

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: PRIME PHARMACEUTICALS (T) LTD. FIN.....TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 107 Street: NKURUMAH Ward: NYAMAGANADistrict/Municipal: NYAMAGANA Region: MWANZAPOSTAL ADDRESS: 3126 MWANZA Contact No. 0753 569 278E-mail: info1.pptl@gmail.com**OWNERSHIP:**

- Directors (Names): 1. SURESH RAVULA Qualification: DIRECTOR
2. SYLVESTER V. NAGORWA Qualification: DIRECTOR
3. Qualification:

SUPERINTENDANT INFORMATION:Full Name: EMMY M. WILSON PIN: 0102040Residential Address: BUSUREGA MWANZA Tel: 0719509737 Email: emmy.willy23@gmail.comContract commencement date: 1st August 2024 Cessation date: 31st July 2025**SECTION B: PROPOSED CHANGES:**NAME OF THE NEW PREMISES: PRIME PHARMACEUTICALS (T) LTD.TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☒ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 107 Street: NKURUMAH Ward: NYAMAGANADistrict/Municipal: NYAMAGANA Region: MWANZAPOSTAL ADDRESS: 3126 MWANZA CONTACT No. 0753 56 92 78

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. THE PREVIOUS OWNER OF THE BUILDING / PREMISE
NEEDED HIS BUILDING BACK FOR OTHER
USES.
2.
-
-

SECTION D: APPLICANT INFORMATIONName of Applicant: PRIME PHARMACEUTICALS (T) LTD.

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: PRIME PHARMACEUTICALS (T) LTD. Date: 4th July 2024.**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: PRIME PHARMACEUTICALS (T) LTD. Date: 4th July 2024.**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 : 132-824-576

MEDICAL TEAMS INTERNATIONAL

KIBONDO MJINI

1

KIBONDO

Tax Certificate Number:

261-0200-8024

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 15 April 2024

Expiry Date: 31 December 2024

Taxpayer Name	PRIME PHARMACEUTICALS(T) LIMITED		
Trading Name			
Taxpayer Identification Number	142-259-338	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MWANZA,
DISTRICT : NYAMAGANA,
STREET : KENYATTA

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	Other professional, scientific and technical activities n.e.c.
2	Other human health activities

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE

15 April 2024



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.

THE COMPANIES ACT

(CAP 212)

COMPANY LIMITED BY SHARES

MEMORANDUM

AND

ARTICLES OF ASSOCIATION

OF

PRIME PHARMACEUTICALS (T) LIMITED

Incorporated this day of 2020

Drawn by:

Nasra Songoro, Advocate

P.O.Box 32277,

Dar es salaam,

TANZANIA

THE COMPANIES ACT

(CAP 212)

COMPANY LIMITED BY SHARES

MEMORANDUM OF ASSOCIATION

OF

PRIME PHARMACEUTICALS (T) LIMITED

1. The name of the company is **PRIME PHARMACEUTICALS (T) LIMITED**
2. The registered office of the company will be situated in Tanzania-Mainland.
3. The objects for which the company is established are:
 - a. 8690- Other human health activities
 - b. 6629-Other professional, scientific and technical n.e.c
4. The liability of the members is limited
5. The Share Capital of the Company is Tanzanian Shillings Forty Nine Million (Tshs.49,000,000/=) divided into 1,000 ordinary shares of Tshs.49,000/= each, with power of the company to increase or reduce the said capital and issue any part of its capital original or increased with or without any preference priority or special privilege or subject and so that unless the condition of issue shall otherwise expressly decide every issue of shares whether declined to be preference or other otherwise shall be subject to the power hereinabove contained.



TANZANIA



Register of Companies Detailed information

Information date and time: 26/07/2023 10:26:43
Last update date and time: 25/07/2023 15:55:00
Registration date and time: 30/07/2020 11:04:28

1. **Status:** Registered
2. **Incorporation number:** 142259338
3. **Company:** PRIME PHARMACEUTICALS(T) LIMITED
4. **Company type:** Private company Limited by shares
5. **Registered office:** Region Mwanza, District Nyamagana, Ward Nyamagana, Postal code 33101, Street KENYATTA, Road KENYATTA ROAD, Plot number 141, Block number T, House number SHOP NO 1
6. **Contacts:** Email: Valentinomago@gmail.com, Mob no/Tel no: 255735569278, P.O.Box 7567
7. **Business activity:** 8690 - Other human health activities, Main activity
7490 - Other professional, scientific and technical activities n.e.c.
8. **Directors / Directors in the country of origin:** SYLIVESTER VALINTINE MAGORWA, Tanzanian
SURESH RAVULA, Indian
9. **Company secretary / Company secretary in the country of origin:** SYLIVESTER VALINTINE MAGORWA, Tanzania
10. **Authorised share capital:** 49000000 TZS
11. **Class of shares:** Class Ordinary: 1000 shares, 49000 TZS/share, 49000000 TZS
12. **Shareholders:** SYLIVESTER VALINTINE MAGORWA Class Ordinary 100 shares taken
SURESH RAVULA Class Ordinary 900 shares taken

Information ordered by: SYLIVESTER MAGORWA

NOTE. Information printed from the Register of Company is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Company.



Princ. Asst. Registrar of Companies



TANZANIA



Certificate of Incorporation of a Company

Section 15

No: 142259338

I HEREBY CERTIFY THAT

PRIME PHARMACEUTICALS(T) LIMITED

is this day incorporated under the Companies Act, 2002
and that the Company is Limited.

GIVEN under my hand at Dar es Salaam this 30th day of **JULY**
TWO THOUSAND AND TWENTY.



PRINC ASST. REGISTRAR OF COMPANIES

Lease No (R).....

Region Code..... MZA

Title No.....

COMMERCIAL LEASE

BETWEEN

THE NATIONAL HOUSING CORPORATION

(LESSOR)

SYLVESTER VALENTINE AND MAGORWA T/A
PRIME PHARMACEUTICAL (T) LIMITED

(LESSEE)

NATIONAL HOUSING CORPORATION
BUILDING OUR NATION

LEASE OF COMMERCIAL APARTMENT NO: 007

LOCATED ON PLOT NO. 107 BLOCK S STREET NKURUMAH

REGION MWANZA

THE LAND ACT (No. 4, 1999)
THE LAND REGISTRATION ACT (CAP. 334)

LEASE

THIS LEASE is made the _____ day of _____, 20_____

Between

NATIONAL HOUSING CORPORATION, a statutory corporation established by virtue of the National Housing Corporation Act No. 2 of 1990, whose Head Office is situated on Plot No. 47, Medeli West, for the purposes hereof of P. O Box 2422, Dodoma (hereinafter referred to as the "**Lessor**," which expression shall, where the context so admits, include its successor(s) and assign(s)).

And

SYLVESTER VALENTINE MAGORWA T/A
PRIME PHARMACEUTICALS (T) LIMITED of P.O. Box 3126, Mwanza whose registered office is situate on NKURUMAH Street, (Hereinafter to be referred to as the "**Lessee**", which expression shall, where the context so admits, include its personal representative(s) heir(s) and permitted assign(s)).

WHEREAS, the **Lessor** is the registered proprietor of the demised premises and desires to **lease** the Premises to the **Lessee** and **Lessee** desires to take the said Premises from the Lessor for the term, at the agreed rental amount and upon the provisions set forth herein.

NOW IN CONSIDERATION of the rent and the mutual covenants hereinafter reserved and contained in schedule one - **Terms and Conditions** - attached hereto, **THIS LEASE WITNESSETH** as follows:-

1. Physical Residential Address of the Lessee

The **Lessee** hereby declares/warrants that he is residing at _____ in House No _____ situated on Plot No. _____ Block _____ Street _____ Municipality/Region.

2. Lettable Area & Measurement

The **Lessor** hereby demises unto the Lessee all that area measuring 106.65 square metres on the GROUND floor of the building (hereinafter referred to as the "**Demised Premises**") in the building situate on Plot No. 107/5, NKURUMAH Street, MWANZA Municipality/Region (the said building together with the plot where it is situated shall hereinafter be called the "**Property**").

3. Rent per Square Meter

Rent payable per square meter is Tanzanian shillings/United States Dollars 8000/- and any other charges, expenses and fees which the Lessor may from time to time incur in connection with or in procuring the remedying of any breach by the Lessee of any of the covenants on the part of the Lessee contained in this Lease.

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

LESSOR

STAMPED / SEALED with the OFFICIAL STAMP / SEAL of the
said NATIONAL HOUSING CORPORATION
and DELIVERED in our presence this
day of, 20.....

Full Name: FADIHI NTAHENA
Signature: [Signature]
Address: P.O. BOX 1623, MWANZA
Designation: REGIONAL MANAGER

STAMP / SEAL

Full Name: JAPHET M. MBANDA
Signature: [Signature]
Address: P.O. BOX 1623, MWANZA
Designation: ESTATE OFFICER

LESSEE

SIGNED and DELIVERED by
who is known to me personally/identified by
the latter being known to me personally in my
presence this 18 day of APRIL 2020

Witness Signature: [Signature]
Witness Name: H. S. Lubwila
Address: 155 Mwanza
Qualification: REGISTRAR

OR

SEALED / STAMPED with the COMMON SEAL / STAMP of the said
102,884.00/-
9984116186038
18 APR 2024
LEASE AGREEMENT
[Signature]
DELIVERED in the presence of us:

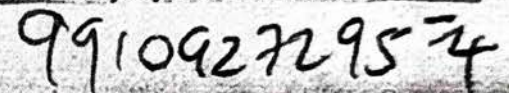
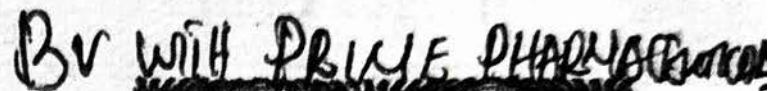
FULL NAME:
SIGNATURE:
POSTAL ADDRESS:
QUALIFICATION:

FULL NAME:
SIGNATURE:



LESSEE

STAMP / SEAL



Z6189091<3IND8810300M3107287G073468446521<60

[illegible]

1357

2

TZA

TAE505819

THE UNIVERSITY OF CHICAGO

MAGORWA

SYLVESTER VALENTINE

TANZANIAN

THE UNIVERSITY OF CHICAGO PRESS

02 APR 1993

Figure 1

Abstract and briefings. Place of birth/area of residence

2

NYAMAGANA

1. **Introduction**
 2. **Background**
 3. **Methodology**
 4. **Results**
 5. **Conclusion**
 6. **References**
 7. **Appendix**
 8. **Index**
 9. **Table of Contents**
 10. **Figure of Contents**
 11. **Table of Figures**
 12. **Table of Tables**
 13. **Table of Equations**
 14. **Table of Symbols**
 15. **Table of Abbreviations**
 16. **Table of Acronyms**
 17. **Table of Initials**
 18. **Table of Symbols**
 19. **Table of Abbreviations**
 20. **Table of Acronyms**
 21. **Table of Initials**
 22. **Table of Symbols**
 23. **Table of Abbreviations**
 24. **Table of Acronyms**
 25. **Table of Initials**
 26. **Table of Symbols**
 27. **Table of Abbreviations**
 28. **Table of Acronyms**
 29. **Table of Initials**
 30. **Table of Symbols**
 31. **Table of Abbreviations**
 32. **Table of Acronyms**
 33. **Table of Initials**
 34. **Table of Symbols**
 35. **Table of Abbreviations**
 36. **Table of Acronyms**
 37. **Table of Initials**
 38. **Table of Symbols**
 39. **Table of Abbreviations**
 40. **Table of Acronyms**
 41. **Table of Initials**
 42. **Table of Symbols**
 43. **Table of Abbreviations**
 44. **Table of Acronyms**
 45. **Table of Initials**
 46. **Table of Symbols**
 47. **Table of Abbreviations**
 48. **Table of Acronyms**
 49. **Table of Initials**
 50. **Table of Symbols**
 51. **Table of Abbreviations**
 52. **Table of Acronyms**
 53. **Table of Initials**
 54. **Table of Symbols**
 55. **Table of Abbreviations**
 56. **Table of Acronyms**
 57. **Table of Initials**
 58. **Table of Symbols**
 59. **Table of Abbreviations**
 60. **Table of Acronyms**
 61. **Table of Initials**
 62. **Table of Symbols**
 63. **Table of Abbreviations**
 64. **Table of Acronyms**
 65. **Table of Initials**
 66. **Table of Symbols**
 67. **Table of Abbreviations**
 68. **Table of Acronyms**
 69. **Table of Initials**
 70. **Table of Symbols**
 71. **Table of Abbreviations**
 72. **Table of Acronyms**
 73. **Table of Initials**
 74. **Table of Symbols**
 75. **Table of Abbreviations**
 76. **Table of Acronyms**
 77. **Table of Initials**
 78. **Table of Symbols**
 79. **Table of Abbreviations**
 80. **Table of Acronyms**
 81. **Table of Initials**
 82. **Table of Symbols**
 83. **Table of Abbreviations**
 84. **Table of Acronyms**
 85. **Table of Initials**
 86. **Table of Symbols**
 87. **Table of Abbreviations**
 88. **Table of Acronyms**
 89. **Table of Initials**
 90. **Table of Symbols**
 91. **Table of Abbreviations**
 92. **Table of Acronyms**
 93. **Table of Initials**
 94. **Table of Symbols**
 95. **Table of Abbreviations**
 96. **Table of Acronyms**
 97. **Table of Initials**
 98. **Table of Symbols**
 99. **Table of Abbreviations**
 100. **Table of Acronyms**
 101. **Table of Initials**
 102. **Table of Symbols**
 103. **Table of Abbreviations**
 104. **Table of Acronyms**
 105. **Table of Initials**
 106. **Table of Symbols**
 107. **Table of Abbreviations**
 108. **Table of Acronyms**
 109. **Table of Initials**
 110. **Table of Symbols**
 111. **Table of Abbreviations**
 112. **Table of Acronyms**
 113. **Table of Initials**
 114. **Table of Symbols**
 115. **Table of Abbreviations**
 116. **Table of Acronyms**
 117. **Table of Initials**
 118. **Table of Symbols**
 119. **Table of Abbreviations**
 120. **Table of Acronyms**
 121. **Table of Initials**
 122. **Table of Symbols**
 123. **Table of Abbreviations**
 124. **Table of Acronyms**
 125. **Table of Initials**
 126. **Table of Symbols**
 127. **Table of Abbreviations**
 128. **Table of Acronyms**
 129. **Table of Initials**
 130. **Table of Symbols**
 131. **Table of Abbreviations**
 132. **Table of Acronyms**
 133. **Table of Initials**
 134. **Table of Symbols**
 135. **Table of Abbreviations**
 136. **Table of Acronyms**
 137. **Table of Initials**
 138. **Table of Symbols**
 139. **Table of Abbreviations**
 140. **Table of Acronyms**
 141. **Table of Initials**
 142. **Table of Symbols**
 143. **Table of Abbreviations**
 144. **Table of Acronyms**
 145. **Table of Initials**
 146. **Table of Symbols**
 147. **Table of Abbreviations**
 148. **Table of Acronyms**
 149. **Table of Initials**
 150. **Table of Symbols**
 151. **Table of Abbreviations**
 152. **Table of Acronyms**
 153. **Table of Initials**
 154. **Table of Symbols**
 155. **Table of Abbreviations**
 156. **Table of Acronyms**
 157. **Table of Initials**
 158. **Table of Symbols**
 159. **Table of Abbreviations**
 160. **Table of Acronyms**
 161. **Table of Initials**
 162. **Table of Symbols**
 163. **Table of Abbreviations**
 164. **Table of Acronyms**
 165. **Table of Initials**
 166. **Table of Symbols**
 167. **Table of Abbreviations**
 168. **Table of Acronyms**
 169. **Table of Initials**
 170. **Table of Symbols**
 171. **Table of Abbreviations**
 172. **Table of Acronyms**
 173. **Table of Initials**
 174. **Table of Symbols**
 175. **Table of Abbreviations**
 176. **Table of Acronyms**
 177. **Table of Initials**
 178. **Table of Symbols**
 179. **Table of Abbreviations**
 180. **Table of Acronyms**
 181. **Table of Initials**
 182. **Table of Symbols**
 183. **Table of Abbreviations**
 184. **Table of Acronyms**
 185. **Table of Initials**
 186. **Table of Symbols**
 187. **Table of Abbreviations**
 188. **Table of Acronyms**
 189. **Table of Initials**
 190. **Table of Symbols**
 191. **Table of Abbreviations**
 192. **Table of Acronyms**
 193. **Table of Initials**
 194. **Table of Symbols**
 195. **Table of Abbreviations**
 196. **Table of Acronyms**
 197. **Table of Initials**
 198. **Table of Symbols**
 199. **Table of Abbreviations**
 200. **Table of Acronyms**
 201. **Table of Initials**
 202. **Table of Symbols**
 203. **Table of Abbreviations**
 204. **Table of Acronyms**
 205. **Table of Initials**
 206. **Table of Symbols**
 207. **Table of Abbreviations**
 208. **Table of Acronyms**
 209. **Table of Initials**
 210. **Table of Symbols**
 211. **Table of Abbreviations**
 212. **Table of Acronyms**
 213. **Table of Initials**
 214. **Table of Symbols**
 215. **Table of Abbreviations**
 216. **Table of Acronyms**
 217. **Table of Initials**
 218. **Table of Symbols**
 219. **Table of Abbreviations**
 220. **Table of Acronyms</**

22 AUG 22

Abstract

1

21 AUG 32

Manuscripta: Bestands-Nummer, Autorität, Autorschaft, die Differenz

PCO. DAR ES SALAAM

Satış ya da muamele yapıldığı/Satınalma/Signature/Signature

Chapman

P<TZAMAGORWA<<SYLVESTER<VALENTINE<<<<<<<<<<<<<<

TAE5058195TZA9304022M3208210<<<<<<

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300399

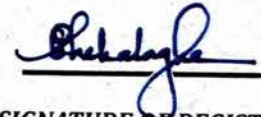
This is to certify that the premises owned by M/S Prime Pharmaceuticals (T) Limited of P.O. Box 7567, Mwanza located at Plot No. 141, Kenyata Road, Nyamagana, Mwanza Municipality/District in Mwanza Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300399

Issued in: August 2020

Expires on: 30 June 2026

14-09-2020

DATE:



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 premises
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



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