



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925192347604995

Received from : MPANDA 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
142202540104 - Application for change of name/ ownership - CHANGE OF OWNERSHIP		100,000.00

Total Billed Amount : 100,000.00 (TZS)

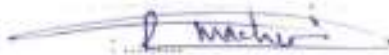
Bill Reference : 16208192255203118936

Payment Control Number : 991620318189

Payment Date : 2025-07-11 17:36:23

Issued by : Zena Mango

Date Issued : 2025-07-14 08:21:52

Signature : 

99 1620 318 189

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: MIRANDA PHARMACY FIN: 0300684

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

PHYSICAL ADDRESS:

Plot No. 0 Street: KINIMWI 121 Ward: KINIMWI

District/Municipal: MIRANDA Region: KITAU

POSTAL ADDRESS: 216 Contact No. 0354 237097

E-mail: _____

OWNERSHIP:

Directors (Names): 1. GREGORY ABEL HATANDIKO Qualification: P.W. INGENI MAN

2. _____ Qualification: _____

3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: DESIDERIA C. HATANDIKO PIN: 0101495

Residential Address: MIRANDA Tel: 014037537 Email: desideria.hatandiko@gmail.com

Contract commencement date: 01/06/2025 Cessation date: 01/06/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NO CHANGE

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

PHYSICAL ADDRESS:

Plot No. _____ Street: _____ Ward: _____

District/Municipal: _____ Region: _____

POSTAL ADDRESS: _____ CONTACT No. _____

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. MWANAIDI ATHUMAN MTENGO Qualification: BUSINESSWOMAN
 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. CHANGE OF OWNERSHIP
 2. _____

SECTION D: APPLICANT INFORMATION

Name of Applicant: MWANAIDI ATHUMAN MTENGO
 (Contact/email if different from the above)
 Address: UPANDA Tel: 0954 233097 E-mail:
 Signature of Applicant: [Signature] Date: 2/7/2025

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: [Signature] Date: 2/7/2025

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)

Mwanaidi Athumani Mtengo
Mpanda Pharmacy
Soko Kuu-Kashaulili
MPANDA

4-Julai-2025

Msajili,
Baraza la Wafamasia Tanzania
S.L.P. 1277,
DODOMA.

Yah : BARUA YA UFAFANUZI KATIKA MAOMBI YA KIBALI YA MPANDA PHAMARCY

1. Tafadhali husika na somo tajwa hapo juu.
2. Mimi Bi. Mwanaidi Athumani Mtengo (NIDA Na: 19700310-63525-00001-18) ni mmiliki wa Mpanda Pharmacy iliyopo Mjini Mpanda, kata ya Kashaulili. Pharmacy hiyo imekuwa ikifanya Biashara kupitia Kibali Namba 00684-2025.
3. Wakati wa Usajili huo wa Kwanza, uliokuwa kwa kipindi cha Februari, 2025 hadi tarehe 30 Juni, 2025; kutokana na majukumu ikiwa ni pamoja na kumuuguza Mume wangu kwa kipindi kirefu sana kutokana na Ugonjwa usimamizi wa kazi za usimamizi wa ujenzi na Uanzishaji wa Pharmacy nililazimika kumtafuta mtu wa kusizisimamia. Hivyo, nilimwachia Msaidizi wangu **Bw. Gregory A. Matandiko** kusimamia shughuli za Usimamizi wa awali wa Ujenzi na Uanzishaji wa Pharmacy hiyo na hatimaye kupatikana kwa Leseni tajwa ambayo muda wake umeisha.
4. Kwa kipindi chote tangu kuanzishwa kwake, Mpanda Pharmacy iwekuwa chini ya Mfamasia Mwangalizi Bi. **Desideria Churchill Mchumaishoke** ambapo hivi sasa tupo katika mchakato wa kuhuisha (Renew) Kibali hicho ili kupata Kibali kwa mwaka huu mpya. Aidha, katika Mchakato huo wa kuhuisha Kibali, Ofisi yako imeelekeza tuweze kutoa ufafanuzi wa kwanini hapo awali mkataba wa kuomba kibali ulionyesha kuwa mmiliki ni **Bw. Gregory A. Matandiko** na si mimi Bi. Mwanaidi Athumani Mtengo.

5. Kwa barua hii, naomba kuthibitisha kuwa mimi **Bi. Mwanaidi Athumani Mtengo** ndiye mmiliki wa **Mpanda Pharmacy** na si **Bw. Gregory A. Matandiko** ambaye kama familia tulimpa jukumu la kusimamia kazi ya Ujenzi na kusimamia taratibu za awali za uanzishwaji tu wa Pharmacy hiyo. Hivyo, yeye si mmiliki na kutokana na kutekeleza majukumu tuliyompa kama familia, alisaini mkataba na nyaraka hizo kwa nia njema na kwa minajili ya kupata Kibali lakini mmiliki ni mimi **Bi. Mwanaidi Athumani Mtengo**. Aidha, pamoja na barua hii ninaambatisha Kiapo cha Kisheria cha **Bw. Gregory A. Matandiko** kuthibitisha suala hili.
6. Hivyobasi, kwa barua hii ninaomba Ofisi yako iridhie kutoa Kibali Kipya chini ya usimamizi wa Mfamasia wangu **Bi. Desideria Churchill Mchumaishoke** na kwamba **Mpanda Pharmacy** mmiliki wake ni mimi **Bi. Mwanaidi Athumani Mtengo**. Hakuna ugomvi, mvutano au ubishani wa aina yoyote juu ya suala hili na nitawajibika kuhusu taarifa hii ninayotoa popote pale nitakapotakiwa kuthibitisha.

..........
Mwanaidi Athumani Mtengo.

MMILIKI

MPANDA PHARMACY

0784 635 025/ 0738 262 568

JAMHURI YA MUUNGANO WA TANZANIA
KIAPO CHA USAJILI WA MPANDA PHAMARCY

Mimi **Bw. GREGORY MATANDIKO**, Mtu mzima, Mkristo na Mkazi wa Arusha, Tanzania na ninayepatikana kwa namba ya simu 0718 977 596 ninaapa kama inavyoonekana hapa chini:

1. **Kwamba**, kwa maelekezo ya mmiliki wa Mpanda Phamarcy, nilihusika katika zoezi la uanzishaji wa Pharmacy hiyo.
2. **Kwamba**, mchakato wa kuanzishwa kwa Pharmacy hiyo ulifanyika mwaka jana 2024.
3. **Kwamba**, Mmiliki wa Pharmacy hiyo ni Bi. Mwanaidi Athumani Mtengo anayeishi Masasi-Mtwara, Anuani yake ni S.L.P-236 Mpanda na anapatikana kupitia namba ya simu 0784 635 025 na 0738-262 568.
4. **Kwamba**, Mmiliki wa Pharmacy hiyo ni Mtanzania na Namba yake ya NIDA ni **19700310-63525-00001-18; Mwanaidi Athumani Mtengo**.
5. **Kwamba**, katika hatua za awali za uanzishwaji wa Phamarcy hiyo, nilipokea maelekezo ya kusimamia Uanzishwaji, Ujenzi na kuanza kufanya kazi Pharmacy hiyo ambapo nilifanya kazi nikiwa pamoja na Bw.Hussein Juma Kadari ambaye ni mume wa Mmiliki wa Pharmacy hii Bi. Mwanaidi Athumani Mtengo.
6. **Kwamba**, lengo la Kiapo hiki ni kuthibitisha kuwa Mmiliki halali wa Pharmacy ya MPANDA PHAMARCY ni Bi. Mwanaidi Athumani Mtengo kwani mimi kama wakala na msaidizi wa Uanzishwaji wa Pharmacy hiyo nimekamilisha jukumu langu.
7. **Kwamba**, ninaomba jina la mmiliki libadilishwe kusomeka Mwanaidi Athumani Mtengo kwani niliandika jina langu katika Mkataba wa tarehe 26 Novemba, 2024 baina ya Mpanda Phamarcy na Mfamasia

Bi.Desideria Churchill Mchumaishoke nikiwa kama msimamizi wa Kazi za Uanzishwaji wa Phamarcy hiyo na si kama mmiliki.

8. **Kwamba**, kwa kiapo hiki, ninaliomba Baraza la Wafamasia liridhie kutoa Kibali cha Mwaka 2025/2026 kwa MPANDA PHAMARCY chini ya umiliki wa Mwanaidi Athumani Mtengo baada ya kuisha Kibali Na.00684 - 2025.

Mimi, GREGORY MATANDIKO ninakula Kiapo hiki na kuthibitisha kwamba yale yote niliyoyasema na kuapa katika Aya ya 1,2,3,4,5,6,7 na 8 kuwa ni Ukweli mtupu na ninathibitisha haya kwa mujibu wa Sheria ya Viapo Sura ya 34 [Kama ilivyorejewa mwaka 2019].

AMEAPA hapa Arusha yeye mwenyewe

Bw. GREGORY MATANDIKO

ambaye nimefahamishwa na

ambaye ninamfahamu mimi binafsi

leo tarehe 04 Mwezi 07 2025

MTOA KIAPO

UTHIBITISHO WA KAMISHNA WA VIAPO:

JINA KAMILI: EMMAUEL SOOD

ANUANI: S. L. P. 165 PG ARUSHI

SAINI:

WADHIFA: WAKILI KAMISHNA WA VIAPO



WAKILI NA KAMISHNA WA VIAPO



TANZANIA

Form 5



No. 597666

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT MPANDA PHARMACY this 22nd day of FEBRUARY year 2025 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 597666 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 22nd day of FEBRUARY TWO THOUSAND AND TWENTY FIVE.



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.



TANZANIA



Extract date and time: 22/02/2025 16:32:18

Registration date and time: 22/02/2025 16:32:01

The Business Names (Registration) Act (Cap 213)

Extract from Register

1. Name of Business: MPANDA PHARMACY
2. Registration number: 597666
3. Principale Place of Business: Region Katavi, District Mpanda -CBD, Ward Kashaulili, Postal code 50106, Near Kashaulili primary School
4. Contacts: Email: mpandapharmacy@gmail.com Phone: 255715635025 P.O.Box 236
5. Business activity: 8620 - Medical and dental practice activities, Main activity
4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores, Main activity
4774 - Retail sale of second-hand goods
6. Propriator/Partners: MWANAIDI ATHUMANI MTENGO
7. Authorized to Operate Bank Account etc: MWANAIDI ATHUMANI MTENGO



Deputy Registrar Business Names

Information printed from the Register of Business Names 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 Business Name.



JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
THE UNITED REPUBLIC OF TANZANIA
CITIZEN IDENTITY CARD



19700310-63525-00001-18

JINA: MWANAI DIATHUMANI

Given Name

JINA LA MWISHO: MTENGU

Last Name

TAREHE YA KUZALIWA: 10 MAR 1970

Date of Birth

JINSI: F

Sex

SANTI:

Signature

Mtengu

MWISHO WA MATUMIZI: 24 FEB 2027

Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19700310635250000118

Kitambulisho cha Taifa ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhuswa
fukufanywa mabadiliko ya aina yoyote wala kumpata mtu ambaye hahuswa kukutumia. Kama
ikichosha au kuharibiwa lazima kambi lazima iolewe Kuo cha Polisi na Ofisi
ya NIDA au Ofisi ya Ubalaji ya Jamhuri ya Muungano wa Tanzania kyo 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.

Mmmma

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

CTIN: 1437508



TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION

FOR TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

MWANAI DIATHUMANI MTENGO

**HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER**

109-461-571

WITH EFFECT FROM: 20 FEBRUARY 2010

TRA LOCATION: KATAVI

TAX OFFICE: MPANDA

PHYSICAL LOCATION:

PLOT No. 0 BLOCK No. 0

STREET / AREA: KASHAULILI



**ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE**

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

TAX CLEARANCE CERTIFICATE

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

Licensing Authority; TIN : 111-395-446

MPANDA MUNICIPAL COUNCIL

KASIMBA

216

MPANDA

Tax Certificate Number:

551-0222-5760

Issuing Office: Katavi

Telephone:

Date of issue: 03 January 2025

Expiry Date: 31 December 2025

Taxpayer Name	MWANAIDI ATHUMANI MTENGO		
Trading Name			
Taxpayer Identification Number	109-461-571	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : KATAVI,
DISTRICT : MPANDA,
STREET : Kashaulili

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 auxiliary to financial service activities
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Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
03 January 2025



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.