JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA JIJI LA MWANZA

Unapojibu tafadhali taja:-

Kumb Na: MCC/L/143257/9/MRK

26/06/2024

Kamishna Wa Ardhi Msaidizi,
Mkoa wa Mwanza,
S.L. P. 668,
MWANZA.

YAH: L.O. NO.934667 KIWANJA NA. 1122 KITALU 'C' KISHILI WILAYA YA NYAMAGANA- JIJI LA MWANZA.

Kichwa cha habari hapo juu chahusika.

2. Kiwanja namba 1122 kitalu "C" Kishili kinamilikishwa kwa ndugu **RENATUS CHARLES PADRY** wenye S.L.P 10368 Mwanza, ambae amekirithi tokwa kwa wazazi wake waliyokuwa wakimiliki kiasili bila kuwa na nyaraka yoyote.

3. kiwanja hiki kilipimwa kwa utaratibu wa uboreshaji wa makazi (urasimishaji makazi holela) ambao uliwahusisha wamiliki wa maeneo husika kwa kuchangia gharama za upimaji kulingana na makazi yalivyo kwa kukubaliana wahusika wote wa maeneo hayo ukihusisha ngazi ya mtaa na kata.

4. Mchoro wa mipango miji wenye namba 14/234/072017A uliopata kibari 23/07/2017wa maeneo haya ulibuniwa kwa kufuata makazi/maeneo ya asili yalivyo kwa makubaliano yao wenyewe yakihusisha viongozi wa mtaa na kata na ramani yake ilipata kibali cha Mkurugenzi wa upimaji na Ramani na kusajiliwa kwa Na. **188481.**

5. Katika kikao cha kamati ya ugawaji viwanja cha tarehe **29/08/2019**, kiwanja hiki kiligawiwa kwa **RENATUS CHARLES PADRY** na ofisi iliwamilikisha kiwanja hiki kwa miliki ya muda mrefu miaka **99** na kutayarishiwa ushuhuda wa malipo wenye kumbukumbu Na. MCC/L/143257/7/MRK

6. Ninakutumia nakala mbili za hati ili uziwekee saini, nakala ya tatu ni kwa ajili ya kumbukumbu za ofisi yako, nakala ya ushuhuda wa malipo, nakala za uthibitisho wa uraia, na Land Form No.19 zimeambatanishwa kwa hatua zako muhimu.

Mahuma J.T
Kny: Mkurugenzi wa Jiji
MWANZA

Nakala **RENATUS CHARLES PADRY,**
S. L. P 10368,
MWANZA.
KUMBUKA KULIPA KODI YA PANGO LA ARDHI MWEZI WA SABA KILA MWAKA.

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF LANDS, HOUSING AND HUMAN SETTLEMENTS DEVELOPMENT

TEL : DIRECTOR :225 28 2501375
ALL OFFICES : 255-28-40334
FAX : 255 028 2500785
E-mail mwacity @ thenet.co.tz

MWANZA CITY COUNCIL,
P. O. Box 1333,
MWANZA

Ref. No: MCC/L/143257/7/MRK

21/06/2024

To: **RENATUS CHARLES PADRY,**
P.O BOX, 10368,
MWANZA.

Please Refer Plot/Farm No. 1122 Block "C" Kishili, Survey Reg. Plan No. 188481 Measuring 1770 SQM and an annual Land Rent of 70,800.00 for Residential use.

This is to notify you of the receipts of various fees you affected pertaining to land parcel bearing details described above; that is:-

S/No	Description	Tsh	Receipts No	Date
i	Costs of Acquisition, Planning and Surveying	-	924115246112096	24/04/2024
ii	Survey Fee	-		
iii	Deed Plan	-		
iv	Land form No. 19	5,000.00		
v	Certificate of Occupancy Preparation Fee	25,000.00	924115246112096	24/04/2024
vi	Premium	22,125.00		
vii	Stamp Duty	7,580.00		
ix	Registration fee	7,080.00		
x	Land Rent from 1st April, 2023 to 30th June, 2024	17,700.00		
	TOTAL	**79,485.00**		

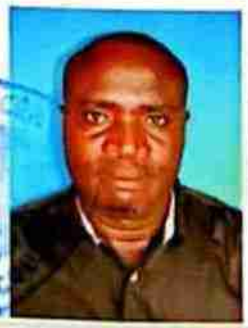
By virtue of these payments,the Commissioner for Lands or his Authorised Officer shall prepare and issue you with a Certificate of Occupancy according to **Section 29 of the Land Act No.4 of 1999, Cap 113 (R.E 2008)** as amended. The terms and conditions of your Right of Occupancy will run with effect from the date of completion of your payment bills.

Furthermore, the issuance of this document implies no guarantee or admission of title by the government until the Certificate of Title of Right of Occupancy for this plot/farm has been issued and ***in no circumstances this document shall be used as legal document for any transaction on land such as transfer, mortgage, assignment etc.***

.....
AUTHORIZED OFFICER

I, **RENATUS CHARLES PADRY,** hereby certify that the contents of this docum correct and accepted.

Signature(s).....**Date**..08/05/2024



Land Form No. 19

THE UNITED REPUBLIC OF TANZANIA
THE LAND ACT, 1999
(NO. 4 OF 1999)
APPLICATION FOR RIGHT OF OCCUPANCY
(Under section 25)

This application shall be sent to the Commissioner/Authorized officer MWANZA CITY COUNCIL

1. I/We hereby apply for a grant of a long term right of occupancy over the land

   Plot no. 1122 Block C Location KISHILI

2. Citizenship TANZANIAN

3. Purpose/use of the land applied RESIDENTIAL

4. I/We HEREBY DECLARE THAT I/We hold other land as follows:

5. Other facts which are relevant to the application: disability, widow/widower, orphan, guardian .....

6. Date 08/5/2024 Name RENATUS CHARLES PADRY

7. Address P.O.Box 10368 MWANZA

8. Phone Number 0755 644 486

I/We declare that what is stated above is true to my/our knowledge.

Signature .....

Fee TSH: 5,000/= ERV NO: 924152461120 96 24/6/2024

FOR OFFICE USE

REF. NO. .....

Acknowledgement of receipts

For Office use only

(a) Approved/Rejected

(b) Remarks .....

.....

Commissioner for Lands/Authorized Officer

Date 21/05/2024

.....

Saved upon me/us Signature of Applicants

Date 08/05/2024

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: GOLDAN PHARMACY FIN. 0102012

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

PHYSICAL ADDRESS:

Plot No. 1122 Street: KISHIRI "B" Ward. KISHIRI

District/Municipal. NYAMAGANA CC Region: MWANZA

POSTAL ADDRESS: P.O. Box 7567 Contact. No. 0717097232

E-mail: joanmafatu@gmail.com

OWNERSHIP:

Directors (Names): 1. AMINA AMOUR BUDA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: JOAN C. MAFATU PIN: 0102824

Residential Address: MWANZA Tel: 0683285791 Email: Joanmafatu@gmail.com

Contract commencement date: 31/07/2025 Cessation date. 31/07/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: RENA PHARMACY – KISHIRI B BRANCH

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

PHYSICAL ADDRESS:

Plot No. 1122 Street. KISHIRI "B" Ward. KISHIRI

District/Municipal. NYAMAGANA CC Region. MWANZA

POSTAL ADDRESS: P.O. Box 10368 CONTACT. No. 0755644436

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. RENATUS CHARLES PADRY Qualification: BUSNES MAN
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JOAN C. MASATU PIN: 0102824

Residential Address: MWANZA Tel: 0683285791 Email: joanmasatu@gmail.com

Contract commencement date: 31/07/2025 Cessation date 31/07/2026

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. FAMASI IMEUZWA KUTOKA KWA AMINA A. AMOUR KWENDA KWA RENATUS CHARLES PADRY.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: RENATUS CHARLES PADRY

(Contact/email if different from the above)

Address: 10368, MWANZA Tel: 0755644486 E-mail: charlesrenatus3@gmail.com.

Signature of Applicant..... Date 30/01/2026

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 30/01/2026

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

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **925030307277786**
Received from	: GOLDAN PHARMACY - FIN:0102012
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 NAME*		**100,000.00**
: *142202540104 - Application for change of name/ ownership - CHANGE OF OWNERSHIP*		**100,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16210030252059876870
Payment Control Number	: ***991620297757***
Payment Date	: **2025-01-30 11:38:57**
Issued by	: Beatuss Mpogoza
Date Issued	: 2025-01-31 16:19:53
Signature	: .....

MKATABA WA KUUZIANA PHARMACY (DUKA LA DAWA ZA BINADAMU) WILAYA YA NYAMAGANA KATIKA JIJI LA MWANZA

MKATABA HUU UMETENGENEZWA LEO TAREHE 28 MWEZI 08 MWAKA 2024

KATI YA

AMINA AMOUR BUDA WA S.L.P MWANZA SIMU NO 0717907232 (ambaye katika mkataba huu atatambulika kama **MUUZAJI**) kwa upande mmoja

NA

RENATUS CHARLES Wa S.L.P 10368 MWANZA simu No. 0755644486 (ambaye katika **MKATABA** huu atatambulika kama **MNUNUZI**) kwa upande mwingine.

KWA KUWA

A. Ndugu **AMINA AMOUR BUDA** ni mmiliki halali wa Pharmacy (duka la dawa za binadamu) liliopo katika Eneo la **Kishiri Centre**, wilaya ya Nyamagana Mkoa wa Mwanza na ana nia ya kuuza na mnunuzi ana nia thabiti ya kuinunua Pharmacy hiyo kwa makubaliano na utaratibu ufuatao

1. Kwamba Mnunuzi amekubali kununua **PHARMACY** kutoka kwa Muuzaji kwa bei ya **Tshs 11,000,000/=** (kumi na moja million tu) ambayo leo tarehe **28/8/2024** ametanguliza kulipa Advance ya **Tshs 7,000,000/=** (million saba tu) na tarehe **15/9/2024** atalipa **Tshs 500,000/=** (laki tano tu) pia kiasi cha **Tshs 3,500,000/=**(million tatu na laki tano) atalipa tarehe **5/12/2024**.
2. Kwamba Muuzaji atamkabidhi Mnunuzi nyaraka zote za umiliki wa **Pharmacy** Pamoja na chumba kimoja na store moja na vitu vyote vilivyopo isipokuwa meza na viti viwili tu.
3. Kwamba pande zote zimekubaliana vizuri kuuziana na kama kuna tatizo lolote kuhusu mauziano ya **Pharmacy** watatatua wenyewe wawili kwa njia ya kusuluhishwa.
4. Kwamba pande zote zimekubaliana kutekeleza makubaliano yao bila Kwenda nje ya makubaliano na atakayekiuka basi watafikishana kwenye vyombo vinavyohusika kwa mujibu wa sheria.
5. Kwamba baada ya kusaini mkataba huu kila upande unatakiwa kuheshimu yote waliyokubaliana.
6. Kwamba, Mkataba huu utalindwa na kutafsiriwa kwa kadri ya sheria za Jamhuri ya Muungano wa Tanzania.

KWA UTHIBITISHO HUU Muuzaji na Mnunuzi wameweka Saini zao katika Mkataba huu mwaka na tarehe inayoonekana hapa chini.

UMESAINIWA HAPA MWANZA NA :
AMINA AMOUR BUDA
ambaye ametambulishwa kwangu na RENATUS CHARLES
ambaye nimemfahamu binafsi leo tarehe 29 mwezi 08 mwaka 2024

MUUZAJI

SHAHIDI WA MUUZAJI
JINA ERICK KISIRI
SAINI
WADHIFA —
ANUANI KISHIRI
SIMU 0756 700199

MBELE YANGU
JINA GEORGE THOMAS MASOUD
SAINI
ANUANI S.L.P 12744 DAR ES SALAAM
WADHIFA KAMISHNA WA VIAPO

George Thomas Masoud
P.O.Box 12744 Dar es Salaam
Advocate, Notary Public &
Commissioner for Oaths

UMESAINIWA HAPA MWANZA NA:

RENATUS CHARLES

ambaye ametambulishwa kwangu na AMINA AMOUR BUDA

ambaye nimemfahamu binafsi leo tarehe 29 mwezi 08 2024

MNUNUZI

SHAHIDI WA MNUNUZI

JINA HAPPINESS JEROME

SAINI

ANUANI KISHIRI

WADHIFA

SIMU NO 0759-262405

MBELE YANGU

JINA GEORGE THOMAS MASOUD

SAINI

ANUANI S.L.P 12744 DAR ES SALAAM

WADHIFA KAMISHINA WA VIAPO

George Thomas Masoud
P.O.Box 12744 Dar es Salaam
Advocate, Notary Public &
Commissioner for Oaths

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19760126-33116-00042-2

JINA : RENATUS : IARL_F

JINA LA UKOO: PADRY

TAREHE YA KUZALIWA: 26 JAN 1976

JINSI : M

SAINI :

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 125-847-269
PHARMACY COUNCIL
MWENGE
31818
DAR ES SALAAM

Tax Certificate Number: **261-0249-6704**

Issuing Office: Mwanza
Telephone: 028 2500906
Date of issue: 03 September 2025
Expiry Date: 31 December 2025

Taxpayer Name	**AMINA AMOUR BUDA**		
Trading Name	**GN PHARMACY**		
Taxpayer Identification Number	**157-955-683**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MWANZA,
DISTRICT : NYAMAGANA,
STREET : Kishili B

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	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
03 September 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.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102012

This is to certify that the premises owned by M/S ***Goldan Pharmacy*** of ***P.O. Box 7567, Mwanza*** located at ***Kishiri Ward - Nyamagana MC*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102012***

Issued in: ***March 2022***

Expires on: ***30 June 2027***

02-05-2022

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***