Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **923324215577140**
Received from	: NIRVANA 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**
: *142202540104 - Application for change of name/ ownership - 0*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16211324235923811428
Payment Control Number	: ***991620224525***
Payment Date	: **2023-11-20** 12:12:59
Issued by	: Zena Mango
Date Issued	: 2023-11-20 12:14:38
Signature	: .....

9916202245254lipie Tsh. 20,000/-

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: NIRVANA PHARMACY FIN 0102395

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

PHYSICAL ADDRESS:

Plot No. 33912 Street: MOROGORO ROAD Ward MATETE

District/Municipal UBUNGO Region: DAR ES SALAAM

POSTAL ADDRESS: P.O.BOX 35501 Contact. No. 0752496393

E-mail: info@nirvanapharmacy.co.tz

OWNERSHIP:

Directors (Names): 1. ERICK .Y. NDANAIZE Qualification:

2. LIGHTNESS .B. MPOGOZA Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: ASHA ALLY PIN: 0103505

Residential Address: Tel: 0783762810 Email: ashaally392@gmail.com

Contract commencement date: 12 sept 2023 Cessation date 12 Sept 2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: JK PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 33912 Street. MOROGORO ROAD Ward MATETE

District/Municipal UBUNGO Region DAR ES SALAAM

POSTAL ADDRESS: CONTACT. No. 0766711655

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. JISENA KUSHTOKA Qualification: PHARMACIST
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: JISENA KUSHTOKA PIN: 010330 4

Residential Address: ..... Tel: 0766711655 Email: kushtokajisena1200@gmail.com

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

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. The promise (phamacy) has sold to another owner (JISENA KUSHTOKA), so the alteration is due to change of business ownership.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: JISENA KUSHTOKA

(Contact/email if different from the above)

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

Signature of Applicant..... Date 6/11/2023

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 6/11/2023

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)

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102395

This is to certify that the premises owned by M/S ***Nirvana Pharmacy*** of ***P.O. Box 35501 , Dar es Salaam*** located at ***Plot No. 33912, Morogoro road, Matete, Ubungo*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102395***

Issued in: ***November 2022***

Expires on: ***30 June 2027***

18-01-2022

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

CONDITIONS

1. *The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises*
2. *This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed*
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*

KM/12/1725 ID 58787

TFN. 226
(Rev. 2/96)

JAMHURI YA MUUNGANO WA TANZANIA

LESENI YA BIASHARA

B 4241725

(Imetolewa chini ya Sheria ya Leseni za Biashara Na. 25 ya Mwaka 1972 marekebisho ya mwaka 1980 na masharti yaliyo nyuma)

*Futa isiyotakiwa.

1. Ofisi iliyotolewa MANISPAA YA UBUNGO
2. Nambari ya Ushuru wa Mapato 157-003-747
3. Leseni imetolewa kwa NIRUANA PHARMACEUTICALS AND COSMETICS PHARMACY
   kuendesha biashara ya PHARMACY
   katika Wilaya/Kanda* ya UBUNGO Mtaa BARUTI
4. Ni ya Shina/Tawi*
   Ada Sh. 200,000/= Nambari ya Stakabadhi 208298
   ya tarehe 29/9/2022
5. Mpya/Inaendeleza* Muda wa Leseni Na. .....
   ya tarehe .....
   (ii) Muda wa Leseni hii utaishia 29/9/2023

Tarehe 21/11/2022 GODFREY M.

Sahihi na Muhuri wa Mtoaji Leseni

GP-Dsm 0764 004039

MKATABA WA MAUZIANO YA DUKA LA DAWA (PHARMACY)

Mkataba huu unafanyika leo tarehe ...15. Nov. 2023

BAINA YA

ERICK Y. NDAHANZE wa UBUNGO DAR-ES-SALAAM S.L.P 35501

, ambaye katika mkataba huu atajulikana kama MUUZAJI kwa upande mmoja.

NA

JISEMA KUSHOKA Wa KIMARA DAR ES SALAAM., ...

.....,ambaye katika Mkataba huu atajulikana kama''MNUNUZI''kwa upande mwingine.

KWA KUWA

MUUZAJI ndiye mmliki halali wa duka la dawa (NIRVANA PHARMACY) lililo eneo la..MOROGORO ROAD.....,kata ya ...MATETE.....Kitongoji/mtaa wa.KIMARA KOROGWE.. Halmashauri na wilaya ya .....UBUNGO.....

NA KWA KUWA

MNUNUZI ana dhumuni na nia yakununua duka la dawa (Pharmacy) tajwa kwa nia ya kulimiliki. Mnunuzi amenunua duka la dawa (pharmacy) hili na kila kitu kilichomo kwa kiasi walichokubaliana cha Tsh.12,500,000/=

SAHIHI YA MUUZAJI

.....E.Y. Ndanauze.....

SAHIHI YA MNUNUZI

.....

HIVYO BASI MKATABA HUU UNASHUHUDIA NA KUFUNGWA KAMAIFUATAVYO:-

1. Kwamba, Mkataba huu unampa haki MTANZANIA tu kuwa mmiliki halali wa Duka la dawa (pharmacy) kutoka kwa muuzaji.

2. Kwamba, endapo Mnunuzi atafariki, Mkataba huu utamtambua Mrithi wake kama upande wa Mkataba huu kwa maana ya mnunuzi halali.

3. Kwamba, MUUZAJI atahakikisha duka la dawa (Pharmacy) linalouzwa halina mgogoro wa aina yoyote.

4. kwamba, mkataba huu umelenga kuweka mahusiano mazuri kati ya muuzaji na mnunuzi ila swala lolote litakaloenda kinyume na makubaliano (mkataba huu)kati ya pande mbili (muuzaji na mnunuzi) litashughulikiwa kwamujibu wa sheria ya jamuhuri ya muungano wa Tanzania.

5. Kwamba, Mkataba huu utatawaliwa na sheria za Jamhuri ya Muunganowawa Tanzania.

Mkataba huu umetiwa sahihi na Muuzaji na Mnunuzi tarehe, Mwezi na Mwaka kama ilivyoonyeshwa hapo mwanzoni.

IMETIWA SAHIHI na..E.Y. Ndanuze.....

Leo hii tarehe..15.....mwezi.....NOV.....2023

MUUZAJI

MBELE YANGU

JINA ANITHA P. NYANGAHONDI

SAHIHI .....

ANWANI 12634 DSM

CHEO: WAKILI

ANITHA PHILBERTH NYANGAHONDI
Advocate, Notary Public & Commissioner for Oaths
P.O. Box 12634, DAR ES SALAAM

IMETIWA SAHIHI na.....

Leo hii tarehe..15.....mwezi.....NOV.....2023

MNUNUZI

MBELE YANGU

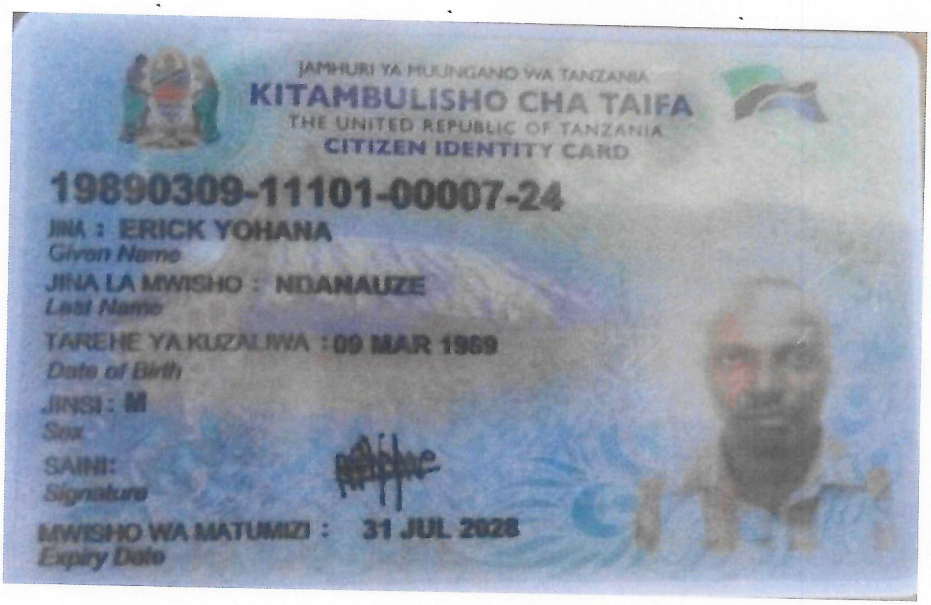
JINA ANITHA P. NYANGAHONDI

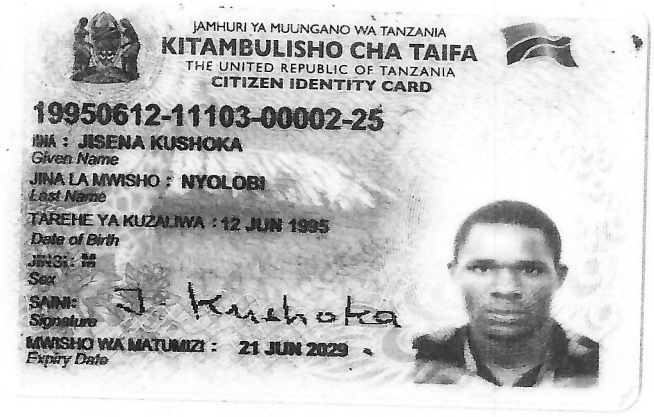
SAHIHI .....

ANWANI 12634 DSM

CHEO: WAKILI

ANITHA PHILBERTH NYANGAHONDI
Advocate, Notary Public & Commissioner for Oaths
P.O. Box 12634, DAR ES SALAAM


JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD
19890309-11101-00007-24
JINA : ERICK YOHANA
Given Name
JINA LA MWISHO : NDANAUZE
Last Name
TAREHE YA KUZALIWA : 09 MAR 1989
Date of Birth
JINSI : M
Sex
SAINI:
Signature
MWISHO WA MATUMIZI : 31 JUL 2028
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19950612111030000225

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 922112103708570**
Received from	: KAZIULAYA 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
2201270421 - Inspection of Premises - INSPECTION	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16208112223518202791
Payment Control Number	**: *991620126140***
Payment Date	**: 2022-04-22 08:50:53**
Issued by	: Zena Mango
Date Issued	: 2022-04-22 09:10:19
Signature	: .....

PHARMACY COUNCIL

PCF 5(a)

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant MICHAEL BENARD SIKA
2. Physical Address of the Applicant
3. Contacts **(mobile phone)** 0743 807512 / 0712004108
4. Email address (if any) michaelsika60@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street MACHIMBO Plot No.
   Ward YOMBO VITUKA District TEMEKE Region DARESALAAM
6. Name and distance from the **Public Health Facility** in metres
   YOMBO VITUKA HEALTH CENTRE
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
   LATIFA PHARMACY
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
9. Proposed Business Name (BRELA Certificates if any) KAZIMAYA PHARMACY
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    RETAIL

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

MICHAEL BENARD SIKA 22/04/2022

Name and Signature of the Applicant **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid _____ Received date _____

Pay slip/Receipt No._____ Signature_____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) _____and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection_____

_____ _____

Name, Signature of Inspector (1) **Name, Signature of Inspector (2)**

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

MINISTRY OF HEALTH 2nd Inspection
PHARMACY COUNCIL

PCF.5(b)

OBSERVATION FORM FOR NEW PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)
(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant: MICHAEL BENARD SIKA
2. Physical Address of the Applicant: MACHIMBO
3. Contacts **(cell phone):** 0743 807512
4. Proposed Business name KAZIULAYA PHARMACY
5. Type of Business: eg: Retail, Wholesale: ____

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet		
Name and distance from unsuitable area		
Name and distance from public health facility		

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	6	
Width (W)	5	30M²

SECTION C: GENERAL OBSERVATIONS

Ameongeza ukubwa wa jengo na amekamilisha matengenezo kufikia viwango vya famasi ya ngazi ya tu.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² forwholesale pharmacy. distance from one community pharmacy to another should not be less than 150m and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

Afikiriwe kupewa kibali na usajili baada ya kuwasilisha maombi.

SECTION E: INSPECTOR'S DECLARATION

Names	Designation	Signature
(i) Salvador Mwanunga	Inspector	[signature]
(ii) Erick Bukeng	Inspector	[signature]

I Declare that, the information provided here is true and correct to the best of my knowledge, I also know that ifeventually it is proved by the Council that the information I have given is false, fictitiousor fraudulent or based on inadequately verified information, may result in appropriate, legal action by the Council.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) MICHAEL BENARD SIKA

I Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

[signature]
Signature of Owner/ In charge

18/11/2022
Date

1st Inspection
Tombo
Mwisho wa
Lami

PCF.6

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

Name and location of the Premises KAZIULAYA PHARMACY

General observations

i. Jengo lina ukubwa wa mita za mraba 16m²

ii. Jengo lipo umbali wa mita 300 kutoka LATIFA PHARMACY

iii.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m)

Recommendations

i. Mmiliki ameelekezwa kuongeza ukubwa kufikia mita za mraba 30m² na kuendelea

ii.

iii.

Inspector's declaration

We (names) (Date) (Signatures)

(i) Pille Bukeng

(ii) Telesphory Wamara

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we have given is true and correct. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner)

MICHAEL SIKA

Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/Incharge

06/05/2022

Date

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form.