

## 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: KATORO PHARMACY FIN 0300253

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

**PHYSICAL ADDRESS:**

Plot No. 005 Street: ABUGAMBELE Ward: KATORO

District/Municipal: NYANG'WALE Region: GEITA

POSTAL ADDRESS: P.O. Box 5050 MZA Contact No. 0759425045

E-mail: jobkahamba@yahoo.com

**OWNERSHIP:**

Directors (Names): 1. JOB IBRAHIM Qualification: PHARMACEUT

2. / Qualification: /

3. / Qualification: /

**SUPERINTENDANT INFORMATION:**

Full Name: CLEOPHACE M. NGALU PIN: 0103210

Residential Address: KATORO Tel: 0756661571 Email: cleoplace98@gmail.com

Contract commencement date: 15 sept 2023 Cessation date: 14 sept 2024

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: KATORO PHARMACY

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

**PHYSICAL ADDRESS:**

Plot No. 005 Street: ABUGAMBELE Ward: KATORO

District/Municipal: NYANG'WALE Region: GEITA

POSTAL ADDRESS: P.O. Box 5050 MZA CONTACT No. 0759425045



NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

PCF.14

Directors (Names):

1. JOB J. BATAKYANGA Qualification: PHARMACEUT
2. LEMINA-K. RWETAHO Qualification: TEACHER
3. \_\_\_\_\_ Qualification: \_\_\_\_\_

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: CLEOPHACE M. NGALU PIN: 0103210  
Residential Address: KOTOKO Tel: 0756661571 Email: cleophae98@gmail.com  
Contract commencement date: 15 Sept 2023 Cessation date: 14 Sept 2024

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Transfer of shares to a new partner
2. \_\_\_\_\_

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOB JONATHAN BATAKYANGA  
(Contact/email if different from the above)  
Address: P.O. Box 5000 ut Tel: 0756661571 Email: jobkhabanta@yahoo.com  
Signature of Applicant: \_\_\_\_\_ Date: 01 Nov 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: \_\_\_\_\_ Date: 01 Nov 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

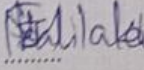
Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 923355221854491  
Received from : KATORO PHARMACY  
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<br>change of name/ ownership -<br>APPLICATION FOR CHANGE OF<br>BUSINESS OWNERSHIP |                     | 100,000.00  |

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16208355235851019818  
Payment Control Number : 991620229626  
Payment Date : 2023-12-21 09:43:18  
Issued by : Beatuss Mpogoza  
Date Issued : 2023-12-21 10:00:35  
Signature / : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)





TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licensing Authority, TIN : 101-223-566

GEITA DISTRICT COUNCIL

NZERA

139

GEITA

Tax Certificate Number:

531-0162-7096

Issuing Office: Geita

Telephone: 0252520042

Date of issue: 24 May 2023

Expiry Date: 31 December 2023

|                                |                         |                         |  |
|--------------------------------|-------------------------|-------------------------|--|
| Taxpayer Name                  | JOB JONATHAN BATAKYANGA |                         |  |
| Trading Name                   | TWEYAMBE PHARMACY       |                         |  |
| Taxpayer Identification Number | 100-373-491             | Vat Registration Number |  |
| Company Registration Number    |                         |                         |  |

Business Premises located at :  
REGION : GEITA,  
DISTRICT : GEITA,  
STREET : KATORO

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 Retail sale of hardware, paints and glass in specialized stores

  
Certified as True Copy of the Original  
David L. Rwechigura  
Advocate, Notary Public & Commissioner  
for Oath  
Sign:   
Date: 24/5/2023

HERBERT M.T. KABEMELA  
COMMISSIONER FOR DOMESTIC REVENUE

24 May 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.



## PARTNERSHIP DEED

THIS DEED made on this... 1<sup>st</sup> ... day of ... NOVEMBER 2023

### BETWEEN

MR JOB JOMATHAN BATAKYANGA

P. O. Box 5050

Mwanza-Tanzania

FIRST PARTNER

### AND

MRS LEMINA KAHAMBA RWETAKA

P. O. Box 5050

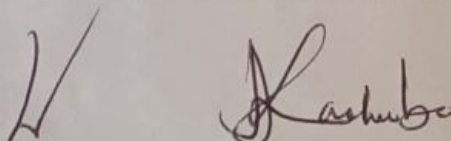
Mwanza-Tanzania

SECOND PARTNER

**WHEREAS:** the said PARTNERS have agreed to do the business upon on terms and conditions hereinafter appearing.

### IT IS HEREBY AGREED AS FOLLOWS:

1. **Partnership:** The Partners do 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 (Cap. 345 RE 2019).
2. **Name:** The name of the Partnership (hereinafter referred to as "the Partnership) shall be called KATORO PHARMACY.
3. **Nature of Business:** The business of the Partnership shall consist of: PHARMACY
4. **Place of Business:** The business of the Partnership shall be carried at KATORO GEITA maintain its official address 5050 MWANZA
5. **Commencement of Business:** the said PARTNERS will become and remain Partners for the term of two years under the style of KATORO PHARMACY from 01<sup>st</sup> of October, 2023 up to 31 September 2025 subject to review and renewal upon agreed by the partners on the agreed duration.
6. **Banking and signing of cheque:**



executors, administrators, personal representatives, successors and assigns.

15. **Amendment:** This agreement may be amended by mutual agreement of the Partners.

IN WITNESS WHEREOF the Parties hereto have executed these presents in the manner and on the dates hereinafter appearing.

SIGNED and DELIVERED by the said

JOE BATAKYANGA

who is known to me personally/has been identified to me by JOE BATAKYANGA the latter being known to me personally in my presence this 1<sup>st</sup> day of NOV 2023.

L  
1<sup>ST</sup> PARTNER

BEFORE ME:

Name: DAVID RWECHUNGURA

Signature: W

Address: 11318 MWANZA

Qualification: COMMISSIONER FOR OATHS.



SIGNED and DELIVERED by the said

LEMINO K. RWETAKA

who is known to me personally/has been identified to me by LEMINO K. RWETAKA the latter being known to me personally in my presence this 1 day of NOV 2023.

Lemin  
2<sup>ND</sup> PARTNER

BEFORE ME:

Name: DAVID RWECHUNGURA

Signature: W

Address: 11318 MWANZA

Qualification: COMMISSIONER FOR OATHS.



PREPARE BY;

PARTNERS





**TUME YA TAIFA YA UCHAGUZI  
KADI YA MPIGA KURA**



Jina Kamili - Full Name  
**LEMINA K RWETAKA**

Tarehe ya Kuzaliwa - Date of Birth  
**07-08-1974**

Jinsi - Sex **KE**

Kata - Ward  
**MWABALUHI**

Mtaa/Kijiji - Street/Village  
**MWAMBALUHI**

Kituo cha Kuandikisha - Registration Centre  
**SHULE YA SEKONDARI Sengerema**



Namba ya Mpiga Kura

**T-1005-1119-853-9**

*Kachuba*

Certified as True Copy of the Original  
**David L. Rwechungura**  
Advocate, Notary Public & Commissioner  
for Oaths  
Sign: *[Signature]*  
Date: *11/11/2023*

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

**19641024-33116-00001-22**

**JINA : JOB JONATHAN**

*Given Name*

**JINA LA MWISHO : BATAKYANGA**

*Last Name*

**TAREHE YA KUZALIWA : 24 OCT 1964**

*Date of Birth*

**JINSI : M**

*Sex*

**SAINI:**

*Signature*

**MWISHO WA MATUMIZI : 09 MAR 2027**

*Expiry Date*

  
Certified as True Copy of the Original  
**David L. Rwechungura**  
Advocate, Notary Public & Commissioner  
for Oaths  
Sign:   
Date: 