99162030158 5

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: BUGOMOLA PHARMACY FIN 0102989

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

PHYSICAL ADDRESS:

Plot No. 47 Street: NYATUKARA Ward NYATUKARA

District/Municipal SENGEREMA Region: MWANZA.

POSTAL ADDRESS: P.O BOX 999 Contact. No. 0764556715

E-mail: pendokimaro55@gmail.com

OWNERSHIP:

Directors (Names): 1. UKUNDI PARADISO KIMARO Qualification: MJASIRIAMALI

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

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

SUPERINTENDANT INFORMATION:

Full Name: - PIN: -

Residential Address: - Tel: - Email: -

Contract commencement date: - Cessation date -

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MEDSEN PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 47 Street NYATUKARA Ward NYATUKARA

District/Municipal SENGEREMA Region MWANZA

POSTAL ADDRESS: P.O BOX 281 CONTACT. No. 0755065255

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ABEL MEDSEN MIGEKA Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ABEL MEDSEN PIN: 0103684

Residential Address: NYATUKARA-SENGEREMA Tel: 0755065255 Email: abelmedsen@gmail.com

Contract commencement date: - Cessation date -

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Because we reached an agreement to sell and transfer ownership of the pharmacy from the previous owner to avoid a conflict of interest
2. Changing the business name to allows for self-promotion and commercialization with a name that I, as the owner, recognize, thus making the business more easily identifiable, but also protecting the rights of the previous owner in case she needs to use it in different commercial environment.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ABEL MEDSEN MIGEKA

(Contact/email if different from the above)

Address: PO BOX 281 Tel: 0755065255 E-mail: abelmedsen@gmail.com

Signature of Applicant ..... Date 2/04/2025

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 2/04/2025

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)

MKATABA WA UPANGISHAJI CHUMBA CHA BIASHARA

Mkataba huu wa upangaji umefungwa leo Tarehe 01 / 03 / 2025

Kati ya

PETER J. ALOYCE akiwa **mmiliki** wa pango katika nyumba iliyopo Mtaa wa Soweto Mwatulole kata ya Buhalahala Geita.

Na

DAINES K OMCHAMBA akiwa mpangaji wa chumba cha biashara wa S.L.P 384 Geita.

Kwa makubaliano yafuatayo

1. **KWAMBA MPANGISHAJI** ni mmiliki halali wa chumba hicho kimoja cha biashara kilichopo mtaa wa Soweto Mwatulole kata ya Buhalahala.
2. **KWAMBA** Mpangishaji kwa hiari mwenyewe amekubali kumpangisha chumba hicho kilicho mtaa wa Soweto Mwatulole kata ya Buhalahala kwa malipo ya shilingi laki tano Tu (TZS. 500,000/=) Kwa mwaka.
3. **KWAMBA MPANGISHAJI** nakiri kupokea fedha yote ya bei ya malipo ya chumba hicho kutoka kwa MPANGAJI hivyo hana madai yoyote dhidi ya MPANGAJI mara baada ya kutia saini mkataba huu.
4. **KWAMBA** mpangaji ataanza kupanga chumba hicho kuanzia tarehe 01/03/2025 hadi 01/03/2026 Na kwamba mpangaji atakuwa na uhuru wa kutumia chumba hicho bila bugudha yoyote kwa kipindi chote cha mkataba.

KWA USHUHUDA na **UTHIBITISHO**, mkataba huu umetiwa saini na **MPANGISHAJI** na **MPANGAJI** kama inavyoonyeshwa hapa chini:

IMETIWA SAINI na kutolewa Geita
Na **PETER J. ALOYCE**
Leo hii tarehe 1 Mwezi 3, 2025

P. Aloyce
MPANGISHAJI

SHAHIDI WA MPANGISHAJI;

Jina: Mogesa Juma
Anuani:

Saini: M. Juma
Tarehe: 1.3.2025

IMETIWA SAINI na KUTOLEWA GEITA
Na **DAINES I. OMCHAMBA** leo hii
tarehe 01 Mwezi 03, 2025

MPANGAJI

SHAHIDI WA MPANGAJI;

Jina: Daudeth Omchamba
Anuani: S.L.P 324 Geita

Saini:
Tarehe: 1/3/2025

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-207-420
SENGEREMA DISTRICT COUNCIL
BOMANI
175
SENGEREMA

Tax Certificate Number:
261-0233-1617

Issuing Office: Mwanza
Telephone: 028 2500906
Date of issue: 24 March 2025
Expiry Date: 31 December 2025

Taxpayer Name	**UKUNDI PARADISO KIMARO**		
Trading Name			
Taxpayer Identification Number	**134-653-280**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MWANZA,
DISTRICT : SENGEREMA,
STREET : Nyatukala

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	Guest House
2	Activity for Non Business Purposes
3	Retail sale of pharmaceuticals in Accredited Drug Dispensing Outlet (ADDO) (ie. Duka la Dawa Muhimu (DLDM))

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
24 March 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.

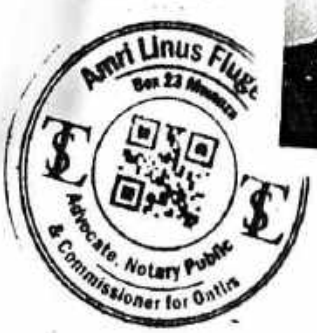
6. **KWAMBA pande zote mbili zimeridhia na makabidhiano yamefanyika**

7. KWAMBA iwapo kutatokea shida katika umiliki wa duka(famasi) hilo muuzaji yupo tayari kuwajibika

KWA KUTHIBITISHA MAKUBALIANO HAYA PANDE ZOTE ZINAWEKA SAINI MKATABA HUU KAMA INAVYOONEKANA HAPA CHINI

UMETIWA saini **na UKUNDI PARADISO KIMARO**
Kwa niaba ya
BUGOMOLA PHARMACY)
ambaye namfahamu / ametambulishwa)
kwangu na. FRANCIS BEATUS KIGANGA)
ambaye namfahamu mbele yangu leo)
tarehe 20..ya mwezi .03.....mwaka 2025)

Kimaro.....
MUUZAJI



MBELE YANGU
JINA.....AMRI LINUS FLUGENCE.....
SAINI:.....
ANWANI.....23, MWANZA.....
SIFA:.....WAKILI.....

UMETIWA saini na **ABEL MEDSEN MIGEKA)**
ambaye namfahamu / ametambulishwa)
kwangu na..FRANCIS BEATUS KIGANGA.....)
ambaye namfahamu mbele yangu leo)
tarehe20..ya mwezi ...03.....mwaka 2025)

.....
MNUNUA

MBELE YANGU
JINA.....AMRI LINUS FLUGENCE.....
SAINI:.....
ANWANI.....23, MWANZA.....
SIFA:.....WAKILI.....

5. **KWAMBA MPANGAJI** na **MPANGISHAJI** wanaweza kuvunja mkataba huu kwa kutoa taarifa (Notice) ya miezi mitatu(3) na iwapo Mpangishaji atavunja mkataba huu atamlipa mpangaji fidia ya miezi itakayosalia ya upangaji na gharama ya hasara ya uwekezaji uliofanyika

6. **KWAMBA MPANGAJI** atatumia chumba hicho kwa matumizi ya **kuhifadhi na kuuza dawa, vifaa tiba, na vipodozi kwa kutoa huduma za kifamasia (business of a pharmacist)**

7. KWAMBA iwapo kutatokea sintofahamu katika fasili ya kipengele moja wapo cha mkataba huu basi pande zote zitatafuta ufafanuzi kwa msuluhishi (arbitrator)

KWA KUTHIBITISHA MAKUBALIANO HAYA PANDE ZOTE ZINAWEKA SAINI MKATABA HUU KAMA INAVYONEKANA HAPA CHINI

UMETIWA saini na **Francis Beatus Kiganga)**
ambaye namfahamu / ametambulishwa)
kwangu na.....)
ambaye namfahamu mbele yangu leo)
tarehe .....ya mwezi .....mwaka 2025)

.....
MPANGISHAJI

Amri Linus Fl... Box 23 ... Advocate, Notary Public & Commissioner for Oaths

MBELE YANGU
JINA.....Amri Linus Fluence.....
SAINI:.....
ANWANI.....23, Mwanza.....
SIFA:.....Wakili.....

UMETIWA saini na **Abel Medsen Migeka)**
niaba ya)
ambaye namfahamu / ametambulishwa)
kwangu na...Francis B. Kiganga...)
ambaye namfahamu mbele yangu leo)
tarehe .....ya mwezi .....mwaka 2025)

.....
MPANGISHAJI

Amri Linus Fluence Box 23 ... Advocate, Notary Public & Commissioner for Oaths

MBELE YANGU
JINA.....Amri Linus Fluence.....
SAINI:.....
ANWANI.....23, Mwanza.....
SIFA:.....Wakili.....

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 600799

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **MEDSEN PHARMACY** this **26th** day of **MARCH** year **2025** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **600799** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **26th** day of **MARCH TWO THOUSAND AND TWENTY FIVE.**

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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 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

ABEL MEDSEN MIGEKA

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

152-020-643

WITH EFFECT FROM: **23RD MAY 2021**

TRA LOCATION: **MARA** TAX OFFICE:**MUSOMA**

PHYSICAL LOCATION **PLOT 0 BLOCK 0**

STREET / AREA: **KWANGWA "A"**

ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19980308-41111-00001-23

JINA : **ABEL MEDSEN**
Given Name

JINA LA MWISHO : **MIGEKA**
Last Name

TAREHE YA KUZALIWA : **08 MAR 1998**
Date of Birth

JINSI : **M**
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : **18 JAN 2031**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19980308411110000123

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

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102989

This is to certify that the premises owned by M/S ***Bugomola Pharmacy*** of ***P.O Box 999, Sengerema*** located at ***Plot No. 47, Block R, Nyatukara Street, Nyatukara, Sengerema*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102989***

Issued in: ***February 2024***

Expires on: ***30 June 2029***

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

22-03-2024

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***

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925092321463080**
Received from	: BUGOMOLA 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 OWNERSHIP		**100,000.00**
: 142202540104 - Application for change of name/ ownership - CHANGE OF BUSINESS NAME		**100,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16212092250833920726
Payment Control Number	**: *991620301585***
Payment Date	**: 2025-04-02 12:18:07**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-04-02 12:21:30
Signature	:

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☑ Pharm. Technician ☐ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I ABEL MEDSEN with Personal Identification Number (PIN) 0103684 of Year 2024, residing at SENGEREMA district, in MWANZA Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named BUGOMOLA PHARMACY, with Facility Identification Number (FIN) 0102989 of year 2024, located at SENGEREMA District, MWANZA Region with a Business Tax Identification Number (TIN) 152-020-643 (**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: 0755065255 Email Address: abelmedsen@gmail.com

Signature: Abel Date: 2/04/2025

NOTE: This form shall be a substitute of the **Contract agreement** 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.

*** **Mandatory**

PCF. 54

THE UNITED REPUBLIC OF TANZANIA

00002348

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)

Full Name ..... Abel Medsen .....

.....

Pharmacy Council
P. O. Box 1277
Dodoma

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0103684	21st June, 2024	8th March, 1998	Tanzanian	P.O. Box 125 Sengerema	Bachelor of Pharmacy	St. John's University of Tanzania 2022

Date ..... 21st June 2024 .....

REGISTRAR

NOTES: (1) This certificaate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and referene should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

GP-DSM

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

ABEL MEDSEN

PIN NO: 0103684

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311

is entitled to practice as a **Full Registered Pharmacist** upon the

terms and subject to the conditions set forth in the

aforesaid Act and its Regulations thereto.

Issued:**21 June 2024**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

BARAZA LA FAMASI

FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☑ **MFAMASIA** ☐ **FUNDI DAWA SANIFU** ☐ **FUNDI DAWA MSAIDIZI** ☐ **PHARM. DISP**

1. Jina la mwanataaluma ABEL MEDSEN PIN 0103684
2. Namba ya simu 0755 065 255 barua pepe abelmedsen@gmail.com
3. Tarehe ya mwisho kuhuisha jina *(Retention)* 28/12/2024
4. Je, umehuisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi? (http://196.45.42.57/pcmis.data/view/modules/registration/pharmacist-signup.php) ☑ NDIYO, Stakabadhi Na GWX10134529728 4 ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi ABEL MEDSEN mwenye taaluma ya dawa ngazi ya SHAHADA nakiri kwamba nitafanya kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa liitwalo BUGOMOLA PHARMACY FIN 0102989 lililopo katika Wilaya ya SENGEREMA Mkoani MWANZA

Sahihi ..... Tarehe 3/4/2025

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni **miongoni/ ~~si miongoni~~** mwa wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi VENANCE KADALLAH **Tarehe** 3/4/2025

Muhuri KNY DMO USTAWI WA JAMII NA LISHE S.L.P 175 SENGEREMA

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Ithibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) HOROKELA MASUKUMA Kata ya NYATUKALA

Nathibitisha kwamba Ndugu. ABEL MEASEN anaishi langu mtaa/kijiji KISIMA CHA CHUMVI kuanzia mwaka 2024

Muhuri Mtendaji

Sahihi Afisamtendaji **Tarehe** 03/04/2025

HALMASHAURI YA (W) SENGEREMA
AFISA MTENDAJI KATA
NYATUKALA