Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925265368175905**
Received from	: MARY 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 - 0*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16210265252750388830
Payment Control Number	**: *991620335241***
Payment Date	**: 2025-09-22 10:40:30**
Issued by	: Zena Mango
Date Issued	: 2025-09-22 10:50:35
Signature	: .....

PHARMACY COUNCIL

9916203352 41

PCF.14

PHARMACY COUNCIL

Alipia 200[illegible] change of name & ownership 22/9/2025

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: MARY PHARMACY FIN 0103744

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

PHYSICAL ADDRESS:

Plot No. ..... Street: MKUZA KWA MATHIAS Ward MKUZA

District/Municipal KIBAHA TOWN Region: PWANI

POSTAL ADDRESS: KIBAHA Contact. No. 0614234581

E-mail: marryhabari@gmail.com

OWNERSHIP:

Directors (Names): 1. MARY HABARI Qualification:.....

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

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

SUPERINTENDANT INFORMATION:

Full Name: MOHAMMED MUHAJI MCHOPA PIN: 0101269

Residential Address: KIBAHA-KONGOWE Tel: 0657684322 Email: mmchopa88j@gmail.com

Contract commencement date: 13 May 2025 Cessation date 13 May 2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: PRIMECARE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street MKUZA KWA MATHIAS Ward MKUZA

District/Municipal KIBAHA TOWN Region PWANI

POSTAL ADDRESS: 30117 CONTACT. No. 0657684322

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. MOHAMMED MUHAJI MCHOPA Qualification: PHARMACIST
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. CHANGE IN BUSINESS OWNERSHIP
   CHANGE IN BUSINESS NAME
2. THE INITIAL OWNER (MARY HABARI) HAS SOLD THE PREMISES TO MOHAMMED MUHAJI MCHOPA
   I hereby attach the deed of sale for your reference

SECTION D: APPLICANT INFORMATION

Name of Applicant: MOHAMMED MUHAJI MCHOPA

(Contact/email if different from the above)

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

Signature of Applicant: ..... Date: 17 Sep 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 17 Sep 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)

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 03744-2025

This Permit is hereby granted to M/S ***Mary Pharmacy*** of ***P.O Box, Kibaha*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Mkuza kwa Mathias Street, Mkuza Ward, Kibaha*** Municipality/District in ***Pwani*** Region with Facility Identification Number (FIN) ***0103744*** under a superintendent Pharmacist ***Mohamed Mchopa*** with Personal Identification Number (PIN) ***0101269***

Issued in: ***August 2025***

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

21-08-2025

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***

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269
PHARMACY COUNCIL
MWENGE
31818
DAR ES SALAAM

Tax Certificate Number:
271-0250-7813

Issuing Office: Pwani
Telephone: 023 2402117
Date of issue: 18 September 2025
Expiry Date: 31 December 2025

Taxpayer Name	**MOHAMED MUHAJI MCHOPA**		
Trading Name			
Taxpayer Identification Number	**137-269-600**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : PWANI,
DISTRICT : KIBAHA,
STREET : Mkuza

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	Activity for Non Business Purposes
2	Retail sale of pharmaceuticals in pharmacy

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
18 September 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.

MKATABA WA KUKODISHA FREMU YA BIASHARA.

Sisi familia ya **HABIBU ABDALLAH MPENJAGE** wa Kibaha Kwa Mathias tunamkodisha fremu ya biashara ndugu **MOHAMMED MUHAJI MCHOPA** kwa thamani ya shilingi 50000/= kwa mwezi kwa mkataba wa miezi mitatu kuanzia tarehe 01/09/2025 mpaka tarehe 01/12/2025.

MASHARTI YA MKATABA HUU:

1. Mpangaji anatakiwa azingatie usafi wa eneo analofanyia biashara.
2. Mpangaji haruhusiwi kupangisha au kubadilishana fremu bila idhini ya mwenye fremu.
3. Mpangaji atakapomaliza mkataba huu anawajibika kukabidhi fremu hiyo kama alivyokabidhiwa hapo awali.
4. Kama mpangaji ataendelea na mkataba atoe taarifa mwezi mmoja kabla ya mkataba kuisha.
5. Mpangaji anatakiwa kulipa kodi kabla ya kuingia na anapoanza mkataba mwingine.
6. Kila mpangaji atawajibika kulipa umeme kutokana na vitu anavyotumia na mlinzi kwa ajili ya kulinda mali zake.

MWENYE FREMU
Jina: Familia ya Habibu Abdallah Mpenjage

Sahihi: .....

SHAHIDI WA MWENYE FREMU
Jina: Amina Habibu

Sahihi: .....

MPANGAJI
Jina: Mohammed Muhaji Mchopa

Sahihi: .....

SHAHIDI WA MPANGAJI
Jina: SHADIDA OMARI ADAMU

Sahihi: .....

ANGALIZO: "Heshimu Mkataba"

22/09/2025

CERTIFIED TRUE COPY OF THE ORIGINAL
PRIMARY COURT MAGISTRATE
KIBAHA COURT-MAINLAND

MKATABA WA MAUZIANO YA PHARMACY

Mimi..MARY DANIEL HABARI.. wa ..MKOAMB - MAHIMOJA..

nikiwa na akili zangu timamu na bila kushawishiwa na Mtu yeyote, leo tarehe..25/08/2025.. nakiri kuuza Pharmacy ambayo ni mali yangu halali kwa ndugu..MOHAMED M. MCHOPA.. wa ..BAMBA - KONGOWE..

Pharmacy hiyo ambayo ipo Mtaa wa Mkuza Barabara ya..NYUMBU..leo tarehe..25/08/2025.. amelipa kiasi cha Shilingi za Kitanzania ..16,000,000/=.. pesa baki ambayo ni ..— .. itamaliziwa tarehe..— .. ambayo ni Shilingi za Kitanzania ..=..

Jina la Muuzaji..MARY D. HABARI.. Simu Na.0614234581 saini..

Mashahidi wa Muuzaji

1. ..SHIDA MATHIAS NTABO.. Simu Na.0687699069 Saini..
2. ..TATU MSENGI.. Simu Na.0784854140 Saini..
3. ..HABIBA MWINYIMKUU.. Simu Na. 0673340044 Saini..

Jina la Mnunuzi..MOHAMED MUHAJI MCHOPA.. Simu Na. 0657684322 saini..

Mashahidi wa Mnunuzi

1. ..AMINA ADAM MATEBE.. Simu Na.0715118141.. Saini..
2. ..SHADIDA OMARI ADAM.. Simu Na.0676165000.. Saini..
3. ..WEST KANYAWANA.. Simu Na. 0715041774 Saini..

Mwenyekiti/ Mtendaji ..

Tarehe ..25/08/2025..

AFISA MTENDAJI S.L.P. 3012 KIBAHA MJI MKUZA

22/09/2025

CERTIFIED TRUE COPY OF THE ORIGINAL PRIMARY COURT MAGISTRATE URBAN COURT

DRIVING LICENCE
THE UNITED REPUBLIC OF TANZANIA

1 Family name
HABARI

2 Given names
MARY DANIEL

3. Date of birth
03/07/1990

4a Date of issue
14/01/2022

4b Date of expiry
13/01/2027

4c Issuing authority
TANZANIA REVENUE AUTHORITY

4d

8 Permanent place of residence
Shinyanga

9 Categories of Vehicles
A D

5 Licence number
4006870708

7 Signature

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

19870212-61108-00001-23

JINA : **MOHAMED MUHAJI**
Given Name

JINA LA MWISHO : **MCHOPA**
Last Name

TAREHE YA KUZALIWA : **12 FEB 1987**
Date of Birth

JINSI : **M**
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : **19 JUN 2031**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19870212611080000123

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi 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.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY