



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **924281281966608**

Received from : UKONGA 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 : 16211275243126854009

Payment Control Number : **991620277451**

Payment Date : **2024-10-07 18:56:37**

Issued by : Zena Mango

Date Issued : 2025-02-07 09:57:39

Signature

:

Government Payment Gateway © 2017 All Rights Reserved (GePG)

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: UKONGA PHARMACY FIN. 0101843

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

PHYSICAL ADDRESS:

Plot No. Street: UKONGA Ward: KIPUNGUINI

District/Municipal: ILALA Region: DAR ES SALAAM

POSTAL ADDRESS: P.O. BOX 2362 Contact No. 0753789595

E-mail:

OWNERSHIP:

Directors (Names): 1. ZUWENA MTABARI Qualification: ENTREPRENEUR

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: GODRIVER LUMBUGHU PIN: 0103040

Residential Address: MAKUMBUHO Tel: 0767026091 Email:

Contract commencement date: 01.01.2024 Cessation date: 30.12.2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TANZANIY PHARMACY (UKONGA BRANCH)

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

PHYSICAL ADDRESS:

Plot No. Street: UKONGA Ward: KIPUNGUINI

District/Municipal: ILALA Region: DAR ES SALAAM

POSTAL ADDRESS: 55093 D.M. CONTACT No. 0766779816

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. YUSTINA ROCHUAN Qualification: ENTREPRENEUR
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: NYAMIRA KERARYO MATHINYI PIN: 0101762
 Residential Address: DSM Tel: 0684235521 Email: nyamiramaithinyi@gmail.com
 Contract commencement date: 01.01.2025 Cessation date 30.12.2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. THE PHARMACY IS SOLD.
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: YUSTINA ROCHUAN KIJU
 (Contact/email if different from the above)
 Address: COBA DSM Tel: 0766779216 E-mail: lina1994kijuu@gmail.com
 Signature of Applicant: Y. Kijuu Date: 6.2.2025

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: Date

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)



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-372-650

ILALA MUNICIPAL COUNCIL

MISSION STREET

20950

DAR ES SALAAM

Tax Certificate Number:

121-0197-0811

Issuing Office: Ilala

Telephone: 022-2863190

Date of issue: 15 March 2024

Expiry Date: 31 December 2024

Taxpayer Name	ZUWENA MHADHAM MTABAZI		
Trading Name			
Taxpayer Identification Number	123-487-028	Vat Registration Number	
Company Registration Number			

Business Premises located at:
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : UKONGA PRISON

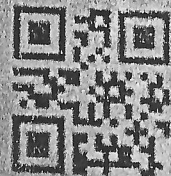
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1. Retail sale of clothing, footwear and leather articles in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

16 March 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



TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 583492

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT TANZANITY PHARMACY this 10th day of SEPTEMBER year 2024 has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number 583492 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 10th day of SEPTEMBER TWO THOUSAND AND TWENTY FOUR.



Deputy Registrar Business Names

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01343-2024

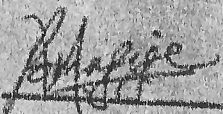
This Permit is hereby granted to M/S Ukongu Pharmacy of P.O. Box 2362, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Ukongu, Kipunguni, Ilala Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0101843 under a superintendent Pharmacist Godriver Lumbugu with Personal Identification Number (PIN) 0103040

Issued in: October 2021

Expires on: 30 June 2025

03-07-2024

DATE


SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated



PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101843

This is to certify that the premises owned by M/S Ukonga Pharmacy of P.O. Box 2362, Dar es Salaam located at Ukonga, Kipunguni, Ilala Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101843

Issued in: October 2021

Expires on: 30 June 2027

10-02-2022

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

