PCF.14

PHARMACY COUNCIL



APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,

	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: IAPLIME PHARMAY FIN. O 300 25/
	TYPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
	PHYSICAL ADDRESS: Plot No. 12 Street: WHURU Ward BOMAN! District/Municipal PTARI ME Region: MARA POSTAL ADDRESS: P. O. BOX 5050 M2A Contact. No. 0759405045 E-mail: Job Kahamba@ Jahoo. Com
	OWNERSHIP: Directors (Names): 1 Job BATALYAN (A Qualification: PHARMACUST) 2 Job Bat Alyan Qualification: Qualification: Qualification:
1	SUPERINTENDANT INFORMATION: Full Name: JANUARY M. SIMULA PIN: 0102316 Residential Address: MUS om A Tel: 076458407 Email: manages is include gond, and contract commencement date: 01 JUY 2023. Cessation date: 30/06/2029
S	NAME OF THE NEW PREMISES: TARIME PHARMACY
D	NAME OF THE NEW PREMISES: 1717-1700 1177-1700
T	YPE OF BUSINESS: Retail Pharmacy Wholesale Pharmacy Warehouse
PDP	OSTAL ADDRESS: POBOX SOFO HZA CONTACT. No. 0759405045

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)
Directors (Names): 1. JOB BATAKYANGA Qualification: PHARMACIST
2 TOE BATAKYANGA Qualification: BUSNES ADOMNSTATION
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. Additional of new partner after Share distributions
2.
SECTION D: APPLICANT INFORMATION
Name of Applicant: JOB JONATHAN BATARY ANGA
Name of Applicant: (Contact/email if different from the above) Address: (Contact/email if different f
SECTION E: APPLICANT DECLARATION .O.BOY FOR
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
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- 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)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No.

: 923349220678562

Received from

: Tarime 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

100,000.00

change of name/ ownership -

Change of Ownership

Total Billed Amount:

100,000.00 (TZS)

Bill Reference

: 16211349232023949036

Payment Control Number : 991620228412

Payment Date

: 2023-12-15 12:40:59

Issued by

: Beatuss Mpogoza

Date Issued

2023-12-15 12:43:02

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN:

105-910-576

TARIME DISTRICT COUNCIL

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TARIME

Tax Certificate Number:

531-0168-7105

Issuing Office:

Geita

Telephone:

0252520042

Date of issue:

24 May 2023

Expiry Date:

31 December 2023

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Taxpayer Name	JOB JONATHAN BATAKYANGA TWEYAMBE PHARMACY		
Trading Name			
Taxpayer Identification Number	100-373-491	Vat Registration Number	
Company Registration Number			

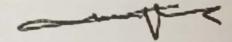
Business Premises located at :

REGION : GEITA, DISTRICT : GEITA, STREET : KATORO

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

2 Retail sale of hardware, paints and glass in specialized stores



HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE
24 May 2023



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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.

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PARTNERSHIP DEED

THIS DEED made on this. 1st day of NOVEMBER 2023

BETWEEN

MR JOB JOMATHAN BATAKYANGA P. O. Box 5050

Mwanza-Tanzania

FIRST PARTNER

AND

MR JOE KAHAMBA BATAKYANGA

P. O. Box 5050 Mwanza-Tanzania SECOND PARTNER

WHEREAS: the said PARTNERS have agreed to do the business upon on terms and conditions hereinafter appearing.

IT IS HEREBY AGREED AS FOLLOWS:

- 1. PARTNERSHIP: The Partners do form such a Partnership, the terms of which, save as is expressly or impliedly set down herein below, shall be governed by the Law of Contract (Cap. 345 RE 2019).
- 2. NAME: The name of the Partnership (hereinafter referred to as "the Partnership) shall be called TARIME PHARMACY.
- 3. NATURE OF BUSINESS: The business of the Partnership shall consist of: PHARMACY
- 4. PLACE OF BUSINESS: , The business of the Partnership shall be carried at Tarime District maintain its official address 5050 MWANZA
- 5. COMMENCEMENT OF BUSINESS: the said PARTNERS will become and remain Partners for the term of two years under the style of TARIME PHARMACY from 01st of October, 2023 up to 31 September 2025 subject to review and renewal upon agreed by the partners on the agreed duration.
- 6. BANKING AND SIGNING OF CHEQUE:

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AMENDMENT: This agreement may be amended by mutual agreement of the Partners. IN WITNESS WHEREOF the Parties hereto have executed these presents in the manner and on the dates hereinafter appearing. SIGNED and DELIVERED by the said Jos. J. Butchy who is known to me personally/has been identified to me by.....the latter being known to me personally in my presence this. Anday of No. 2023. 1ST PARTNER BEFORE ME: Name: DAVID LWEYEMAMU RWECHUNGURA Signature:.. Address: 11318 MWANZA Qualification: COMMISSIONER FOR OATHS SIGNED and DELIVERED by the said to me personally/has been identified to me by.....the latter being known to me personally in my presence this Att. day of . NOV ... 2023. 2ND PARTNER BEFORE ME: Name: DAVID LWEYEMAMU RWECHUNGUR Signature:.... Address:11318 MWANZA Qualification: COMMISSIONER FOR OATHS. PREPARE BY:

PARTNERS

15.

IAMHURI YA MUUNGANO WA TANZANIA KITAMBULISHO CHA TAIFA THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19641024-33116-00001-22

BE : JOB JONATHAN

Given Name JINA LA MWISHO : BATAKYANGA

Last Albine

TAREHE YA KUZALIWA: 24 OCT 1964

Dade of Birth

MASSIE : ME

Sex

SAIM:

Signeture

MINISHO WA MATUMIZI:

Expiry Date



ED REPUBLIC OF TAXE AND CITIZEN SERVICES CARD

1024331160000122

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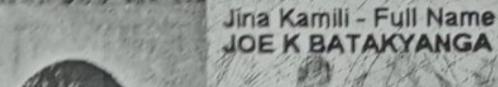
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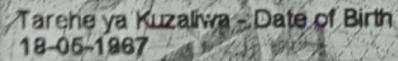
> DIRECTOR GENERAL MACIONAL IDENTIFICATION AUTHORITY



TUME YA TAIFA YA UCHAGUZI KADI YA MPIGA KURA







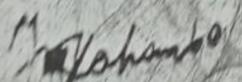
Jinal - Sex ME

Kata - Ward

Mtaa/Kijiji - Street/Village

Kituo cha Kuandikisha Registration Centre ENEO LA WAZI MAIRO BAR







Namba ya Mpiga Kura //

T-1006-8500-756-2