

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 | <input type="checkbox"/> |
| 2. BUSINESS NAME | <input checked="" type="checkbox"/> |
| 3. BUSINESS OWNERSHIP | <input type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: AMANIS PHARMACY FIN. 0103421

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

PHYSICAL ADDRESS:

Plot No. 342 Street: MALALE Ward: BULYAHU
District/Municipal: KAHAMA - MSALALA Region: SHINYANGA
POSTAL ADDRESS: 16 MSALALA - KAHAMA Contact No. 0757-425685
E-mail: Johnsonchangwe36@gmail.com

OWNERSHIP:

Directors (Names): 1. JOHNSON YOHANA Qualification: SELF ENTREPRENEURSHIP
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: EMMANUEL ZABRON PIN: NO 0100740
Residential Address: 16 MSALALA Tel: 0762524995 Email: neemaema2021@gmail.com
Contract commencement date: 1.12.2024 Cessation date: 1.12.2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: JPAMANI'S PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 342 Street: MALALE Ward: BULYAHU
District/Municipal: KAHAMA - MSALALA Region: SHINYANGA
POSTAL ADDRESS: 16 MSALALA - KAHAMA CONTACT. No. 0757-425685

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. _____ Qualification: _____
 2. _____ Qualification: _____
 3. _____ Qualification: _____

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

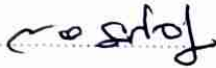
Full Name: _____ PIN: _____
 Residential Address: _____ Tel: _____ Email: _____
 Contract commencement date: _____ Cessation date: _____

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Nilihitaji Kusajili JINA LA BIASHARA
 Ikaonekana kune mfanano wa Mayana
 Brela wakashauri rubadilisha Jina

2. _____

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOHNSON YOHANA CHANGWE
 (Contact/email if different from the above)
 Address: _____ Tel: _____ E-mail: _____
 Signature of Applicant:  Date: 20/3/2025

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: 20/3/2025

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



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103421

This is to certify that the premises owned by M/S Amani's Pharmacy of P.O.Box 16, Msalala located at Malale Municipality/District in Shinyanga Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103421

Issued in: November 2024

Expires on: 30 June 2029

11-12-2024

DATE:

SIGNATURE OF REGISTRAR
AND STAMP

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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



TANZANIA

Form 5



No. 600249

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **JP AMANI'S PHARMACY** this 19th 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 **600249** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 19th day of **MARCH**
TWO THOUSAND AND TWENTY FIVE.



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.

312-00003-21

1312
ON YOHANA

CHANGWE

03 MAR 1968

WA MATUMIZI : 08 MAR 2031

MINISHO W
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19680303373120000321

Kitamulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Haruhusiwa kutufanyia mabadiliko ya aina yoyote wala kumpata mtu ambaye haruhusiwa kukituma. Kama ikupotea, au kuanibwa taarifa kamali lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalazi 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.

H. K. K. K.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 122-757-986

MSALALA DISTRICT COUNCIL

MSALALA

16

KAHAMA

Tax Certificate Number:

391-0225-4514

Issuing Office: Kahama

Telephone: 0282710042

Date of issue: 28 January 2025

Expiry Date: 31 December 2025

Taxpayer Name	JOHNSON YOHANA CHANGWE		
Trading Name			
Taxpayer Identification Number	123-759-478	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : SHINYANGA,
DISTRICT : KAHAMA,
STREET : KAKOLA

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
2	Short term accommodation activities

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE

28 January 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.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council


Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925080318572507
Received from : Amanis Pharmacy
Amount : 100,000.00
Amount in Words : One 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 business name		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16212080254244332685
Payment Control Number : 991620300978
Payment Date : 2025-03-21 12:54:10
Issued by : Beatuss Mpogoza
Date Issued : 2025-03-28 08:02:38
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)