# PHARMACY COUNCIL



## APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar, Pharmacy Council, P.O. Box 1277, **Dodoma.** 

1. PREMISES LOCATION 2. BUSINESS NAME 3. BUSINESS OWNERSHIP
NAME OF PREMISES: HOLY FAMILY PHARMACY FIN 0100150  TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:  Plot No. Street: Ward NYEGEZ!  District/Municipal NYAMAGANA Region: MWANZA  POSTAL ADDRESS: P. O. Box 1978 Contact. No. D 659 346269  E-mail: emujo66@gmail:com
OWNERSHIP: Directors (Names): 1 EMERENCIANA MUJO JAMES Qualification: PHARMACIST  2. Qualification: Qualification:
SUPERINTENDANT INFORMATION:  Full Name: EMERENCIANA MUJO JAMEJ PIN: 0101725  Residential Address: NY EGEZI Tel: 0679 346869 Email: emuji 065 @gmoji com  Contract commencement date: Cessation date.
NAME OF THE NEW PREMISES: HOLY FAMILY PHARMACY  TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PHYSICAL ADDRESS:  Street

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)
Directors (Names):
1 EMERENCIANA MUJO JAMES Qualification: PHARMACIST 2 JAMES BONIFACE MAKENE Qualification: CLINICAL OFFICER
3. Qualification:
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. DUE TO THE CHANGE OF NYABULOGOVA BUS STAND FROM
NYABULOGOYA TO NYEGEZI.
2
SECTION D: APPLICANT INFORMATION
Name of Applicant: EMERENCIANA MUJO JAMES
(Contact/email if different from the above)
Address:Tel:E-mail:
Signature of Applicant. Hames Date 08/06/2023
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.
mutual agreements of terms between parties.  Signature of Applicant
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
Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)
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#### MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING is made at Mwanza this 21st day of May, 2024

WHEREAS: JAMES MASANGA MAKENE is a natural person lives and works for gain in Mwanza city and of P.O. Box 1978, Mwanza - Tanzania

**AND** EMERENCIANA MUJO JAMES is a natural person works for gain in Mwanza city and of P.O. Box 1978, Mwanza - Tanzania, each of whom is hereinafter collectively referred to as "the Partner" are desirous of forming a Partnership between and amongst themselves:

### NOW IT IS HEREBY AGREED as follows:

- 1. That the Partners, by this agreement and through the extra ordinary meeting of members and directors, shall form such a partnership, the terms of which save as is expressly or impliedly set down herein below shall be governed by the Law of Contract of Tanzania.
- 2. The name of the Partnership shall be NYEGEZI HOLY FAMILY PHARMACY hereinafter referred to as "the Partnership".
- 3. The business of the Partnership shall consist of:
  - a. To carry on all or any of the pharmaceuticals and medical devices dealings, to store and sell quality pharmaceutical services in particular.
  - b. To carry on any other related business which may seem to the Partnership capable of being conveniently carried on in connection with the above or calculated directly or indirectly to enhance the value of or render profitable any of the property or rights of the Partnership.
- 4. The Principal place of business shall be in Mwanza region and at such other place as may be decided upon by the Partners from time to time.
- This Agreement shall be construed for its meaning and effect in accordance with the Law of the United Republic of Tanzania.

IN WITNESS WHEREOF the parties have set their hands in the manner and on the day hereinafter appearing.

SIGNED and DELIVERED in Mwanza by the said JAMES MASANGA MAKENE in my presence this 21<sup>st</sup> day of May, 2024

Johnson.

BEFORE ME:

Name: VIONEY

Signature:

Qualification: ADVOCATE/ COMMISSIONER FOR OATHS

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Sanger

**SIGNED** and **DELIVERED** in **Mwanza** by the said EMERENCIANA MUJO JAMES in my presence this 21<sup>st</sup> day of May, 2024

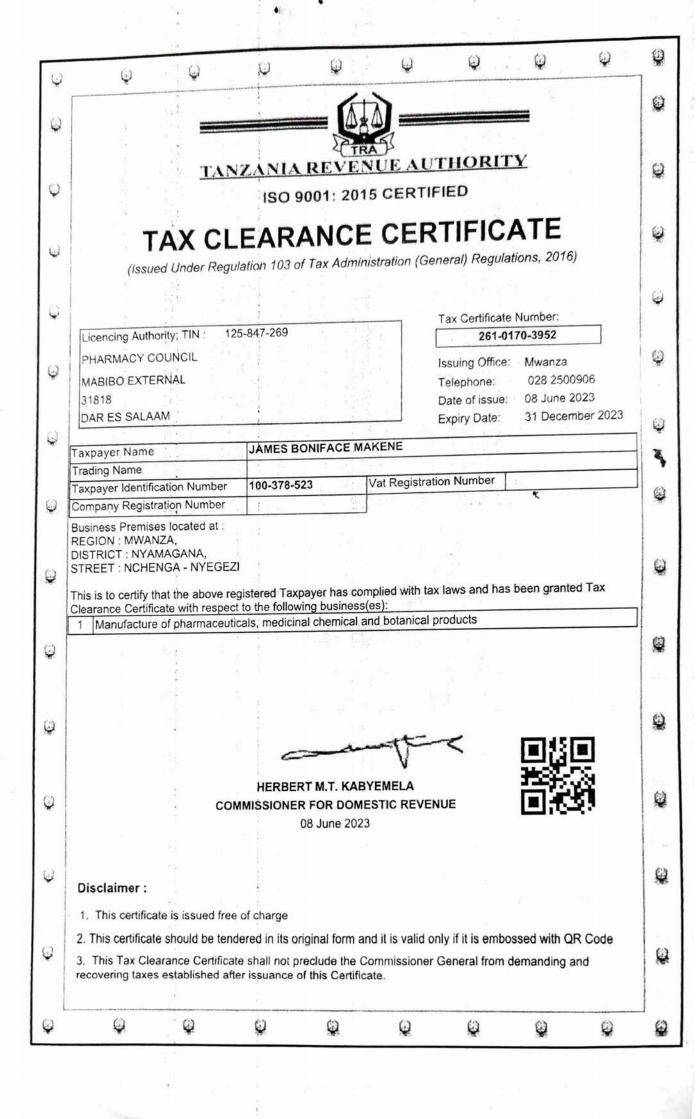
Hamos.

**BEFORE ME:** 

Name: VIANE

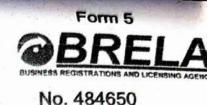
Signature:

Qualification: ADVOCATE/ COMMISSIONER FOR OATHS





## **TANZANIA**



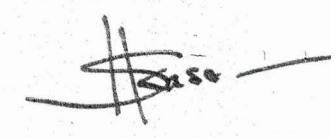
Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT NYEGEZI HOLY FAMILY
PHARMACY this 13th day of JANUARY year 2021 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 484650 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 13th day of JANUARY TWO THOUSAND AND TWENTY ONE.





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.



## JAMHURI YA MUUNGANO WA TANZANIA

## KITAMBULISHO CHA TAIFA

CITIZEN IDENTITY CARD

# 19930506-41111-00601-17

JINA LA KWANZA : EMERENCIANA

First Name

MAJINA YA KATI : MUJO

Middle Name

JINA LA MWISHO : JAMES

Last Name

JINSI : F

Sex

MWISHO WA MATUREZ : 18 JUN 2025

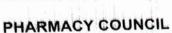
Expiry Date





## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH





# DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL (Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

(Made	under Section No.	43 (1) (	a) of the	Pilarillacy		
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Owner's Responsit	oilities: Superintend	rein ( )	Outlot 1			
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(PIN) 0 10 1 1 4 2	of Year activities	SERVIC	M MIAU	1.03		L Mainight
Region, Hereby dec	lares mar.				. 11017 EA	ANILY PHARMAC
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I am a Sole propriet , with Facility Identif	ication Number (F	IN) 010	00150 of	year_201	dumber (TIN)	100-378-523
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Phone: 6657	346K81 EIII	all Aud	Lind habitat	الم المالية	2024	والمراجع والمتحدد
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# PHARMACY COUNCIL



# PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100150

This is to certify that the premises owned by M/S Holy Family Pharmacy of P.O. BOX 1978 Mwanza located at Nyegezi Bus Stand, Butimba, Nyamagana Municipality/District in Mwanza Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100150

Issued in: December 2014

31-08-2018

DATE:

SIGNATURE OF REGISTRAR AND STAMP

### CONDITIONS

- The premises and the manner in which the business is conducted must conform to the category of pharmacist business This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed
- 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
- This certificate is non transferable to other premises or to any other person
- Both certificate and business permit shall be displayed conspicuously in the registered premises

