

## 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: HOLY FAMILY PHARMACY FIN. 0100150

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

**PHYSICAL ADDRESS:**

Plot No. .... Street: ..... Ward NYEGEZI

District/Municipal NYAMAGANA Region: MWANZA

POSTAL ADDRESS: P.O. Box 1978 Contact No. 0659 346269

E-mail: emujio65@gmail.com

**OWNERSHIP:**

Directors (Names): 1 EMERENCIANA MUJO JAMEI Qualification: PHARMACIST

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

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

**SUPERINTENDANT INFORMATION:**

Full Name: EMERENCIANA MUJO JAMEI PIN: 0101725

Residential Address: NYEGEZI Tel: 0659 346269 Email: emujio65@gmail.com

Contract commencement date: ..... Cessation date: .....

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: HOLY FAMILY PHARMACY

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

**PHYSICAL ADDRESS:**

Plot No. .... Street: ..... Ward NYEGEZI

District/Municipal NYAMAGANA Region MWANZA

POSTAL ADDRESS: P.O. BOX 1978 CONTACT No. 0659 346269

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

PCF.14

Directors (Names):

1. EMERENCIANA MUJO JAMES Qualification: PHARMACIST
2. JAMES BONIFACE MAKENE Qualification: CLINICAL OFFICER
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. DUE TO THE CHANGE OF <sup>LOCATION OF NYEGEZI</sup> NYABULOGOYA 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: James 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.

Signature of Applicant: James Date: 08/06/2023

**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)



---

## MEMORANDUM OF UNDERSTANDING

---

This MEMORANDUM OF UNDERSTANDING is made at Mwanza this 21<sup>st</sup> 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.
5. 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

James

**BEFORE ME:**

Name: VIANEY MBUYA

Signature: [Signature]

Qualification: **ADVOCATE/ COMMISSIONER FOR OATHS**



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

James

**BEFORE ME:**

Name: VIANEY MBUYA

Signature: [Signature]

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 : 125-847-269

PHARMACY COUNCIL

MABIBO EXTERNAL

31818

DAR ES SALAAM

Tax Certificate Number:

**261-0170-3952**

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 08 June 2023

Expiry Date: 31 December 2023

Taxpayer Name	JAMES BONIFACE MAKENE		
Trading Name			
Taxpayer Identification Number	100-378-523	Vat Registration Number	
Company Registration Number			

Business Premises located at :  
REGION : MWANZA,  
DISTRICT : NYAMAGANA,  
STREET : NCHENGA - NYEGEZI

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 | Manufacture of pharmaceuticals, medicinal chemical and botanical products |
|---|---|

**HERBERT M.T. KABYEMELA**  
**COMMISSIONER FOR DOMESTIC REVENUE**

08 June 2023



**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.





TANZANIA

Form 5

**BRELA**  
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 484650

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **NYEGEZI HOLY FAMILY PHARMACY** this 13<sup>th</sup> 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 13<sup>th</sup> 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.



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



**19930506-41111-00001-17**

**JINA LA KWANZA : EMERENCIANA**

*First Name*

**MAJINA YA KATI : MUJO**

*Middle Name*

**JINA LA MWISHO : JAMES**

*Last Name*

**JINSI : F**

*Sex*

**MWISHO WA MATUMIZI : 18 JUN 2025**

*Expiry Date*







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 EMERENCIANA MUJO JAMES with Personal Identification Number  
(PIN) 0101725 of Year 2019, residing at NYAMAGANA district, in MWANZA  
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named HOLY FAMILY PHARMACY  
with Facility Identification Number (FIN) 0100150 of year 2014, located at NYAMAGANA  
District, MWANZA Region with a Business Tax Identification Number (TIN) 100-378-523  
(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: 0659 346269 Email Address: emujio65@gmail.com

Signature: James Date: 14/06/2024

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



# 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

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

