Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925030307214982**
Received from	: KIGEX 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 - 1*		**200,000.00**
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16208030252250628886
Payment Control Number	**: *991620297737***
Payment Date	**: 2025-01-30 08:25:46**
Issued by	: Zena Mango
Date Issued	: 2025-01-30 08:28:08
Signature	:

PHARMACY COUNCIL

99162029737 Alipie 200,000/=

PCF.14

PHARMACY COUNCIL

Alteration of name & ownership.

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: KIGEX PHARMACY FIN. 0103017

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

PHYSICAL ADDRESS:

Plot No. ..... Street: MAZIZINI Ward. UKONGA

District/Municipal. ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: ..... Contact. No. 0655 713848

E-mail: .....

OWNERSHIP:

Directors (Names): 1. Grace Mkumbuna Qualification: Entrepreneur.

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

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

SUPERINTENDANT INFORMATION:

Full Name: KANEZA NGENDABANKA PIN: 010180D

Residential Address: DSM. Tel: 0785202417 Email: evekaneza25@gmail.com

Contract commencement date: 01-02-2025 Cessation date. 31-01-2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: HOLSA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. ..... Street. MAZIZINI Ward. UKONGA

District/Municipal. ILALA Region DSM

POSTAL ADDRESS: ..... CONTACT. No. 0656 606635.

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Hoisa Gloria H. Kishimbo Qualification: Pharmaceutical Diploma Student.
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. Selling of Pharmacy.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: HOISAGLORIA HUMPHERY KISHIMBO

(Contact/email if different from the above)

Address: UKONGA Tel: 0656606635 E-mail: hoisaglorykishimbo@gmail.com

Signature of Applicant Kishimbo. Date 29/01/2025

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 Kishimbo. Date 29/01/2025

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)

CTIN: 2109164

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

HOISAGLORIA HUMPHERY KISHIMBO

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

152-109-644

WITH EFFECT FROM: **31 MAY 2021**

TRA LOCATION: **ILALA**

TAX OFFICE: **BUGURUNI**

PHYSICAL LOCATION:

STREET / AREA: **MAZIZINI**

ALFRED T. MREGI
COMMISSIONER FOR DOMESTIC REVENUE

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

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SALAAM

Tax Certificate Number: **121-0196-9622**

Issuing Office: Ilala
Telephone: 022-2863190
Date of issue: 14 March 2024
Expiry Date: 31 December 2024

Taxpayer Name	GRACE GEORGE MKUMBURU		
Trading Name			
Taxpayer Identification Number	120-617-478	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MJINI MAGHARIBI,
DISTRICT : ILALA,
STREET : TABATA SEGEREA-MIGOMBANI

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 new goods in specialized stores

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
15 March 2024

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 DAWA NA SAMANI ZILIZOMO NDANI YA KIGEX PHARMACY

Mimi **GRACE GEORGE MKUMBURU**, mmiliki wa **KIGEX PHARMACY**, kwa hiari yangu mwenyewe, namuuzia Ndugu **GLORY KISHIMBO** Dawa, Vipodozi na Samani zote zilizomo ndani ya Duka langu la Dawa liitwalo **KIGEX PHARMACY** lililopo **Mazizini, Ukonga, Dar es Salaam**.

Makubaliano:

(A) Dawa na Vipodozi thamani yake ni **Tshs. 15,000,000/=**

(B) Samani zilizomo ni Shelf, Counter, Meza (2), Viti (3), kochi (1), TV (1), Air Condition (1), Fire Extinguisher (1), Ngazi (1) vyote hivi thamani yake ni **Tshs. 10,000,000/=** FREJI 1

(C) Pia nimemuachia vibali vyangu vya **KIGEX PHARMACY** atumie kwa muda wa mwezi mmoja kuaniza leo siku ya kusaini mkataba huu.

(D) Ndugu **GLORY KISHIMBO** amelipa **Tshs. 22,000,000/=** kama malipo ya awali na pesa iliyobaki ambayo ni **Tshs. 3,000,000/=** atailipa ndani ya ~~mwezi mmoja~~ MIEZI 2 kuanzia leo.

Makubaliano haya yamefanyika leo Tarehe: 18/01/2025

Mbele ya Mashahidi wafuatao:-

(1) GRACE GEORGE MKUMBURU
MUUZAJI 0655 713848

(2) SHADRACK KISANYA NYAKIRE
SHAHIDI WA MUUZAJI ..... – 0754 682798

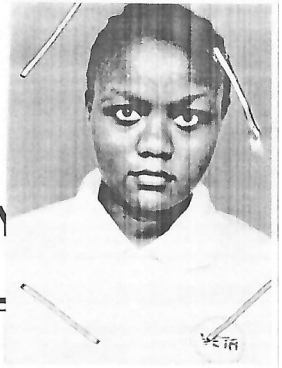
(3) GLORY KISHIMBO
MNUNUZI 0656606635

(4) HUMPHREY KISHIMBO
SHAHIDI WA MNUNUZI 0784500116

(5) MBELE YA WAKILI: .....

MASAHIDA WA MTA

INTERCITY ATTORNEYS
ADVOCATE, NOTARY PUBLIC & COMMISSIONER FOR OATHS



MKATABA WA KUPANGA NYUMBA/ FREM
MTAA WA MAZIZINI UKONGA (MADUKANI/KISANY
ILALA - DAR ES SALAAM

JINA LA MWENYE NYUMBA: SHADRACK K NYAKIRE

Mimi Nimekubali kumpangisha **BW/BIBI** GLORY KISHIMBO

Wa S.L.P. DAR ES SALAAM.

HIVYO MKATABA HUU UNASHUHUDIA YAFUATAYO

(1) Mpangaji amekubali kupanga Frem kwa ajili ya biashara kwa hiari yake mwenyewe,
Na amekubali kulipa kodi ya pango kwa kipindi cha MIEZI SITA TU. (6)
Kuanzia Tarehe 18/01/2025
Hadi 18/07/2025
Amelipa Tsh. 500,000 X 6 = 3,000,000/=
Ikiwa ni kodi ya muda wa MIEZI SITA TU.

(2) Mpangaji atatumia Frem hiyo kwa ajili biashara zake halali. Hivyo basi Mpangaji atatumia Frem hiyo kwa biashara tuliyokubaliana ambayo ni PHARMACY TU.

(3) Mpangaji atakuwa na LUKU yake hivyo swala la umeme ni juu yake mwenyewe

(4) Mpangaji atatakiwa kuchangia gharama za ulinzi na maji ya usafi wa choo kulingana na jinsi tutakavyo kubaliana GHARAMA ZOTE ZITA NDANI YA KODI KWA KILA MWEZI

(5) Mpangaji atalazimika kutunza Nyumba / Frem vizuri na endapo kutatokea uharibifu wowote atalazimika kutengeneza.

(6) Mpangaji atatakiwa kuleta kopi mbili za picha (pasport size) na kopi mbili za kitamburisho chake cha Taifa (NIDA) kwa ajili ya kuweka kwenye karatasi za mkataba

(7) Mpangaji anaweza kuendelea na mkataba, baada ya makubaliano ya pande zote mbili kufikiwa

United Republic of Tanzania
Business Registrations and Licensing Agency

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

Application for Registration of Business Name

Business Names (Registration) Act (Cap 213)

APPLICATION

Tracking number	G250118-1351
Application date	18/01/2025 13:13:41

APPLICANT

National ID	20010820121070000219
Name	HOISAGLORIA HUMPHERY KISHIMBO
Gender	Female
Date of birth	20/08/2001
Nationality	Tanzanian
E-mail Address	hoisaglorykishimbo@gmail.com
Mobile Phone Numbers	0656606635
Can this person update data in ORS?	Yes
This person is empowered to assign persons who can update data in ORS	Yes

INFORMATION ABOUT BUSINESS NAME

Business name	HOISA PHARAMCY
Business name owner type	Individual

PRINCIPAL PLACE OF BUSINESS

Principal place of Business	Region Dar Es Salaam, District Ilala, Ward Ukonga, Postal code 12107, MAZIZINI NEAR COW SLAUGHTER HOUSE
P.O. BOX	56821
E-mail	hoisaglorykishimbo@gmail.com
Mobile Phone Number	0656606635

BUSINESS ACTIVITY

Name of activity	8690 - Other human health activities Main

OWNERSHIP

OWNER

National ID	20010820121070000219
Name	HOISAGLORIA HUMPHERY KISHIMBO
Gender	Female
Date of birth	20/08/2001
Nationality	Tanzanian
E-mail Address	hoisaglorykishimbo@gmail.com
Mobile Phone Numbers	0656606635
Residential address	Region Dar Es Salaam, District Ilala, Ward Ukonga, Postal code 12107, MAZIZINI NEAR MORAVIAN GLASS CHURCH
Is bank account operator?	Yes
Can this person update data in ORS?	Yes

OTHER BANK ACCOUNT OPERATORS

BANK ACCOUNT OPERATOR 1

National ID	20010820121070000219
Name	HOISAGLORIA HUMPHERY KISHIMBO
Gender	Female
Date of birth	20/08/2001
Nationality	Tanzanian
E-mail Address	hoisaglorykishimbo@gmail.com
Mobile Phone Numbers	0656606635
Residential address	Region Dar Es Salaam, District Ilala, Ward Ukonga, Postal code 12107, MAZIZINI NEAR MORAVIAN GLASS CHURCH

Owner HOISAGLORIA HUMPHERY KISHIMBO

Signature and date 18/01/2025

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19780802-12105-00002-13

JINA LA KWANZA : GRACE
First Name

MAJINA YA KATI : GEORGE
Middle Name

JINA LA MWISHO : MAKUNDUDU
Last Name

JINSI : F
Sex

MWISHO WA MATUMIZI : 24 FEB 2025
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19780802-12105-00002-13

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia 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.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered 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

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

20010820-12107-00002-19

JINA : **HOISAGLORIA HUMPHERY**
Given Name

JINA LA MWISHO : **KISHIMBO**
Last Name

TAREHE YA KUZALIWA : **20 AUG 2001**
Date of Birth

JINSI : **F**
Sex

SAINI :
Signature

MWISHO WA MATUMIZI : **20 MAY 2031**
Expiry Date

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

20010820121070000219

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yoyote 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: 0103017

This is to certify that the premises owned by M/S ***Kigex Pharmacy*** of ***P.O.Box , Dar es Salaam*** located at ***Mazizini, Ukonga, Ilala, Dar es Salaam*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103017***

Issued in: ***February 2024***

Expires on: ***30 June 2029***

20-03-2024

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar

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***