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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: NISA PHARMACY FIN 0101323

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

PHYSICAL ADDRESS:

Plot No. 15 Street: MJI MPYA Ward UHURU

District/Municipal DODOMA Region: DODOMA

POSTAL ADDRESS: 600 Contact. No.

E-mail:

OWNERSHIP:

Directors (Names): 1. PROSPER PONGO Qualification: PHARMACIST

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: PETER JOHN NDAKA PIN: 0100582

Residential Address: SWASWA IPAGALA Tel: 0789801340 Email: peterndaka@gmail.com

Contract commencement date: 01/07/2024 Cessation date: 30/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NISA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 15 Street MJI MPYA Ward UHURU

District/Municipal DODOMA Region DODOMA

POSTAL ADDRESS: 600 CONTACT. No. 0742091556

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. JOYCE NDIMILA MANDAGO Qualification: BUSINESS
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: JOYCE NDIMILA MANDAGO

(Contact/email if different from the above)

Address: ILAZO Tel: 0786992252 E-mail: joycendimila33@icloud.com

Signature of Applicant ..... Date 25/07/2024

SECTION E: APPLICANT DECLARATION

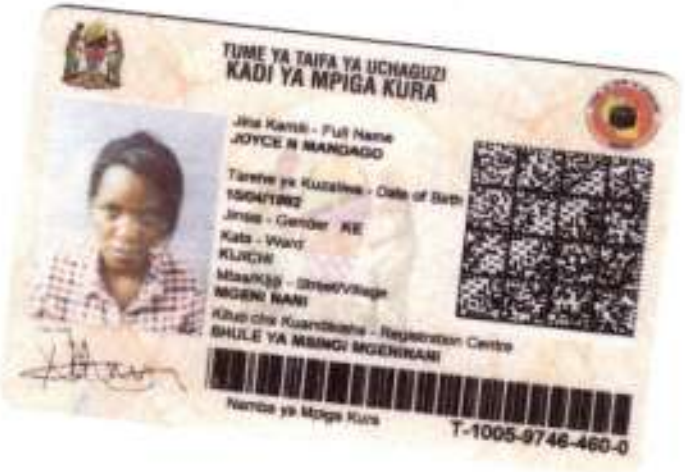
I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant..... Date .....

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)


TUME YA TAIFA YA UCHAGUZI
KADI YA MPIGA KURA
Jina Kamili - Full Name
JOYCE R MANGAGO
Tarehe ya Kuzaliwa - Date of Birth
Jinsia - Gender KE
Kata - Ward
KUKIWI
Mtaa/Kijiji - Street/Village
MGENI NANI
Kituo cha Kuandikisha - Registration Centre
SHULE YA MSINGI MGENINANI
Namba ya Mpiga Kura
T-1005-9746-460-0


KADI HII INAETOLEWA NA TUME YA TAIFA YA UCHAGUZI
MKURUGENZI WA UCHAGUZI

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101323

This is to certify that the premises owned by M/S ***Nisa Pharmacy*** of ***P.O. Box 11003, Dodoma*** located at ***Plot No. 15, Mji Mpya, Dodoma*** Municipality/District in ***Dodoma*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0101323***

Issued in: ***July 2017***

Expires on: ***30 June 2025***

11-09-2020

DATE:

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

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*
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	: **924207265638760**
Received from	: NISA 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 BUSINESS OWNERSHIP*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16216207243156623536
Payment Control Number	: ***991620265121***
Payment Date	: **2024-07-25 16:45:04**
Issued by	: Zena Mango
Date Issued	: 2024-07-25 16:48:45
Signature	: .....

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(Under Section 35 (1) of Pharmacy Act, 2011)

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1. PREMISES LOCATION ☐
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3. BUSINESS OWNERSHIP ☐

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: ..... FIN.....

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

PHYSICAL ADDRESS:

Plot No. ..... Street: .....Ward.....

District/Municipal.....Region: .....

POSTAL ADDRESS: .....Contact. No. .....

E-mail: .....

OWNERSHIP:

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

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

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

SUPERINTENDANT INFORMATION:

Full Name: .....PIN: .....

Residential Address: .....Tel: .....Email: .....

Contract commencement date: ..... Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: .....

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

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ..... PIN: .....

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Contract commencement date: ..... Cessation date .....

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Name of Applicant: .....

(Contact/email if different from the above)

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