



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **924227269996989**

Received from : GUANGZHO 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 - 0	100,000.00	

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16212227240612311533

Payment Control Number : **991620269858**

Payment Date : **2024-08-14 12:22:56**

Issued by : Zena Mango

Date Issued : 2024-08-14 12:26:50

Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

991620269858

100,000/=

Change of business name
Agaye. 14/8/2024, 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: GUANGZHOU PHARMACY FIN. 0101239

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

PHYSICAL ADDRESS:

Plot No. Street: GOBA MWIKHO Ward: GOBA

District/Municipal: UBUNGO Region: DAR-ES-SALAAM.

POSTAL ADDRESS: Box 35563 Contact No. 0754265769

E-mail: Valichola@gmail.com

OWNERSHIP:

Directors (Names): 1. SAID A. MRINGO Qualification: BUSINESS MAN

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: SCHOLASTICA JOHN PIN: 0102029

Residential Address: MBEZI Tel: 0752265469 Email: valeschola@gmail.com

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: GUANZHU PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street: GOBA MWIKHO Ward: GOBA

District/Municipal: UBUNGO Region: DAR-ES-SALAAM.

POSTAL ADDRESS: BOX 35563 CONTACT No.

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. Previous name is written in chinese [Guangzhou]
We want it to be in swahili [Gwanamu
pharmacy].
2.
-
-

SECTION D: APPLICANT INFORMATION

Name of Applicant: SCHOLASTICA JOHN.

(Contact/email if different from the above)

Address: 35563 Tel: 0752265469 E-mail: valaschola@gmail.com.

Signature of Applicant: John. Date: 11/08/2024.

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: John. Date: 11/08/2024

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)



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



19731012-14128-00002-24

JINA : SAIDI ABDURAHAMANI
Given Name

JINA LA MWISHO : MRINGO
Last Name

TAREHE YA KUZALIWA : 12 OCT 1973
Date of Birth

JINSI : M
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 15 FEB 2029
Expiry Date



CTIN: 1529609



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
MR. SAIDI ADBURAHAMANI MRINGO**

Branch: GOBA CENTER

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

101-764-966

WITH EFFECT FROM: 03 March 2008

TRA LOCATION: KINONDONI

TAX OFFICE: KIMARA

PHYSICAL LOCATION:

STREET / AREA: GOBA CENTER

ABDUL Y. MAPEMBE

AG. COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

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

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101239

This is to certify that the premises owned by M/S Guangzhou Pharmacy of P.O. Box 35563, Dar es Salaam located at Goba Mwisho, Ubungo Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101239

Issued in: July 2020

Expires on: 30 June 2025

18-08-2020

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

