Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924333293564214**
Received from	: GENEGIA 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**
: *142202540317 - Application for change of premises-Location - LOCATION*		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16211333242829548091
Payment Control Number	**: *991620281210***
Payment Date	**: 2024-11-28 11:57:35**
Issued by	: Zena Mango
Date Issued	: 2024-11-28 12:00:12
Signature	: .....

9916202812 10 Attached control number 202,0210 for change of location

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: GENEGIA PHARMACY FIN 0102849

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

PHYSICAL ADDRESS:

Plot No. 101 Street: MTONGANI Ward KUNDUCHI

District/Municipal KINONDONI Region: DAR-ES-SALAAM

POSTAL ADDRESS: 32701 Dar-es-Salaam Contact. No. 0713383175

E-mail: annangaram483@gmail.com

OWNERSHIP:

Directors (Names): 1. ..... Qualification: .....

2. ..... Qualification: .....

3. ..... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: CONSOLATHA RAPHAEL MLIMA PIN: 0102614.

Residential Address: UBUNGO – DAR ES SALAAM Tel: 0672703703 Email: consolathamlima5@gmail.com.

Contract commencement date: 07/10/2024 Cessation date 07/10/2025.

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: GENEGIA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street BAHARIA STREET Ward BUNJU A

District/Municipal KINONDONI Region DAR-ES-SALAAM

POSTAL ADDRESS: 32701 DSM CONTACT. No. 0713383175

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: CONSOLATHA RAPHAEL MLIMUKA PIN: 01026174

Residential Address: UBUNGO - DAR ES SALAAM Tel: 0672703703 Email: consolathamlimuka5@gmail.com

Contract commencement date: 10/07/2024 Cessation date 10/07/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. No suitable business movement.

2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: ANNA GEORGE NGARAMA

(Contact/email if different from the above)

Address: 32701. DSM Tel: 0713383175 E-mail: annangarama88@gmail.com.

Signature of Applicant A.G.Ngarama Date 28/11/2024

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 ANNA GEORGE NGARAMA Date 28/11/2024

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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-186-555 HALMASHAURI YA MANISPAA YA KINONDONI MWANANYAMALA/ MWINJUMA ROAD 31902 DAR ES SALAAM

Tax Certificate Number: **581-0183-6351**

Issuing Office: Tegeta

Telephone:

Date of issue: 20 October 2023

Expiry Date: 31 December 2023

Taxpayer Name	**ANNA GEORGE NGARAMA**		
Trading Name	**GENEGIA PHARMACY**		
Taxpayer Identification Number	**137-901-757**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : Mtongani

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 activities of human health
2	Activity for Non Business Purposes

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
20 October 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.

TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 531573

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **GENEGIA PHARMACY** this 20th day of **DECEMBER** year 2022 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 531573 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 20th day of **DECEMBER TWO THOUSAND AND TWENTY TWO.**

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102849

This is to certify that the premises owned by M/S ***Genegia Pharmacy*** of ***P.O.Box 32701, Dar es Salaam*** located at ***Kunduchi,Mtongani,Kinondoni, Dar es Salaam*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102849***

Issued in: ***December 2023***

Expires on: ***30 June 2029***

09-01-2024

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***
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***

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924099243313407**
Received from	: GENEGIA 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**
: 142201270421 - Inspection of Premises - 0	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16211099245708215691
Payment Control Number	***: 991620243223***
Payment Date	**: 2024-04-08 12:01:54**
Issued by	: Zena Mango
Date Issued	: 2024-04-08 12:05:09
Signature	:.....

99162024 3223

PHARMACY COUNCIL

PCF 5(a)

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 ANNA ·G· NGARAMA
2. Physical Address of the Applicant MBWENI MPIJI
3. Contacts **(mobile phone)** 0713 383175
4. Email address (if any) _____

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

5. Physical address of the proposed location. Street BAHALIA Plot No. 132 (Block 9)
   Ward BUNJU 'A' District KINONDONI Region DAR-ES-SALAAM
6. Name and distance from the **Public Health Facility** in metres _____
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres _____
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres _____
9. Proposed Business Name (BRELA Certificates if any) GENEGIA 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.

ANNA·G· NGARAMA, A·Ngarama — 08/04/2024

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

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

1st Inspection

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: ANNA NGARAMA
2. Anwani ya Makazi ya Mwombaji: BUNJU
3. Mawasiliano (Simu): 0713383175
4. Jina la Biashara linalopendekezwa GENEGA PHARMACY
5. Aina ya Biashara: Rejareja

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	HDK PHARMACY	250m
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	7.2m	38.88m²
b)	Upana (W)	5.4m	
c)	Kimo (H)	3m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- JENGO LINAKUBWA WA MITA ZA MRABA 38.88
- JENGO LIPO UMBALI WA MITA 250 KUTOKA HDK PHARMACY

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

- ENDELEA NA MATENGENEZO KULEKEA VIWANGO VYA FAMASI YA REJAREJA.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	[illegible]	MKAGUZI	
2	ZAHARA H. MNGUWAYA	MKAGUZI	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) ANNA GEORGE NGARAMA

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

17/09/2024
Tarehe