



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925176342578717

Received from : KILINOVA PHARMACY

Amount : 200,000.00

Amount in Words : Two 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 BUSSINESS OWNERSHIP FEE		100,000.00
: 142202540104 - Application for change of name/ ownership - CHANGE OF BUSSINESS NAME FEE		100,000.00

Total Billed Amount : 200,000.00 (TZS)

Bill Reference : 16210176250843898637

Payment Control Number : 991620312408

Payment Date : 2025-06-25 10:29:51

Issued by : Timotheo Ngoda

Date Issued : 2025-07-02 13:08:59

Signature : 

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: KILINOVA PHARMACY FIN 0103577
 TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 397 Street NGIRO BLOCK C Ward ENGUTOTO
 District/Municipal ARUSHA DC Region ARUSHA

POSTAL ADDRESS: Box 11403 Contact No. 0747888890

E-mail: dr.beahize byoma@gmail.com

OWNERSHIP:

Directors (Names): 1. BEATRICE VEDATO BYOMA Qualification: MEDICAL DOCTOR
 2. RONALD RWANKANGI Qualification: BUSINESS CONSULTANT
 3. _____ Qualification: _____

SUPERINTENDANT INFORMATION:

Full Name: ABDURAZACK HUSSEIN PIN: 0103534
 Residential Address: ARUSHA Tel: 0767249799 Email: abdurazackh7@gmail.com
 Contract commencement date: 18/6/2025 Cessation date: 18/6/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: ATMAN PHARMACY
 TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 397, Block C Street BLOCK C I Ward Engutoto
 District/Municipal ARUSHA DC Region ARUSHA
 POSTAL ADDRESS: P.O. Box, Arusha CONTACT No. 0719888988

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. SALMA KILFO MPINGA Qualification: DIRECTOR
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. Because we agreed to sell the pharmacy
2.
3.

SECTION D: APPLICANT INFORMATIONName of Applicant: SALMA KILFO MPINGA

(Contact/email if different from the above)

Address: Tel: 0719886988 E-mail: Sumaiya-rambo@yahoo.comSignature of Applicant: Sall Date: 18/06/2025**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: Sall Date: 18/06/2025**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 : 101-916-995

ARUSHA CITY COUNCIL

MANISPAA

3013

ARUSHA

Tax Certificate Number:

151-0238-6122

Issuing Office: Arusha

Telephone: 027-2502946

Date of issue: 24 June 2025

Expiry Date: 31 December 2025

Taxpayer Name	KILINOVA HEALTH COMPANY LIMITED		
Trading Name			
Taxpayer Identification Number	178-459-627	Vat Registration Number	
Company Registration Number	1784597		

Business Premises located at :

REGION : ARUSHA,

DISTRICT : ARUSHA,

STREET : NANE NANE

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	Hospital activities
2	Medical and dental practice activities

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

24 June 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.

MKATABA WA MAUZIANO YA DUKA LA DAWA (PHARMACY)

Mkataba huu umefanyika Leo hii tarehe...18...Mwezi06....., Mwaka 2025

BAINA YA

KILINOVA HEALTH COMPANY LIMITED ikiwakilishwa na BEATRICE VEDASTO BYOMA mwenywe nida namba 19870125-23114-00001-14 Wa Arusha, Njiro Engutoto (ambaye atajulikana kama "MUUZAJI") kwa upande mmoja.

NA

Bwana SULEMAN YUSUPH SHEMLUGU mwenye nida namba 19860224-141332-00002-27 na Bibi SALMA KILEO MPINGA mwenywe nida namba 19901001151080000516 amabao ni mke na mume wa Arusha, Tanzania.(ambao watajulikana kama "WANUNUZI") kwa upande mwingine.

AMBAPO PANDE ZOTE MBILI ZIMEKUBALIANA KAMA IFUATAVYO:-

1. Kwamba, BEATRICE VEDASTO BYOMA akiwa na akili timamu bila kushurut- ishwa na mtu anakiri kuuza duka la dawa na makabati vilivyomo kwenye duka kwa Ndugu Bwana SULEMAN SHEMLUGU na Bibi SALMA KILEO MPINGA kwa pesa ya kitanzani Shilingi **Milioni tano tu (5,000,000/=)**
2. Pande zote zinakubaliana kwamba pesa za kitanzania shilingi **5,000,000/= (Milioni tano) tu** zitalipwa siku ya kusini mkataba huo na duka na makabati yaliyopo dukani yatakabidhiwa kwa wanunuzi siku ya kusini mkataba
3. Kwamba pande zote mbili zimekubaliana na kufikia Makubaliano ya kuandika mkataba
4. Kwamba pande zote mbili zimejiridhisha juu ya mauziano na kuridhia bila kuwa na pigamizi lolote
5. Kwamba mkataba huu ni mkataba wa uaminifu.
7. Kwamba mkataba huu unatafsiriwa kwa Sheria za Jamhuri ya Muungano wa Tanzania na Kwamba upande wowote utakaovunja mashariti ya mkataba huu, hatua za kisheria zita- chukuliwa dhidi yake.

HIVYO BASI Kwa kuthibitisha hayo hapo juu pande zote mbili zimeridhika zimekubali- ana kuweka saini zao zikiwa na akili timamu bila kushurutishwa/kushawishiwa/ku- lazimishwa na MTU yeyote yule.

Leo hii tarehe.....18..... Mwezi.....06.....2025

UMESAINIWA na KUWASILISHWA na

KILINOVA PHARMACY COMPANY LIMITED

ukiwakilishwa na Beatrice Vedasto Byoma ambaye
namfahamu binafsi/ametambulishwa

natarehe 18..... mwezi 06..... 2025

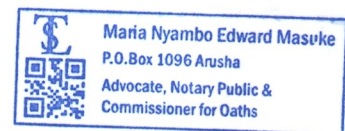
ByBa.
MUUZAJI

MBELE YANGU

Jina.....MARIA NYAMBO EDWARD MASUKE

Saini.....

Cheo WAKILI



UMESAINIWA na KUWASILISHWA

na Bwana Suleman Yusuph Shemlugu

na bi Salma Kileo Mpinga

ambaye namfahamu/ ametambulishwa kwangu

na leo hii

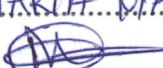
tarehe18..... mwezi06..... 2025

S. Shemlugu
MNUZUZI

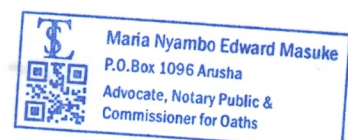

MNUZUZI

MBELE YANGU

Jina.....MARIA NYAMBO EDWARD MASUKE

Saini.....

Cheo WAKILI





TANZANIA

Form 5



No. 604051

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **AYMAN PHARMACY** this 7th day of **MAY** 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 **604051** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 7th day of **MAY 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.



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



19870125-23114-00001-14

JINA : BEATRICE VEDASTO

Given Name

JINA LA MWISHO : BYOMA

Last Name

TAREHE YA KUZALIWA : 25 JAN 1987

Date of Birth

JINSI : F

Sex

SAINI:

Signature

MWISHO WA MATUMIZI : 25 FEB 2030

Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19870125231140000114

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kufanya mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikiptea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo 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.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



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



19901001-15108-00005-16

JINA : SALMA KILEO
Given Name

JINA LA MWISHO : MPINOA
Last Name

TAREHE YA KUZALIWA : 01 OCT 1990
Date of Birth

JINSI : F
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : 15 APR 2031
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



19901001151080000516

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanya mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

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DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103577

This is to certify that the premises owned by M/S Kilinova Pharmacy of P.O Box, Arusha located at Plot No 397 Block C Njiro, Engutoto, Arusha jiji, Arusha Municipality/District in Arusha Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103577

Issued in: March 2025

Expires on: 30 June 2030

17-04-2025

DATE:

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

