

## 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 checked="" type="checkbox"/> |
| 2. BUSINESS NAME      | <input type="checkbox"/>            |
| 3. BUSINESS OWNERSHIP | <input type="checkbox"/>            |

**SECTION A: APPLICANT CURRENT INFORMATION:**

NAME OF PREMISES: MAKENGE RUGE PHARMACY FIN: 0300536

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

**PHYSICAL ADDRESS:**

Plot No. 782 Street: LAMADI - MAKANIANI Ward: LAMADI - MAKANIANI  
District/Municipal: BUSEGA Region: SIMIKU  
POSTAL ADDRESS: BOX 157 LAMADI Contact No. 0755906137  
E-mail: -

**OWNERSHIP:**

Directors (Names): 1. GENCHWELE RUGE SURA Qualification: -  
2. .... Qualification: .....  
3. .... Qualification: .....

**SUPERINTENDANT INFORMATION:**

Full Name: AGNES ELIAS PIN: 0102340  
Residential Address: BARIADI Tel: 0762208983 Email: -  
Contract commencement date: 01/07/2023 Cessation date: 30/06/2024

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: MAKENGE RUGE PHARMACY

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

**PHYSICAL ADDRESS:**

Plot No. 977 Street: LAMADI SOKONI Ward: LAMADI SOKONI  
District/Municipal: BUSEGA Region: SIMIKU  
POSTAL ADDRESS: BOX 157 LAMADI CONTACT No. 0755906137

**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. ....  
1. Change of Premise location from  
Lamadi - Makamvane to Lamadi Bokoni.
2. ....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: GENCHWELE RUGE SURA

(Contact/email if different from the above)

Address: ..... Tel: ..... E-mail: .....

Signature of Applicant: Genchwele Date: 20/10/2023

**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: Genchwele Date: 20/10/2023

**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)





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 923305212055787

Received from : MAKENGE RUGE PHARMACY

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
: 142202540317 - Application for change of premises-Location - Application for Change of Premise Location	200,000.00	

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16214305235813942433

Payment Control Number : 991620223085

Payment Date : 2023-11-01 15:32:47

Issued by : Beatuss Mpogoza

Date Issued : 2023-11-01 15:38:44

Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)



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:

**541-0183-6349**

Issuing Office: Simiyu

Telephone: 0282700050

Date of issue: 20 October 2023

Expiry Date: 31 December 2023

Taxpayer Name	GENCHWELE RUGE SURA		
Trading Name			
Taxpayer Identification Number	121-693-895	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : SIMIYU,

DISTRICT : BARIADI,

STREET : MAKANISANI

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	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
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Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

20 October 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.



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300536

This is to certify that the premises owned by M/S Makenge Ruge Pharmacy of P.O. Box 157, Lamadi located at Makanisani Street, Lamadi, Busega Municipality/District in Simiyu Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300536

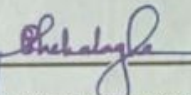
Issued in: March 2023

Expires on: 29 June 2028

18-04-2019

DATE:

Registrar  
Pharmacy Council  
P. O. Box 1277  
Dodoma

  
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

