



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

:

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

991620335241

PCF.14

PHARMACY COUNCIL



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

*Alpire 2000007
change of name
& ownership
10/8
22/9/2025*

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: maryhabari@gmail.com

OWNERSHIP:

Directors (Names): 1. MARY HABARI Qualification:

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: MOHAMMED MUHAI, MCHOPA PIN: 0101269

Residential Address: KIBAHA-KONGOWE Tel: 0657684322 Email: mmchopas88jr@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

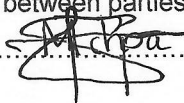
(Contact/email if different from the above)

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

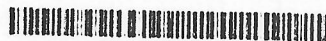
21-08-2025

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
JIRANI COURT - MATHIAS

MKATABA WA MAUZIANO YA PHARMACY



Mimi MARY DANIEL HABARI wa MKOANI B - MATHIMOLA

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. MUHOPI wa RAMBA - 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 [Signature]

Mashahidi wa Muuzaji

1. SHITA MATIAS NTABO Simu Na. 0687699069 Saini [Signature]
2. TATU MSENZI Simu Na. 0784854140 Saini [Signature]
3. HABIBA MWINYIMKUN Simu Na. 0673840044 Saini [Signature]

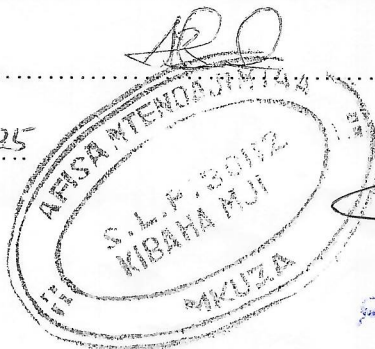
Jina la Mnunuzi MOHAMED MUKAJI MUHOPI Simu Na. 0657684322 saini [Signature]

Mashahidi wa Mnunuzi

1. AMINA ADAM MATTERE Simu Na. 0715118141 Saini [Signature]
2. SHADIDA OMARI ADAM Simu Na. 0676165000 Saini [Signature]
3. WEST KANYAWANA Simu Na. 0715041774 Saini [Signature]

Mwenyekiti/ Mtendaji

Tarehe 25/08/2025



22/09/2025
CERTIFIED TRUE COPY OF
THE ORIGINAL
PRIMARY COURT REGISTRAR
HARRIS COURT T. 1400 1400



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

8 Permanent place of residence

Shinyanga

9 Categories of Vehicles

A D

5 Licence number

4006870708

7 Signature

118



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



CS CamScanner

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

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