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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: ELOHIM PHARMACY FIN: .....TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 01 Street: MSI MPYA Ward: UHURUDistrict/Municipal: DODOMA Region: DODOMAPOSTAL ADDRESS: 904 Contact No. 0767-444599

E-mail: .....

**OWNERSHIP:**Directors (Names): 1. BARAKA NYAULINGO Qualification: PHARMACIST

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

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

**SUPERINTENDANT INFORMATION:**Full Name: BARAKA NYAULINGO PIN: .....Residential Address: DODOMA Tel: 0767-444599 Email: .....Contract commencement date: 1<sup>st</sup> MARCH, 2023 Cessation date: 30<sup>th</sup> FEB, 2024**SECTION B: PROPOSED CHANGES:**NAME OF THE NEW PREMISES: JOHID PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. 01 Street: MSI MPYA Ward: UHURUDistrict/Municipal: DODOMA Region: DODOMAPOSTAL ADDRESS: 2438 CONTACT No. 0755-231784

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. DAVID BIKULAKO Qualification: PHARM TECH
2. Qualification:
3. Qualification:

**SUPERINTENDANT INFORMATION (IF DIFFERENT FROM PREVIOUS ONE)**

Full Name: DEUSDEDITH PETER MUDITA PIN: 0103566

Residential Address: DODOMA Tel: 0759716842 Email: deus.peter9@gmail.com

Contract commencement date: 01/03/2024 Cessation date: 28/02/2025

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

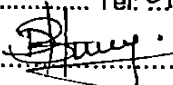
1. CHANGE OF OWNERSHIP
2. CHANGE OF BUSINESS NAME

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: DAVID JOHN BIKULAKO


(Contact/email if different from the above)

Address: 2438 Tel: 0755-231784 E-mail: dbikulako12@gmail.com

Signature of Applicant:  Date: 30/04/2024

**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: 30/04/2024

**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 : 101-221-490

MKURUGENZI WA JIJI DODOMA

SALAMA

1249

DODOMA

Tax Certificate Number:

161-0173-9856

Issuing Office: Dodoma

Telephone: 026 232220 12

Date of Issue: 10 July 2023

Expiry Date: 31 December 2023

Taxpayer Name	DAVID JOHN BIKULAKO		
Trading Name			
Taxpayer Identification Number	124-913-977	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : DODOMA,

DISTRICT : DODOMA,

STREET : Mji mpya

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	Other retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores
2	Other retail sale not in stores, stalls or markets

HERBERT M.T. KABYEMELA  
COMMISSIONER FOR DOMESTIC REVENUE

10 July 2023



### 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.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924121247121278

Received from : JOMID 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
: 142201611413 - Miscellaneous Receipts - MISCELENEOUS	200,000.00	

**Total Billed Amount : 200,000.00 (TZS)**

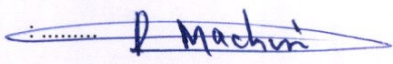
Bill Reference : 16215121241410642997

Payment Control Number : 991620244116

Payment Date : 2024-04-30 15:22:26

Issued by : Zena Mango

Date Issued : 2024-04-30 15:32:04

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

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

**19920801-41208-00002-27**

**JINA LA KWANZA : DAVID**  
 First Name

**JINA LA KATI : JOHN**  
 Middle Name

**JINA LA MWISHO : BIKULACO**  
 Last Name

**JENSI : M**  
 Sex

**MAWISHO WA MATAMBO : 25 JUL 2025**  
 Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

**19920801-41208-00002-27**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huhusishwa kufanya mabadiliko ya aina yoyote wala kumpatia mtu ambaye hazuhusini kadhania. Kama kupotea au kuhambiwa taarifa kama lazima iolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalazi 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.

**Issued By :**

DIRECTOR GENERAL  
 NATIONAL IDENTIFICATION AUTHORITY