



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 925059313857713

Received from : Vitavault Pharmaceuticals Limited

Amount : 100,000.00

Amount in Words : One 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 PREMISE NAME		100,000.00

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


Bill Reference : 16215059252500116293

Payment Control Number : 991620299583

Payment Date : 2025-02-28 15:36:46

Issued by : Timotheo Ngoda

Date Issued : 2025-03-06 08:10:08

Signature : 

## 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: AQRAM PHARMA (T) LIMITED FINTYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 27 Street: NOBLE HOUSE STREET Ward: Levololi AreaDistrict/Municipal: ARUSHA Region: ARUSHAPOSTAL ADDRESS: Contact No. 0684 560006E-mail: murali@aqrampharma.co.tz**OWNERSHIP:**Directors (Names): 1. MURALI MOHAN LOKAL Qualification: M.COM2. VISAYALARSHMI Qualification: M.COM

3. Qualification:

**SUPERINTENDANT INFORMATION:**Full Name: Saad S Ngowe PIN: 0102563Residential Address: Tel: 0688 82200 Email:

Contract commencement date: Cessation date:

**SECTION B: PROPOSED CHANGES:**NAME OF THE NEW PREMISES: VITAVAU LT PHARMACEUTICALS (AMKT) LIMITEDTYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 27 Street: NOBLE HOUSE STREET Ward:District/Municipal: Region: ARUSHAPOSTAL ADDRESS: CONTACT No. 0684 560006

**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. To similar with other facilities of the company.
2. ....
3. ....
4. ....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: MURALI MOHAN LOKALA

(Contact/email if different from the above)

Address: ARUSHA Tel: 0684560006 E-mail: murali@aggarwalpharmaceuticals.comSignature of Applicant: A. Murali Mohan Date: 21/02/2025**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: A. Murali Mohan Date: 21/02/2025**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)



ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-916-995

ARUSHA CITY COUNCIL

MANISPAA

3013

ARUSHA

Tax Certificate Number:

**151-0227-9933**

Issuing Office: Arusha

Telephone: 027-2502946

Date of issue: 17 February 2025

Expiry Date: 31 December 2025

Taxpayer Name	VITAVALT PHARMACEUTICALS (AMKT) LIMITED		
Trading Name			
Taxpayer Identification Number	152-727-526	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : ARUSHA,

DISTRICT : ARUSHA,

STREET : LEVOLOSI

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
2	wholesale and Retail of pharmaceuticals
3	Wholesale of other household goods

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

17 February 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: 0300447

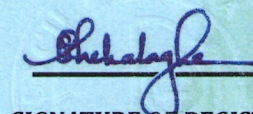
This is to certify that the premises owned by M/S Agram Pharma (T) Ltd of P.O. Box 10836, Arusha located at Plot No. 27, Block C, Noble House Street, Levulosi, Arusha Jiji Municipality/District in Arusha Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300447

Issued in: June 2022

Expires on: 30 June 2027

18-01-2022

DATE:



SIGNATURE OF REGISTRAR  
AND STAMP

REGISTRAR  
PHARMACY COUNCIL  
P.O. BOX 31818 DAR ES SALAAM

### 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





TANZANIA

C.1



## Certificate of Change of Name

No: 152727526

I HEREBY CERTIFY THAT

### **AQRAM PHARMA (T) LIMITED**

having, with sanction of a special Resolution of the said company, and with the approval of the Registrar signified in writing Changed its name, is now called **VITAVULT PHARMACEUTICALS (AMKT) LIMITED** and I have entered such new name on the Register accordingly this 3<sup>rd</sup> day of **JANUARY, TWO THOUSAND AND TWENTY FIVE.**



PRINC ASST. REGISTRAR OF COMPANIES

भारत गणराज्य REPUBLIC OF INDIA

Category / Type IND

Passport No.

P

IND

Sex / Gender

T1718094

Place of Birth

Given Name(s)

VISAYALAKSHMI

Nationality

Sex / Gender

Date of Birth

भारतीय/INDIAN

F

26/04/1975

Place of Birth

GUDIVADA, ANDHRA PRADESH

Place of Issue

VISAYAWADA


Date of Issue

Date of Expiry



L. Vijaya Lakshmi

50



मार्त

артист К. / Passport No.

U9667916

LOKALA

**MURALI MOHAN**

15/06/1975

M

जन्म स्थान / Place of Birth

NUZVID, ANDHRA PRADESH

पुस्तक काली का स्थान : Place of issue

VIJAYAWADA

जारी करने की तिथि/ Date of Issue  
08/02/2021

Date of Expiry

07/02/2031

P<INDLOKALA<<MURALI<MOHAN<<<<<<<<<<<<<<<<  
U9667916<OIND7506154M31020752073246277321<48