Kayugushi
Box 2753, Mwanza
Advocate, Notary Public
& Commissioner for Oaths

6. Kwamba, Muuzaji anamuhakikishia mnunuzi kuwa hakuna atakaye mbuguzi na wala kumuingilia katika matumizi ya Duka hilo baada ya kusaini mkataba huu.
7. Kwamba, pande zote zimekubaliana kuwa Mkataba huu utalindwa na sheria ya Mkataba Sura **Na. 345** iliyorejewa mwaka **2002** na sheria nyinginezo zinazoendana na hizi hapa Nchini.

WAHUSIKA kwa kuthibitisha wanaweka sahihi zao hapa chini kama ifuatavyo: -

Umesainiwa na kukubaliwa na
LEONATUS CHARLES JOSEPH ambaye
ametambulishwa kwangu na Alexander
Majula Nandiga
leo tarehe 24 mwezi 10 ,2024

.....

MUUZAJI

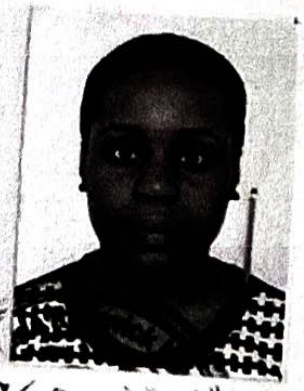
MBELE YANGU
Jina; YUDA R. KAMUGISHI
Anuani; BOX 2753 MWANZA
Cheo; WAKILI
Sahihi; .....

Umesainiwa na kukubaliwa na
SAFINA YOBU KIUNGO
Ambaye ninamfahamu binafsi / Ametambulishwa
kwangu na.....
leo tarehe 24 Mwezi, 10 Mwaka 2024

.....

MNUNUZI

MBELE YANGU;
Jina; YUDA R. KAMUGISHI
Anuani; BOX 2753 MWANZA
Cheo; WAKILI
Sahihi; .....



MASHAHIDI WENGINE

Jina.....STEVEN ROBERT.....

Sahihi.....

Anwani.....KIRUMBA - KABUMBO.

Tarehe.....24/10/2024.....

Simu.....0789676190.....

Jina.....MUSUMBA BAHATI.....

Sahihi.....

Anwani.....KIRUMBA - KABUMBO

Tarehe.....24.10.2024.....

Simu.....0765117481.....

Yuda Rudovick Kavugushi
Box 2753 Kigali
Advocate, Notary Public
Commissioner for Oaths

MKATABA WA KUPANGA NYUMBA YA BIASHARA ILIYOPO MWALONI KIRUMBA PLOT

No.....52..... BLOCK.....E.....

SEHEMU A

MAKABIZIANO NA MALIPO

MKATABA huu umefanyika leo tarehe.01.....**mwezi**.01....**mwaka 2025**

.....RENATUS GATI MAGWEGA.....**ambaye katika mkataba huu anajulikana kama (MPANGISHAJI).**

NA

.....SAFINA YM KIUNGO.....**ambaye katika mkataba huu anajulikana kama (MPANGAJI) Mkataba huu ni wa mwaka mmoja ambapo mpangaji ataruhusiwa kulipa kodi ya pango kwa mwezi mmoja au Zaidi kulingana na uwezo wake wa kiuchumi. Kodi kwa mwezi ni** Tsh.50,000/=..... **Mpangajiamelipa kiasi cha** Tsh.300,000/=.....**Ambayo ni sawa na miezi**.....6..... **mkataba huu utaanza rasmi tarehe**..01/01/2025. **hadi tarehe**.30/06/2025

SEHEMU B

MASHARTI YA MKATABA

1. Mpangaji anatakiwa kulipa gharama zote za maji na umeme kadri atakavyotumia.
2. Mpangaji anatakiwa kutunza mazingira kwa kufanya usafi maeneo yanayomzunguka.
3. Mpanagaji hatakiwi kufanya marekebisho ya aina yoyote ile kwenye nyumba bila idhini ya mwenye nyumba.
4. Hairuhusiwi kwa mpangaji kumpangisha mtu mwingine.
5. Mpangaji atatakiwa kuhama katika nyumba endapo mwenye nyumba atataka iwe hivyo kwa kumpa notisi ya kuhama mwezi mmoja kabla ya kumalizika kwa mkataba uliopo.
6. Endapo mpangaji anataka kuendelea na mkataba kwa miezi mingine atatakiwa kumtarifu mwenye nyumba mwezi mmoja kabla ya kumaliza mkataba uliopo, ikiwa mpangaji hatotaka kuendelea na mkataba kwa miezi mingine atatakiwa kumtarifu mwenye nyumba mwezi mmoja kabla ya mkataba uliopo kuisha mwenye nyumba atafanya ukaguzi wa nyumba pale inapobidi kufanya hivyo.
7. Mpangaji atatakiwa kuwa mwangalifu katika kuta za nyumba (zisigongwe misumari) na unapotaka kuhama hakikisha unakabidhi nyumba kama ulivyoikuta mfano, milango, vitasa na funguo zote ulizo zipokea. Uharibifu wowote utakaosababishwa na mpangaji atawajibika na gharama zote.
8. Kodi ya nyumba inaweza kubadilika kulingana na gharama za maisha.
9. Mkataba utakapoisha na ikiwa mpangaji amefanya uharibifu wa aina yeyote ile ndani ya nyumba hatoruhusiwa kutoa vitu vyake ndani ya nyumba mpaka pale atakapo fanya marekebisho / matengenezo.
10. Mkataba utakapoisha tunaweza kuendelea na mkataba mwingine au kusitisha mkataba.

SEHEMU C

KURIDHIA MKATABA

NIMESOMA NA KUELEWA MKATABA HUU.

JINA LA MPANGAJI

SAFINA YM KIUNGO

SAHIHI YA MPANGAJI

.....

JINA LA MPANGISHAJI

RENATUS GATI MAGWEIGA

SAHIHI YA MPANGISHAJI

.....

TAREHE YA KUINGIA MKATABA

1/01/2025

TAREHE YA KUISHA MKATABA

30/06/2025

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925022305513145**
Received from	: SAPHINA YM KIUNGO
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 names/ownership*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16215022253531957934
Payment Control Number	: ***991620297234***
Payment Date	: **2025-01-22 15:43:56**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-01-22 15:46:44
Signature