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: NATHAN PHARMACY FIN 0103596

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

PHYSICAL ADDRESS:

Plot No. 365 Street: KABWE Ward RUANDA

District/Municipal MBEYA CITY Region: MBEYA

POSTAL ADDRESS: P O BOX 1189 Contact. No. 0756 588639

E-mail: jimchenerymichael@gmail.com

OWNERSHIP:

Directors (Names): 1. NOEL USWEGE MWITAMWA Qualification: OWNER

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

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

SUPERINTENDANT INFORMATION:

Full Name: JOHN MICHAEL PIN: 0102466

Residential Address: GOMBE-KASKAZINI Tel: 0752238950 Email: jimchenerymichael@gmail.com

Contract commencement date: 06/06/2025 Cessation date 07/06/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: .....

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

PHYSICAL ADDRESS:

Plot No. PR 218 Street BENKI Ward RUANDA

District/Municipal MBEYA CC Region MBEYA

POSTAL ADDRESS: 1189 MBEYA CONTACT. No. 0756 588639

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:.....

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

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

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. The ~~prem~~ previous premises location was sold to a new owner who has decided to terminate the lease agreement with tenants
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: NOEL USWEGE MWAKABWA

(Contact/email if different from the above)

Address: P O Box 1189 MBEYA Tel: 0756 588639 E-mail: j.mchenry michael@gmail.com

Signature of Applicant..... N. Uwege .....Date..... 05/06/2025

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..... N. Uswege ..... Date ..05/06/2025

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)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 100-929-481
NMB BANK PUBLIC LIMITED COMPANY
OHIO/ALI HASSAN MWINYI RD
9213
DAR ES SALAAM

Tax Certificate Number: **231-0195-3371**

Issuing Office: Mbeya
Telephone: 025 2502165
Date of issue: 01 March 2024
Expiry Date: 31 December 2024

Taxpayer Name	**NOAH USWEGE MWAKAMISA**		
Trading Name	**NATHANNOEL PHARMACY**		
Taxpayer Identification Number	**109-073-245**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MBEYA,
DISTRICT : MBEYA,
STREET : KABWE

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 pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
01 March 2024

Disclaimer :

1. This certificate is issued free of charge

MKATABA WA KUPANGISHANA ENEO LA KUFANYIA KAZI

Makubaliano haya yamefanyika:

Siku ya tarehe 26 **mwezi** 07 **Mwaka** 2024

Ndugu MAULIDI M. MWANGALA **wa S.L.P** .....
Ambaye katika mkataba huu anajulikana kama **MPANGISHAJI.**

NA

Ndugu Noel Uswege Mwakamiki **wa S.L.P** 1127, MBEYA
Ambaye katika Mkataba huu anajulikana kama **MPANGAJI**

KWA MAKUBALIANO:

a) Mpangaji amelipa shilingi 9,600,000 kwa kipindi cha miaka Miwili kwa mkupuo ikiwa ni malipo ya vyumba 2 vilivyopo KABWE mtaa wa BANK

b) Mpangaji atalazimika kuwa mlinzi wa mali zake bila kumhusisha mpangishaji.

c) Mpangaji atatakiwa kugharamikia huduma ya nishati ya umeme kulingana na makubaliano watakayo jiwekea yeye .

d) Pia taarifa (NOTICE) inayohusiana upangaji katika mkataba huu itakua ni kwa njia ya maandishi;

e) Mkataba huu ni endelevu.

Kwa kuthibitisha mkataba huu kwa pande zote zinaweka sahihi zao kwa makubaliano yote yaliyoandikwa kwenye mkataba kwa hiari yao.

- JINA LA MPANGISHAJI MAULID M. MWANGALA SAHIHI M. Mwangala
  TAREHE 26/07/2024 SIMU NA 0685 429069/0744708 445
- SHAHIDI WA MPANGISHAJI Juliana Shuga SAHIHI Shuga
  TAREHE 27/7/2024 SIMU NA 071888853
- JINA LA MPANGAJI Noel Uswege Mwakamiki SAHIHI N Uswege
  TAREHE ..... SIMU NA 0756-588639
- SHAHIDI WA MPANGAJI NASHON-MKOMOLE SAHIHI N MKOMOLE
  TAREHE 27/07/2024 SIMU NA 0753869793

CTIN: 0580450

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

NOEL USWEGE MWAKAMISA

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

109-073-245

WITH EFFECT FROM: **19 November 2009**

TRA LOCATION: **MBEYA** TAX OFFICE: **MBEYA**

PHYSICAL LOCATION:

STREET / AREA: **FOREST MPYA**

ELIJAH G. MWANDUMBYA

OFFICIAL SEAL

COMMISSIONER FOR DOMESTIC REVENUE

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

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300272

This is to certify that the premises owned by M/S ***Nathan Pharmacy*** of ***P.O.Box 1189, Mbeya*** located at ***Plot No. 365, Kabwe Street, Mwanjelwa, Ruanda, Mbeya*** Municipality/District in ***Mbeya*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300272***

Issued in: ***August 2015***

28-08-2019

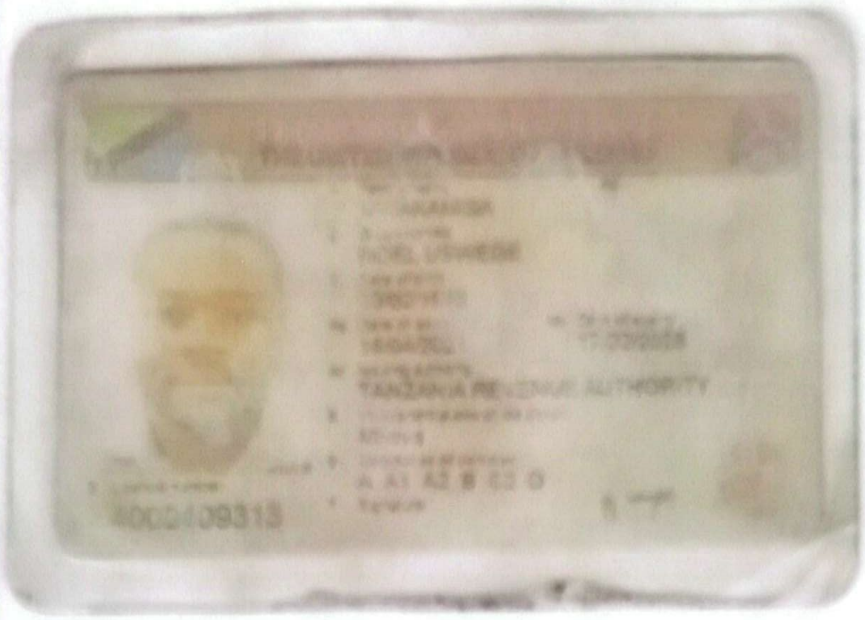
DATE:

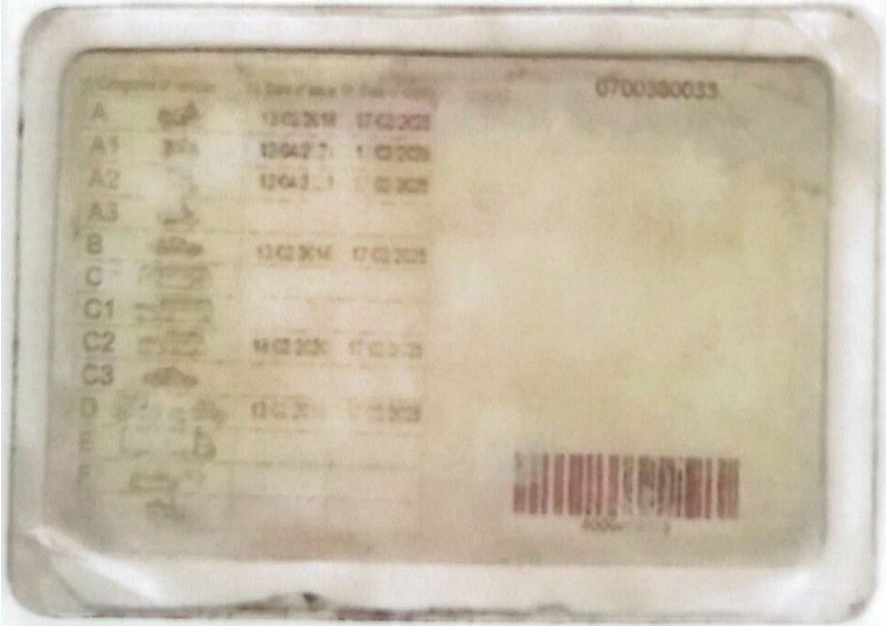
SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR PHARMACY COUNCIL P.O. BOX 31818 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*





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925156337323407**
Received from	: NATHAN 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**
: *142202540317 - Application for change of premises-Location - 16209156254147827701*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16209156254147827701
Payment Control Number	**: *991620308184***
Payment Date	**: 2025-06-05 16:54:20**
Issued by	: sharoon Muro
Date Issued	: 2025-06-06 09:34:52
Signature	: .....

TANZANIA

Form 5

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 566055

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **NATHANNOEL PHARMACY** this **21st** day of **FEBRUARY** 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 **566055** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **21st** day of **FEBRUARY TWO THOUSAND AND TWENTY FOUR.**

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.

Form 21

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Extract date and time: 21/02/2024 15:00:30
Registration date and time: 21/02/2024 15:00:15

The Business Names (Registration) Act (Cap 213)

Extract from Register

1.	**Name of Business:**	**NATHANNOEL PHARMACY**
2.	**Registration number:**	**566055**
3.	**Principale Place of Business:**	Region Mbeya, District Mbeya CBD, Ward Ruanda, Postal code 53114, Kabwe karibu na stendi ya kabwe
4.	**Contacts:**	Email noeluswege10@gmail.com, Phone 0756588639, P.O.Box 1189
5.	**Business activity:**	4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores, Main activity
6.	**Propriator/Partners:**	NOAH USWEGE MWAKAMISA
7.	**Authorized to Operate Bank Account etc:**	NOAH USWEGE MWAKAMISA

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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

HATI YA KIAPO CHA KUTHIBITISHA MAJINA

Mimi NATHAN NOEL PHARMACY Na S. L. P –

Naapa kama ifuatavyo:-

Mimi ni mkazi wa eneo la .... FOREST MPYA

Kwamba mimi nina majina **MAWILI** na majina yote ninayatumia na ni mtu mmoja majina hayo ni·

1. NATHAN NOEL PHARMACY
2. NOEL UJWEGE MWAKAMWA

Kwa sasa nataka nitumie jina moja ambalo ni

NATHAN NOEL PHARMACY

Kwamba nimethibitisha kuwa jina ni langu, nikiwa na akili timamu bila ya kulazimishwa na mtu yeyote.

Nathan

SAHIHI YA MUAPAJI

Kiapo hiki kimethibitishwa mbele yangu .....

Leo Tarehe 26 Mwezi 02 Mwaka 2024

.....

HAKIMU

MAHAKAMA YA MWANZO MJINI-MBEYA

HAKIMU MKA-I
MAHAKAMA YA MWANZO
MJINI

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925157337625455**

Received from : NATHAN PHARMACY

Amount : 150,000.00

Amount in Words : One Hundred Fifty Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: *142201410183 - Registration Retail Pharmacy - 16216157254052228972*	**150,000.00**	
	Total Billed Amount :	**150,000.00 (TZS)**

Bill Reference : 16216157254052228972

Payment Control Number : ***991620308701***

Payment Date : **2025-06-06 17:14:07**

Issued by : sharoon Muro

Date Issued : 2025-06-09 08:16:04

Signature : .....