

Control No: 991620283924

Amount: 209000/=

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: MALISA'S PHARMACY FIN: 0101756

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

PHYSICAL ADDRESS:

Plot No. 1459 Block 'J' Street: BUSWELU 'A' Ward: BUSWELU

District/Municipal: ILEMELA Region: MWANZA

POSTAL ADDRESS: 2363 Contact No. 0743459587

E-mail: malisapharmacy7@gmail.com

OWNERSHIP:

Directors (Names): 1. ELIHAIRA G. MALISA Qualification:

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: DAUDI RAPHAEL MAKIDIKA PIN: 0103218

Residential Address: MWANZA Tel: Email: makidikadandi@gmail.com

Contract commencement date: 01/07/2024 Cessation date: 01/07/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SABORA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 1459 Block 'J' Street: BUSWELU 'A' Ward: BUSWELU

District/Municipal: ILEMELA Region: MWANZA

POSTAL ADDRESS: P.O. Box 735, ILEMELA CONTACT. No. 0753778317

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ELISON SABUNI Qualification: PROMIZENT
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

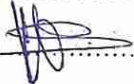
1. I brought it from the first owner
- 2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ELISON SABUNI

(Contact/email if different from the above)

Address: Mwanza Tel: 0753778317 E-mail: elisonsabuni@gmail.com

Signature of Applicant:  Date: 21/08/2024

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:  Date: 21/08/2024

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 : 121-201-011

ILEMELA MUNICIPAL COUNCIL

NYAMHONGOLO

735

MWANZA

Tax Certificate Number:

261-0201-7625

Issuing Office: Mwanza

Telephone: 028 2500906

Date of issue: 23 April 2024

Expiry Date: 31 December 2024

Taxpayer Name	ELISON EMMANUEL SABUNI		
Trading Name			
Taxpayer Identification Number	169-124-310	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MWANZA,

DISTRICT : ILEMELA,

STREET : Nyamanoro A

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	Other arts and entertainment activities
3	Medical tests specialized centers

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

23 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.



TANZANIA

Form 5



No. 570460

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **SABORA PHARMACY** this 17th day of **APRIL** 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 **570460** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 17th day of **APRIL**
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.

MKATABA WA MAUZIANO
YA
DUKA LA DAWA ZA BINADAMU

KATI YA

MALISA'S PHARMACY

NA

ELISON EMMANUEL SABUNI

Umeandaliwa na:



INTEGRAL

Uhuru/Liberty Street,
NBC (Mwanza Branch) Building
2nd Floor,
P. O. Box 593, Mwanza
Email: info@integraladvocates.co.tz
Telephone: +255 28 250 1517
Mobile: +255 752 414 683

MKATABA WA MAUZIANO YA DUKA LA DAWA ZA BINADAMU

MKATABA HUU umefanyika leo hii tarehe 02 mwezi Aprili Mwaka huu, 2024

KATI YA

MALISA'S PHARMACY wa S.L.P 2363, MWANZA (ambaye katika Mkataba huu atajulikana kama "Muuzaji") jina ambalo litahusisha pia wawakilishi wake na/au warithi wake kwa upande mmoja.

NA

ELISON EMMANUEL SABUNI wa S.L.P.,, MWANZA, (ambaye katika Mkataba huu atajulikana kama "Mnunuzi") jina ambalo litahusisha pia wawakilishi wake kwa upande mwingine;

KWAKUWA Muuzaji ndiye mmiliki halali wa duka lililopo kwenye nymba namba 164 kiwanja na 1459 kitalu "J" Buswelu "A" katika Manispaa ya Ilemela Mkoa wa Mwanza

KWAKUWA, Muuzaji anamamlaka halali kisheria ya kuuza duka hilo na Mnunuzi yupo tayari kununua duka hilo kama linavyoeleza katika vifungu vya mkataba huu;

HIVYO BASI WAHUSIKA WA PANDE ZOTE MBILI KATIKA MKATABA HUU WANASHUHUDIA YAFUATAYO;

1. **KWAMBA**, Muuzaji anamuuzia Mnunuzi duka la dawa linalotambulika kwa jina la Malisa's Pharmacy, lililopo nyumba Namba 164 Kiwanja Na. 1459 Kitalu "J" Buswelu "A" katika Manispaa ya Ilemela Mkoani Mwanza.
2. **KWAMBA**, Mauziano ya duka linalotajwa katika vifungu vilivyotangulia vya mkataba huu yanahusisha, dawa zilizopo dukani hadi tarehe ya kufanyika kwa mkataba huu, mifumo na vifaa vingine vilivyomo dukani ili kuwezesha biashara ya duka tajwa pamoja na kuhamisha mkataba wa pango la chumba cha biashara na nam vitu vingine kama hivyo.
3. **KWAMBA**, bei ya mauziano ya duka tajwa katika mkataba huu ni **Shilingi za Tanzania, Milioni Saba n laki Tano tu (Sh. 7,500,000/=)**.
4. **KWAMBA**, Mnunuzi amemlipa Muuzaji malipo yanayotajwa katika kifungu cha tatu (3) katika mkataba kwa awamu moja kwa fedha taslimu leo tehe ya kutia saini katika makataba huu, na Muuzaji kwa upande mwingine anathidhitisha hayo kwa kuti asaini katika makataba huu.
5. **KWAMBA**, Muuzaji amemkabidhi Mnunuzi duka hilo pamoja na vilivyomo kama inavyotajwa katika vifungu vilivyotangulia leo tarehe ya kutia saini mkataba huu na Mnunuzi anathibitisha makabidhiano hayo kwa kuweka saini katika mkataba huu.

6. KWAMBA, kwa madhumuni ya ufafanuzi, pamoja na maelezo yaliyopo katika vipengele vya mkataba huu, kiambatishi cha jedwali "A" kilichoambatishwa katika mkataba huu na kuwekwa saini na pande zote mbili za wahusika wa mkataba chenye orodha ya vitu vilivyokabidhiwa na Muuzaji kwa Mnunuzi kitakuwa sehemu ya mkataba sambamba na nyararaka za umiliki na usajiri wa duka hilo tajwa
7. KWAMBA, Mnuzi atawajibika kuhuisha na kubadilidha taarifa za umiliki na usajiri wa duka linalohusishwa na mkataba huu na Muuzaji kwa upande mwingine atawajibika kutoa ushirikiano kuwezesha zoezi hilo hadi litakapokamilika.
8. KWAMBA, Muuzaji namhakikishia Mnunuzi kuwa duka hilo ni mali yake halali na binafsi na kwamba duka hilo halina wowote na mamlaka za serikali wala na mtu yeyote kuhusu umiliki wake.
9. KWAMBA, mkataba huu hautakanushwa na upande wowote kati ya wahusika na endapo upande wowote utathibitika kutoa taarifa zozote za ili kuwezesha mkataba huu kufanyika kinyume kwa ujibu wa sheria, hatua za kisheria zitachukuliwa dhidi yake kwa uzito na namna ya kosa hilo kisheria.
10. KWAMBA, mkataba huu utatawaliwa na sheria za Tanzania.

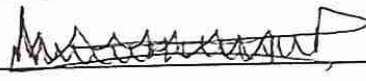
Kwa kushuhudia makubaliano haya pande zote zimetia saini zao kama ifuatavyo:

UMETIWA SAINI na KUTEKELEZWA hapa Mwanza
na ELIHAUKA GOODLUCK MALISA ambaye
namfahamu/ametambulishwa
kwangu na ELISON EMMANUEL.....
ambaye namfahamu kwa niaba ya **MALISA'S PHARMACY**
leo tarehe 02 mwezi aAprili 2024

SAINI YA MUUZAJI

MBELE YANGU:

JINA: BEATUS YOHANA LINDA

SAHIHI: 

ANUANI: S. L. P 10452

WADHIFA: WAKILI

UMETIWA SAINI na KUTEKELEZWA hapa Mwanza
na ELISON EMMANUEL SABUNI
ambaye namfahamu binafsi/ametambulishwa
kwangu na
ambaye namfahamu leo tarehe 02 mwezi
Aprili 2024

SAINI YA MNUNUZI



MBELE YANGU:

JINA: BEATUS YOHANA LINDA

SAHIHI: 

ANUANI: S.L.P 10452

WADHIFA: WAKILI



PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101756

This is to certify that the premises owned by M/S Malisa's Pharmacy of P.O. Box 2363, Mwanza located at Buswelu A, Ilemela Municipality/District in Mwanza Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101756

Issued in: September 2021

Expires on: 30 June 2026

07-12-2021

DATE:


SIGNATURE OF REGISTRAR
AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31816 DAR ES SALAAM

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

