Jamhuri ya Mu ngano wa Tanzania

United Rep blic of Tanzania

Pharma y Council

Exche er Receipt

Stakabadhi ya alipo ya Serikali

Receipt No	**: 924005224890682**
Received from	: SILVER PHARMACY KIBAONI
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS An 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*		**10 ,000.00**

Total Bille Amount : **100,000.00 (TZS)**

Bill Reference	: 16214005241610271465
Payment Control Number	**: *991620233740***
Payment Date	**: 2024-01-05 15:06:26**
Issued by	: Zena Mango
Date Issued	: 2024-01-09 10:15:42
Signature	: .....

PHARMACY COUNCIL

99162023374Q

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: SILVER PHARMACY KIBAONI FIN.....

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. STATION ROAD Street: KIBAONI Ward IFAKARA

District/Municipal KILOMBERO Region: MOROGORO

POSTAL ADDRESS: 307 KILOMBERO Contact. No. 0784-627917

E-mail: Silver Pharmacy kibaoni@gmail.com

OWNERSHIP:

Directors (Names): 1. YUSUPH A. MANENTO Qualification: DEGREE

2. AMRI R. MANENTO Qualification: DEGREE

3. MARIAM S. KULALA Qualification: DEGREE

SUPERINTENDANT INFORMATION:

Full Name: CHARLES S. NSUNGURU PIN: 0100653

Residential Address: 307 IFAKARA Tel ..... Email: Silver Pharmacy kibaon@gmail.com

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

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: PLATINUM PHARMACY KIBAONI

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 35 Street STATION ROAD Ward IFAKARA

District/Municipal KILOMBERO Region MOROGORO

POSTAL ADDRESS: 307 IFAKARA CONTACT. No. 0784 627917

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. YUSUPH A. MANENTO Qualification: DEGREE
2. AMIRI R. MANENTO Qualification: DEGREE
3. MARIAM S. KULAVA Qualification: DEGREE

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: CHARLES S. MSUNGURU PIN: 0644

Residential Address: MOROGORO Tel: 0714874757 Email: .....

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

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. FOR MARKETING AND REBRANDING THE BUSNESS
2. TRADEMAR ISSUES AND NEW NAME STANDS OUT

SECTION D: APPLICANT INFORMATION

Name of Applicant: YUSUPH A MANENTO

(Contact/email if different from the above)

Address: 105368 Tel: 0754627917 E-mail: Platinum grade ltd@gmail.co

Signature of Applicant: Y. manento Date: 9/12/2023

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: Y. manento Date 9/12/2023

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)