



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925178343436231**

Received from : JANGO 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		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16215178253649470194

Payment Control Number : **991620313384**

Payment Date : **2025-06-27 15:39:57**

Issued by : Zena Mango

Date Issued : 2025-06-30 08:58:57

Signature :

Government Payment Gateway © 2017 All Rights Reserved (GePG)

991620313384

PCF.14

PHARMACY COUNCIL



Alipie 100,000/h
Maga
27/6/2025

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: TANGO PHARMACY FIN: 0103012

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

PHYSICAL ADDRESS:

Plot No. - Street: MACHIMBO STREET Ward: MBEZI

District/Municipal: UBUNGO Region: DAR ES SALAAM

POSTAL ADDRESS: DSM 4147 Contact No. 0713 833529

E-mail: magesa.alexj@gmail.com

OWNERSHIP:

Directors (Names): 1. Alex Magesa Qualification: Owner

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: Magesa Mafuru PIN: 0100634

Residential Address: DSM Tel: 0743917172 Email:

Contract commencement date: 2025 Cessation date: 2028

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TANGO PHARMACY

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

PHYSICAL ADDRESS:

Plot No. - Street: MACHIMBO STREET Ward: MBEZI

District/Municipal: UBUNGO Region: DAR ES SALAAM

POSTAL ADDRESS: 4147 DSM CONTACT No. 0713 833529

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ALEX MAGESA Qualification: PHARMACEUTICAL TECHNICIAN
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: NA PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date:

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. TO CHANGE OWNER'S PROFESSION FROM TO PHARMACEUTICAL PERSONEL PROFESSION
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: ALEX MAGESA

(Contact/email if different from the above)

Address: DSM Tel: 0713833529 E-mail: magesalexj@gmail.com

Signature of Applicant: Alex Date: 27/06/2025

SECTION E: APPLICANT DECLARATION

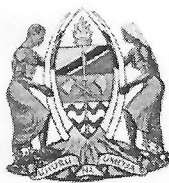
I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: Alex Date: 27/06/2025

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)



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



**DECLARATION FORM FOR PHARMACY OWNERS WHO ARE
PHARMACEUTICAL PERSONNEL**
(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☐ Pharm. Technician ☒ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☐

I ALEX MAGESA with Personal Identification Number (PIN) 0406720 of Year 2023, residing at UBUNGO district, in DAR ES SALAAM Region, Hereby declares that:

I am a Sole proprietor/~~shareholder~~ of pharmaceutical business named JANGO PHARMACY, with Facility Identification Number (FIN) 0103012 of year 2022, located at UBUNGO District, DAR ES SALAAM Region with a Business Tax Identification Number (TIN) 114 422 754 (TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being subjected to a professional misconduct.

Phone: 0713833529 Email Address: magesa.alex.j@gmail.com

Signature: Alex Date: 27/06/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy. In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect. 26 of The Pharmacy Act No. 1 of 2011)

I Heroby Certify that

ALEX MADESA

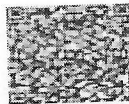
PIN NO: 0406720

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311
is entitled to practice as a Pharmaceutical Technicians upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued: 12 May 2023

Expires on 31 December 2025

Registrar
Pharmacy Council





F.58

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

00005885

CERTIFICATE OF ENROLLMENT

(Section 25 of the Pharmacy Act, CAP.311)

Enrollment
PIN. 0406720
Date 12th May, 2023
Place DodomaEnrollment
PIN. 0406720
Date 12th May, 2023
Place Dodoma

Name Alex Magesa

*I hereby certify that the following is a true extract from the entry in the roll relating to enrolled pharmaceutical Technician details in respect of whom are set out below.

Enrollment		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0406720	12th May, 2023	31st May, 1987	Tanzanian	P.O. Box Dax es Sabaam	Diploma in Pharmaceutical Sciences	Paradigms Institute Dax es Sabaam 2022

Date 02nd June 2023

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmaceutical Technicians will be published in the list of Pharmaceutical Technicians published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue enrollment.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 03012-2024


This Permit is hereby granted to M/S Jango Pharmacy of P.O. Box 4147, Dar es salaam to operate a Retail Only Business at the premises situated/lying between Machimbo Street, Mpiji Magoe, Mbezi Ward - Ubungo Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0103012 under a superintendent Pharmacist Magesa Mafuru with Personal Identification Number (PIN) 0100634

Issued in: February 2024

Expires on: 30 June 2025

21-08-2024

DATE:


SIGNATURE OF REGISTRAR

CONDITIONS

1. This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit
5. The permit is non transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated



CTIN: 2254818



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

ALEX MULAGWA MAGESA

T/A JUNGLEMAN INVESTMENT

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

114-422-754

WITH EFFECT FROM: 16 FEBRUARY 2012

TRA LOCATION: KINONDONI

TAX OFFICE: KIMARA

PHYSICAL LOCATION:

STREET / AREA: MSAKUZI



ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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

JANGO PHARMACY,
P.O.BOX- DSM.
DAR ES SALAAM.

27TH JUNE 2025

REGISTRAR,
PHARMACY COUNCIL,
P.O.BOX 1277,
DODOMA.



Dear Registrar,

RE: REQUEST FOR UPDATING JANGO PHARMACY'S OWNER PROFESSION TO PHARMACEUTICAL
PERSONNEL

I Alex Magesa with enrollment PIN 0406720, I am the owner of JANGO PHARMACY located at Machimbo, Mpiji Magoe, Ubungo in Dar e salaam with FIN 0103012. With this letter, I have attached the copy of my License to practice and the enrollment certificate.

Kindly update this information to Jango Pharmacy account as per current situation it shows that the owner is not a pharmaceutical profession which causes increase of cost during renewal of permits.

I hope these changes will effect immediately so that we can proceed with the renewal of permits in time.

Thanks for your support and I hope for the continuance of the same now and in future.

Regards,

Alex Magesa,
Owner of Jango Pharmacy,
+255 713833529.