



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925113326076035

Received from : Jumanne Joseph Kabazi

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 - APPLICATION FOR CHANGE OF NAME OF PREMISE	100,000.00	
: 142202540104 - Application for change of name/ ownership - APPLICATION FOR CHANGE OF OWNERSHIP	100,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16212113253139848108

Payment Control Number : 991620303111

Payment Date : 2025-04-23 14:10:30

Issued by : Timotheo Ngoda

Date Issued : 2025-04-23 14:33:31

Signature

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 checked="" type="checkbox"/> |

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: AKILI PHARMACY FIN: 0102341

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

PHYSICAL ADDRESS:

Plot No. - Street: OLAMURRAKI Ward: SOMBETINI

District/Municipal: ARUSHA JIJ Region: ARUSHA

POSTAL ADDRESS: P.O. Box 22, ARUSHA Contact No. 0768871757

E-mail: reymukhandi@gmail.com

OWNERSHIP:

Directors (Names): 1. REHEMA EZRA MUKHANDI Qualification: MEDICAL DOCTOR

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: AGNES DANIEL KITUMBU PIN: 0103458

Residential Address: ARUSHA Tel: Email:

Contract commencement date: Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: JAYPLUS PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street: Ward:

District/Municipal: Region:

POSTAL ADDRESS: CONTACT No.

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. JUMANNE JOSEPH KABAZI Qualification: PHARMACIST (PIN: 0102840)
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. KUHAMA KIBAZI KUTOKA ARUSHA
KWENDA DODOMA.
2.
-

SECTION D: APPLICANT INFORMATION

Name of Applicant: JUMANNE JOSEPH KABAZI

(Contact/email if different from the above)

Address: 33 ARUSHA Tel: 0685162628 E-mail:

Signature of Applicant: [Signature] Date: 23/04/2025

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: [Signature] Date: 23/04/2025

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)



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, JUMANE JOSEPH KASALI with Personal Identification Number
(PIN) 0102840 of Year _____, residing at KARATU district, in ARUSHA
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named AKILI PHARMACY
, with Facility Identification Number (FIN) 0102341 of year _____, located at ARUSHA III
District, ARUSHA Region with a Business Tax Identification Number (TIN) _____
(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: 0685162628 Email Address: _____Signature: Rabani Date: 23/04/2025

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

SALE AGREEMENT

This sale agreement is made this 22nd day of April, 2025.

BETWEEN:

REHEMA EZRA MUKHANDI, of P.O. Box 10024, ARUSHA, the lawful owner and proprietor of **Akili Pharmacy**, hereinafter referred to as the "**Seller**", of the one part;

AND

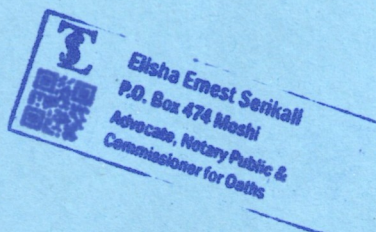
JUMANNE JOSEPH KABAZI, of P.O. Box 33 ARUSHA, hereinafter referred to as the "**Buyer**", of the other part;

WHEREAS:

- A. The Seller is the sole and legal owner of Akili Pharmacy located at Olamuraki, Sombetini within Arusha CC.
- B. The Seller has agreed to sell and the Buyer has agreed to purchase the said pharmacy business as a going concern on the terms and conditions set forth herein.

NOW THIS AGREEMENT WITNESSES as follows:

1. The Seller hereby agrees to sell, transfer, and convey, and the Buyer agrees to purchase and accept ownership of Akili Pharmacy together with all its movable assets, goodwill, and business operations for the total sum of Tanzania Shillings Seventeen Million (TSHS 17,000,000)
2. The total purchase price includes, but is not limited to, the following assets:
 - a) Installed pharmacy display units and fitted shelves;
 - b) Pharmaceutical stock and inventory;
 - c) Furniture and fixtures;
 - d) Decorative ornaments;
 - e) Fully installed CCTV camera system, including cameras, storage unit, and accessories.
3. The Buyer has on the date of signing this Agreement paid the Seller the sum of Tanzania Shillings Fifteen Million (TSHS 15,000,000) as the initial payment. The remaining balance of Tanzania Shillings Two Million (TSHS 2,000,000) shall be paid by the Buyer in two (2) equal installments as follows:
 - a) Tanzania Shillings One Million (TSHS 1,000,000) on or before the 31st day of May 2025;
 - b) Tanzania Shillings One Million (TSHS 1,000,000) on or before the 30th day of June 2025.
4. Legal ownership and title to Akili Pharmacy shall be transferred to the Buyer upon completion of the final installment payment as outlined in Clause 3(b) above.
5. Possession and operational control of the pharmacy shall be granted to the Buyer immediately after payment of the initial sum of TSHS 15,000,000, and the Buyer shall from that point be responsible for the day-to-day running of the business, including compliance with applicable laws and regulatory requirements.



6. The business name shall be changed by the buyer to a new name of their choice and effect all necessary legal and regulatory changes to that effect immediately after signing of this agreement.
7. The Seller hereby expressly declares and warrants that:
 - a) She is the sole and legal owner of Akili Pharmacy and has full legal capacity and authority to sell the business;
 - b) The business and all listed assets are free from encumbrances, debts, liens, or claims from any individual, regulatory body, or third party;
 - c) She undertakes to indemnify and hold harmless the Buyer from and against any undisclosed claims, liabilities, or obligations arising from any actions or omissions prior to the date of possession.
8. In the event of any dispute, controversy, or claim arising out of or relating to this Agreement or the breach, termination, or invalidity thereof, the parties shall first attempt to resolve the matter amicably through mutual consultations and negotiations within a period of thirty (30) days.
9. If such amicable resolution fails, the dispute shall be resolved by a court with competent jurisdiction.
10. This Agreement constitutes the entire understanding between the parties and supersedes any prior oral or written agreements. Any variation or amendment of this Agreement shall be valid only if made in writing and signed by both parties.
11. This Agreement shall be governed and construed in accordance with the laws of the United Republic of Tanzania and the rights and obligations of the parties under this Agreement shall be binding upon and inure to the benefit of their respective successors, heirs, and assigns.

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year first above written.

SWORN at ARUSHA by the said


REHEMA EZRA MUKHANDI

who is known to me personally/

identified to me by

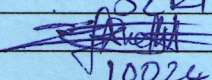
the latter being known to me personally

this 22nd day of April, 2025


SELLER

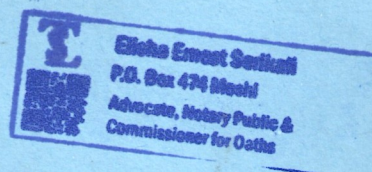
BEFORE ME:

Name: ELISHA SERIKALI

Signature: 

Postal Address: 10024, ARUSHA

Qualification: **ADVOCATE/COMMISSIONER FOR OATHS**



SWORN at ARUSHA by the said

JUMANNE JOSEPH KABAZI

who is known to me personally/

identified to me by REHEMA EZRA

the latter being known to me personally

this 22nd day of APRIL, 2025

[Signature]

BUYER

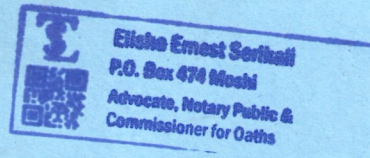
BEFORE ME:

Name: ELISHA SERIKALI

Signature: [Signature]

Postal Address: 10024, ARUSHA

Qualification: **ADVOCATE/COMMISSIONER FOR OATHS**





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:

151-0236-8400

Issuing Office: Arusha

Telephone: 027-2502946

Date of issue: 22 April 2025

Expiry Date: 31 December 2025

Taxpayer Name	REHEMA EZRA MUKHANDI		
Trading Name	AKILI PHARMACY		
Taxpayer Identification Number	151-103-979	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : ARUSHA,
DISTRICT : ARUSHA,
STREET : Olamurraki

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	Pharmacy
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

22 April 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
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19960404-12107-00003-25

JINA : JUMANNE JOSEPH
Given Name

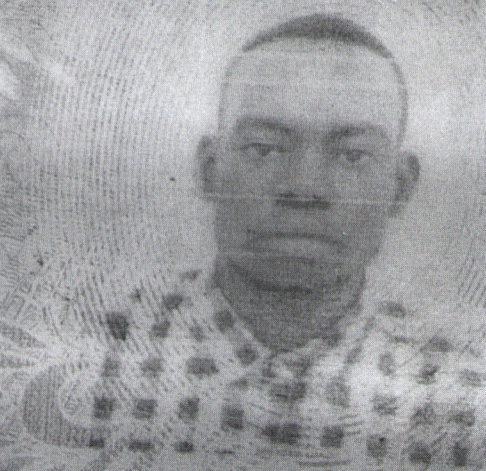
JINA LA MWISHO : KABAZI
Last Name

TAREHE YA KUZALIWA : 04 APR 1996
Date of Birth

JINSI: M
Sex

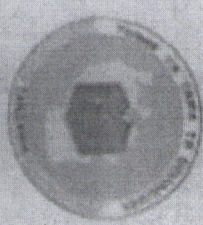
SAINI:
Signature

MWISHO WA MATUMIZI : 14 JUL 2029
Expiry Date





**TUME YA TAIFA YA UCHAGUZI
KADI YA MPIGA KURA**



Jina Kamili - Full Name
REHEMA E MUKHANDI

Tarehe ya Kuzaliwa - Date of Birth
04/07/1994

Jinsia - Gender **KE**

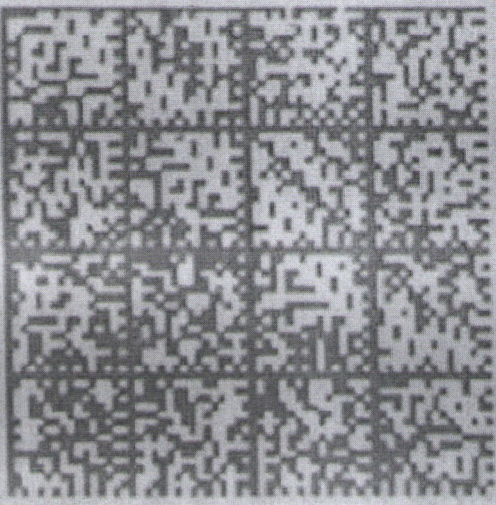
Kata - Ward

MLABANI

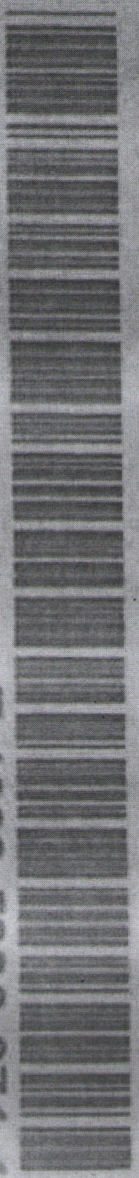
Mtaa/Kijiji - Street/Village

MLABANI

Kituo cha Kuandikisha - Registration Centre
MUUNGANO



R. Mukhandi



Namba ya Mpiga Kura

T-1003-5336-071-4

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102341

This is to certify that the premises owned by M/S Akili Pharmacy of P.O.Box 221, Arusha located at Olamuraki Street, Sombetini Ward, Arusha Jiji Municipality/District in Arusha Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102341

Issued in: November 2022

Expires on: 30 June 2027

28-11-2022

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

