

#### Jamhuri ya Muungano wa Tanzania

#### United Republic of Tanzania

#### **Pharmacy Council**

**Exchequer Receipt** 

#### Stakabadhi ya Malipo ya Serikali

Receipt No

: 925111325579467

Received from

: LEILA 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 -

CHANGE

**Total Billed Amount:** 

200,000.00

200,000.00 (TZS)

Bill Reference

: 16208107253654352903

Payment Control Number : 991620302801

Payment Date

: 2025-04-21 15:08:29

Issued by

: Zena Mango

Date Issued

: 2025-04-24 14:55:28

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

# 991620302801

Apewe (onto) Number 200,000/. PCF.14 E.F.7, NJ 17/4/2025

# PHARMACY COUNCIL



# APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar, Pharmacy Council, P.O. Box 1277, **Dodoma.** 

Dogoma,
APPLICATION FOR CHANGE OF:  1. PREMISES LOCATION  2. BUSINESS NAME  3. BUSINESS OWNERSHIP
SECTION A: APPLICANT CURRENT INFORMATION:
NAME OF PREMISES: LEIVA PHARMACY FIN 0100724
TYPE OF BUSINESS: Retail Pharmacy  Wholesale Pharmacy  Warehouse
PHYSICAL ADDRESS:
Plot No. MNY / KNB / 6.19. Street: MWANANYA MALA Ward 19 NOND ON 1 B
Districtivitaticipal
E-mail: leila: pharmacy s@gmail. Com
OWNERSHIP:
Directors (Names): 1. Richard Charles Man Qualification: PHARMACUST
2
2
3Qualification:
SUPERINTENDANT INFORMATION:
Full Name: HAPIJA AMIM OMARY PIN: 0102252
recorder and Address. DATE EL-CALAMA TI
Contract commencement date: 0キー2020 Cessation date 04 12025
SECTION B: PROPOSED CHANGES:
NAME OF THE NEW PREMISES: AFYAPLUS PHARMACY
TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:
Plot No. MWY/KNB/619. Street. MWANANYAMALA  District/Municipal. KINONDON/ Seminary  MSOLOM MWANANYAMALA  Ward. KINONDON/ Seminary  Ward. KINONDON/ Seminary
District/Municipal KINONDONI Region DAIZ-ES-SALAAM
POSTAL ADDRESS: 3592 CONTACT. No. 0.683114800

- 4. Certificate of registration from BRELA
- 5. Copy of Director(s) ID
- 6. Original Premises Registration Certificate (For Alteration No. 1 or 2)



# AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN:

0

101-186-555

HALMASHAURI YA MANISPAA YA KINONDONI

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MWANANYAMALA/ MWINJUMA ROAD

31902

0

0

0

0

0

0

DAR ES SALAAM

Tax Certificate Number:

0

131-0236-1745

Issuing Office:

Kinondoni

Telephone:

022-2771841 14 April 2025

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Date of issue:

Taxpayer Name	RICHARD CHARLES	Expiry Date:	31 December 2025
Taxpayer Identification Number	RICHARD CHARLES LEILA PHARMACY 139-809-149		
Company Registration Number	103-009-149	Vat Registration Number	
Business Premises located at :			

REGION: DAR ES SALAAM, DISTRICT : KINONDONI,

STREET: Kinondoni Mjini

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):

Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi COMMISSIONER FOR DOMESTIC REVENUE 14 April 2025



#### Disclaimer:

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- 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.

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# MEMORANDUM OF UNDERSTANDING OF LEILA PHARMACY

# MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MoU") is made and entered into this 14th day of May, 2025,

#### BETWEEN

1. Hadija Amin Omary, of Dar es Salaam, United Republic of Tanzania, hereinafter referred to as "Partner 1";

#### AND

2. Richard Charles, of Dar es Salaam, United Republic of Tanzania, hereinafter referred to as "Partner 2".

#### RECITALS (PREAMBLE)

WHEREAS, the Parties intend to enter into a business partnership to jointly establish, own, and operate a retail pharmaceutical business under the name Leila Pharmacy, to be located at Plot No. MWY/KNB/619, Mwananyamala, Kinondoni, Dar es Salaam;

**AND WHEREAS**, the Parties wish to define their respective roles, responsibilities, and obligations in relation to the said business in order to ensure mutual understanding and cooperation;

**NOW, THEREFORE**, in consideration of the mutual covenants and undertakings herein, the Parties hereby agree as follows:

## 1. NAME AND NATURE OF BUSINESS

The Parties agree to jointly establish and operate a retail pharmacy business under the name **Leila Pharmacy** (hereinafter referred to as the "Business"), which shall comply with all applicable laws and regulations of the United Republic of Tanzania, including registration with the Pharmacy Council and the Business Registration and Licensing Agency (BRELA).

#### 2. PLACE OF BUSINESS

The principal place of business shall be located at Plot No. MWY/KNB/619, Mwananyamala, Kinondoni, Dar es Salaam, or at such other place as the Parties may mutually agree in writing.

# 3.OWNERSHIP AND SHAREHOLDING STRUCTURE

Each Party shall hold an equal ownership interest in the Business, with the shareholding ratio being:

- Hadija Amin Omary 50%
- Richard Charles 50%

#### **4. CAPITAL CONTRIBUTION**

- **4.1** Each Party shall contribute **equal financial capital** and/or assets required for the establishment and operation of the Business.
- **4.2** Future capital requirements shall be discussed and agreed upon by both Parties in writing prior to any further investments.

## **5.BANKING AND FINANCIAL MANAGEMENT**

A business bank account shall be opened in the name of **Leila Pharmacy**, and both Partners shall be **co-signatories** to the account.

#### 6. PROFITS AND LOSSES

All net profits and losses of the Business shall be shared equally (50/50) between the Partners, after deducting operational expenses, taxes, and other legal obligations.

### 7. MANAGEMENT AND ADMINISTRATION

- 7.1 Day-to-day management of the Business shall be jointly carried out by the Partners.
- 7.2 Major business decisions, including but not limited to procurement, employment, expansion, loans, or structural changes, shall require **mutual consent** of both Partners in writing.

# 8. DUTIES AND OBLIGATIONS OF THE PARTIES

Each Party shall:

- Act in good faith and in the best interest of the Business;
- Devote adequate time, skills, and effort to the growth and development of the Business;
- Ensure compliance with all statutory and regulatory requirements;
- Not engage in any competing business without the prior written consent of the other Party.

# 9. WITHDRAWAL, TERMINATION OR DISSOLUTION

- 9.1 Either Party may withdraw from the Business upon giving ninety (90) days' prior written notice, subject to mutual agreement on exit terms.
- **9.2** Upon withdrawal or dissolution, the Business shall be subject to **valuation**, and assets and liabilities shall be settled in accordance with the 50/50 ownership ratio.

9.3 In case of death or permanent incapacity of a Partner, the surviving Partner may either:

- Continue the Business in consultation with the deceased Partner's legal heirs or representatives;
- Liquidate the Business and distribute assets in accordance with the terms herein.

#### 10. NON-DISCLOSURE AND CONFIDENTIALITY

Each Party shall maintain confidentiality of all proprietary and business information and shall not disclose such information to any third party without the prior written consent of the other Party, both during and after the term of this agreement.

#### 11. DISPUTE RESOLUTION

In the event of any dispute arising under this Agreement, the Parties agree to first attempt to resolve the matter amicably through mutual discussions. If the matter remains unresolved, it shall be referred to Alternative Dispute Resolution (ADR) mechanisms, specifically **mediation**, in accordance with the laws of the **United Republic of Tanzania**.

#### 12. GOVERNING LAW

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

#### 13. AMENDMENT

This Memorandum of Understanding may be amended only by written agreement signed by both Parties.

#### 14. ENTIRE AGREEMENT

This document represents the entire understanding between the Parties and supersedes all prior oral or written discussions or agreements relating to the subject matter herein.

IN WITNESS WHEREOF, the parties have agreed on the terms and conditions of this Memorandum of Understanding by signing this Memorandum against their respective names as herein below;

PARTNER 1:
Name: Hadija Amin Omary
Signature:
Signature: # 105 12025  Date: # 105 12025
PARTNER 2:
Name: Richard Charles
Signature:
Date: 10/5/2025
BEFORE ME:
Name VALENTIMA CUEFORD KURUCKUM LEED I
Signature
Qualifications: COMMISSIONER FOR OATH AND NOTARY PUBLIC

IN THE PRESENCE OF:



# **TANZANIA**

Form 22



No. 485222

# **Certificate of Registration of Change**

(Pursuant Section 14 of the Business Names (Registration) Act (Cap 213))

I HEREBY CERTIFY THAT the following change occurred on 9th day of APRIL TWO THOUSAND AND TWENTY FIVE in the particulars registered in respect of LEILA PHARMACY:

1. Business name changed to read AFYAPLUS PHARMACY

And this change was registered on the 9th day of APRIL TWO THOUSAND AND TWENTY FIVE

GIVEN under my hand at Dar es Salaam this 9th day of APRIL TWO THOUSAND AND TWENTY FIVE.



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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.



# **TANZANIA**



**Extract date and time:** 09/04/2025 16:54:54 **Last update date and time:** 11/10/2021 11:16:00

Registration date and time: 22/01/2021 11:18:59

The Business Names (Registration) Act (Cap 213)

# **Extract from Register**

1. Name of Business: AFYAPLUS PHARMACY

2. Registration number: 485222

3. **Principale Place of Business:** Region Dar Es Salaam, District Kinondoni, Ward Mwananyamala, Postal code 14108, Street Msolomi, Road kawawa road, Plot number

619, Block number 04, House number MWY/KNB/619

4. Contacts: Email pharm.richie@gmail.com, Phone 255762114427, P.O.Box 0

5. **Business activity:** 8620 - Medical and dental practice activities, Main activity

6. Propriator/Partners: RICHARD CHARLES MAGANGA

HADIJA AMINI OMARY

7. Authorized to Operate RICHARD CHARLES MAGANGA HADIJA AMINI OMARY

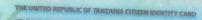




Deputy Registrar Business Names

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.





# 19921125111030000228

Krambulisho hili in mali ya Serikali ya Jemhuri ya Muungano wa Tarzania. Huruhusiwi laa anyia mabadulia ya anai yoyole wala kumpata mtu ambaya haruhusiwi kukitumia. Kama lakeodea, asi kukeribwa taarifa kamiii tezima (folewe Kitso cha Polisi na Ofiai ya NDA au Ofiai ya Ubalozi ya Jambuni ya Muungano wa Tanzania aliyo karbu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pees into the possession of unauthorised pension. If fast or distroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mession of The United Republic of Tanzania.

POWER TOR GENERAL MATHORITY





Kin shulisho hild ni masi ya Serikali ya Jamhuri ya Muungano wa Tarzania. Huruhusiwi kuli lanyia mabadiikko ya aina yeyote wala kumpatia mita ambaye handusiwi kukuumia. Kama kupotea, su kuhanbiwa taarifa kamili kizima itolewe Kituo cha Polisi na Olisi ya Westeri ya Jamhuri ya Muungano wa Tanzania iliyo kasbu.

The Identity Card is the property of the Government of The United Republic of Thirzanta II should not be tempered with or allowed to pass into the possession of ununtriorised person. If four 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 Yanzania.

DIRECTOR GENERAL NATIONAL IDENTIFICATION AUTHORITY

#### PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100724

is to certify that the premises owned by M/S *Leila Pharmacy* of *P.O.Box 3592, Dar es Salaam* located at *Plot No MWY/KNB/619, Mwananyamala, Kinondoni B* Municipality/District in *Dar es Salaam* Region has been registered for *Retail Only* to sell pharmaceutical and related products with Facility Identification Number (FIN) *0100724* 

Issued in: January 2019

02-02-2019

DATE:

SIGNATURE OF REGISTRAR
AND STAMP

#### 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





# THE UNITED REPUBLIC OF TANZANIA

# MINISTRY OF HEALTH





DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL (Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Thainiacy Act 2011)
Cadre: Pharmacist ✓ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐
Other Pharmaceutical Personnel
I Hadija A. Omary with Personal Identification Number (PIN) 0102 252 of Year 202 , residing at DSM district, in KINOMPON
I am a Sole proprietor/shareholder of pharmaceutical business named LEILA PHARMAY, with Facility Identification Number (FIN) 0100724 of year 2019, located at KINDHOUNI District, DSM Region with a Business Tax Identification Number (TIN) 139-809-149 (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: 0764692804 Email Address: aminhadija4@gmail. Com Signature: Date: 14-05-2025
NOTE: This form shall be a substitute of the <b>Contract agreement</b> 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.