Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924204264624117**
Received from	: AJ & MM 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 OF BUSSINESS NAME FEE*	**100,000.00**	
: *142202540104 - Application for change of name/ ownership - CHANGE OF OWNERSHIP FEE*	**100,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16212200243125620441
Payment Control Number	: ***991620262550***
Payment Date	: **2024-07-22 10:35:05**
Issued by	: Mohammed Ulombe
Date Issued	: 2024-07-24 12:24:25
Signature	:

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: AJ AND MM PHARMACY FIN 0300366

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

PHYSICAL ADDRESS:

Plot No. 182 Street: BONDENI Ward KATI

District/Municipal ARUSHA Region: ARUSHA

POSTAL ADDRESS: 11401 Contact. No. 0754-888489

E-mail: mfinangakutere@yahoo.com

OWNERSHIP:

Directors (Names): 1. AWADHI S. MFINANGA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: VICTORIA THOMAS SABUHORO PIN: 0101507

Residential Address: 10289 ARUSHA Tel: 0654-303212 Email: sabuhoravictoria@gmail.com

Contract commencement date: 01/07/2024 Cessation date 30/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: AMKM PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 182 Street BONDENI Ward KATI

District/Municipal ARUSHA Region ARUSHA

POSTAL ADDRESS: 11401 CONTACT. No. 0742 738140

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. AMBONISYE . A . MFINANGA Qualification: OWNER

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 OF OWNERSHIP

2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: AMBONISYE . A . MFINANGA

(Contact/email if different from the above)

Address: 11401 Tel: 0742-738140 E-mail: .....

Signature of Applicant..... Date 01/07/2024

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 01/07/2024

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)

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:
151-0181-6076

Issuing Office: Arusha
Telephone: 027-2502946
Date of issue: 25 September 2023
Expiry Date: 31 December 2023

Taxpayer Name	**AWADHI SAIDI MFINANGA**		
Trading Name	**AJ & MM PHARMACY**		
Taxpayer Identification Number	**104-857-000**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : ARUSHA,
DISTRICT : ARUSHA,
STREET : BONDENI - CCM KATA YA 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

Michael T. Muhoja
COMMISSIONER FOR DOMESTIC REVENUE
25 September 2023

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 KUKABIDHIANA PHARMACY

MKATABA HUU unafanyika leo tarehe..16... **mwezi** ...07....., **2024.**

KATI YA

AWADHI SAIDI MFINANGA kwa niaba ya **AJ&MM PHARMACY,** wa S.L.P. 11401 Arusha, simu: **0654366793** (ambaye atajulikana kama **Mkabidhi**) kwa upande mmoja;

NA

AMBONISYE AWADHI MFINANGA, wa S.L.P. Arusha, simu: **0742738140** (ambaye atajulikana kama **Mkabidhiwa)** kwa upande wa pili.

Kwa kuwa Mkabidhi anaendesha biashara ya pharmacy iliyosajiliwa kisheria nchini Tanzania amekubali kuwa anamkabidhi Mkabidhiwa pharmacy hiyo na vitu vyote vilivyomo kwenye pharmacy husika.

Na kwa kuwa Mkabidhiwa naye vile vile amekubali kuendelea kusimamia na kutumia vitu vyote hivyo alivyokabidhiwa na Mkabidhi tajwa hapo juu.

Makabidhiano Yatazingatia Yafuatayo:

1. Kwamba nyumba inayotumika na Mkabidhi kama pharmacy ni ya kupanga na hivyo basi katika kipindi chote ambacho Mkabidhiwa atakuwa anatumia atahakikisha kuwa analipa kodi ya pango kwa wakati kulingana na mkataba wa upangaji kati ya Mkabidhi na mwenye nyumba.

2. Kwamba wakati wa makabidhiano wa pharmacy pamoja na vitu vyote vilivyomo ndani yake Mkabidhiwa anakiri kupokea pia nyaraka muhimu zinazohusika kwa ajili ya uendeshaji wa pharmacy husika kutoka kwa Mkabidhi.

3. Kwamba Mkabidhi amemruhusu Mkabidhiwa kusimamia shughuli zote zinazohusiana na pharmacy husika kwa kipindi chote hadi pale ambapo watasitisha Mkataba huu.

4. Kwamba Mkabidhiwa anathibitisha kuwa atasimamia na kuendesha pharmacy anayokabidhiwa kulingana na Sheria za nchi zinavyoelekeza.

5. Kwamba nyongeza yoyote katika mkataba huu unaolenga kubadilisha, kuongeza, kuondoa au kufuta chochote katika mkataba huu utafanyika kwa maandishi na kwa makubaliano ya pande zote mbili za Mkataba huu na itachukuliwa kuwa sehemu ya Mkataba huu.

6. Kwamba Mkabidhi na Mkabidhiwa watawajibika kusajili mabadiliko kuhusiana na pharmacy husika katika Mkataba huu kwenye mamlaka zote husika na uendeshaji wa pharmacy nchini.

Neema Barnaba Lucumay
15806 Arusha
Advocate, Notary Public
& Commissioner for Oaths

Mkataba huu umeandikwa hapa Arusha na wahusika wakiwa na akili timamu wameusoma na kuuridhia kwa kusaini hapa chini kama ifuatavyo:-

Saini na Muhuri wa Mkabidhi.....

Shahidi wa Mkabidhi

Jina: FATUMA AMBONISYE KYANDO Saini: Kyando

Simu: 0655010117 Wadhifa: MKE

Saini ya Mkabidhiwa.....

Shahidi wa Mkabidhiwa

Jina: KUTERE AWADHI MFINANGA Saini:.....

Simu: 0754 888489 Wadhifa: MKA

MBELE YANGU:-

Jina: NEEMA BARNABA LUCUMAY

Saini:.....

Anuani: S.L.P. 15806, ARUSHA

Wadhifa: **WAKILI**

Neema Barnaba Lucumay Box 15806 Arusha Advocate, Notary Public & Commissioner for Oaths

MKATABA HUU PIA UMESHUDIWA NA:-

Mwenyekiti wa Mtaa

Jina: PETER P. URIO Saini:.....

Simu: 0762266355 Muhuri

AFISA MTENDAJI WA MTAA TAR 16/07/2024 MTA... SONDENI

Form 21

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 21/02/2024 13:04:05
Registration date and time: 28/01/2024 20:20:13

The Business Names (Registration) Act (Cap 213)

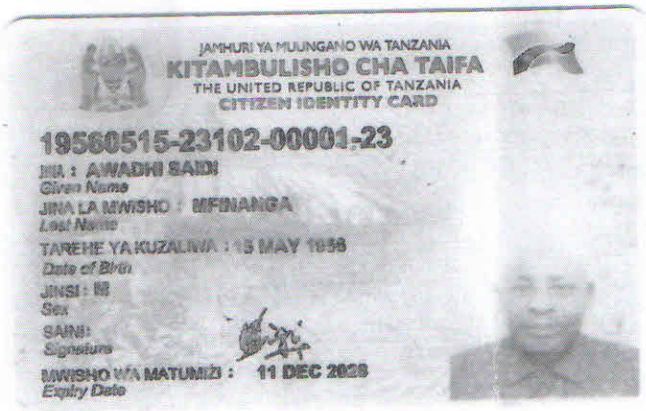
Extract from Register

1.	**Name of Business:**	**AMKM PHARMACY**
2.	**Registration number:**	**563841**
3.	**Principale Place of Business:**	Region Arusha, District Arusha CBD, Ward Kati, Postal code 23102, Street BONDENI STREET, Road MNAZI MMOJA , Plot number 1&2, Block number G, House number N/A
4.	**Contacts:**	Email kuteremfinanga82@gmail.com, Phone 0754888489, P.O.Box 11404
5.	**Business activity:**	8620 - Medical and dental practice activities, Main activity 8690 - Other human health activities, Main activity
6.	**Propriator/Partners:**	AMBONISYE AWADHI MFINANGA
7.	**Authorized to Operate Bank Account etc:**	AMBONISYE AWADHI MFINANGA

REGISTRAR OF BUSINESS NAMES ★TANZANIA★

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.


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

19560515-23102-00001-23

JINA : AWADHI SAIDI
Given Name

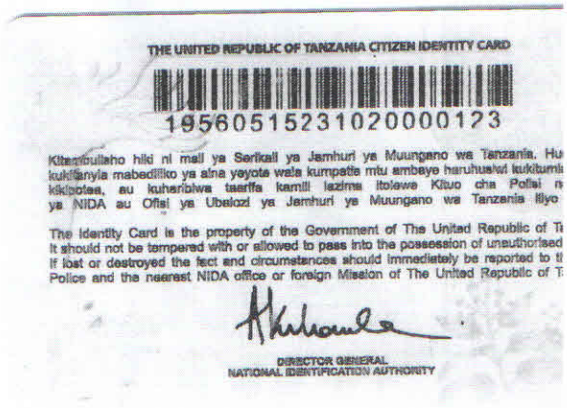
JINA LA MWISHO : MFINANGA
Last Name

TAREHE YA KUZALIWA : 15 MAY 1956
Date of Birth

JINSI : M
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 11 DEC 2028
Expiry Date


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19560515231020000123

Kitambullaho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Hu
kukifanyia mabadiliko ya aina yeyote wala kumpatie mtu ambaye haruhusiwi kukituml
kikipotea, au kuharibiwa tasrifa kamili lazima itolewe Kituo cha Polisi n
ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo

The Identity Card is the property of the Government of The United Republic of Ta
It should not be tampered with or allowed to pass into the possession of unauthorised
If lost or destroyed the fact and circumstances should immediately be reported to th
Police and the nearest NIDA office or foreign Mission of The United Republic of T

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19950510-41208-00001-28

JINA LA KWANZA : **AMBONISYE**
First Name

MAJINA YA KATI : **AWADHI**
Middle Name

JINA LA MWISHO : **MFINANGA**
Last Name

JINSI : **M**
Sex

MWISHO WA MATUMIZI : **16 JUN 2025**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19950510-41208-00001-28

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. [illegible] kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye [illegible]. Kama kikipotea, au kuharibiwa [illegible] Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania [illegible].

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Issued By :

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY