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: AFRICS PHARMACY FIN 0102497

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. — Street: SHILABELA Ward BUHOLAHOLA

District/Municipal GEITA TC Region: GEITA

POSTAL ADDRESS: 75 GEITA Contact. No. 0753954626

E-mail: jkishosha20@gmail.com

OWNERSHIP:

Directors (Names): 1. ..... Qualification: .....

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

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

SUPERINTENDANT INFORMATION:

Full Name: ISDORY SYLIDION PIN: 0103295

Residential Address: P.O.Box 40 GEITA Tel: 0789209960 Email: isdorysylidion@gmail.com

Contract commencement date: 01/4/2024 Cessation date 31/3/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: KISHOSHA PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. ..... Street USAMAA-IHAYABUYAGA Ward KALANGALALA

District/Municipal GEITA TC Region GEITA

POSTAL ADDRESS: P.O.Box 75 GEITA CONTACT. No. 0753954626

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
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. To change allocations away from KISHOSHA LABORATORY
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: JAMES KISHOSHA

(Contact/email if different from the above)

Address: P. O. BOX 75 SEITA Tel: 0753954626 E-mail: jkishosha20@gmail.com

Signature of Applicant James Kishosha Date 20.5.2024

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 James Kishosha Date 20.5.2024

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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	; **924166256203659**
Received from	: Africs Pharmacy
Amount	: 300,000.00
Amount in Words	: Three Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142202540317 - Application for change of premises-Location - Change Of Location*		**200,000.00**
: *142202540104 - Application for change of name/ ownership - Change of Name*		**100,000.00**
	Total Billed Amount :	**300,000.00 (TZS)**

Bill Reference	: 16215166244713483485
Payment Control Number	: ***991620249809***
Payment Date	: **2024-06-14 16:21:37**
Issued by	: Beatuss Mpogoza
Date Issued	: 2024-06-19 12:09:50
Signature	: .....

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 100-929-481
NMB BANK PUBLIC LIMITED COMPANY
OHIO/ALI HASSAN MWINYI RD
9213
DAR ES SALAAM

Tax Certificate Number:
531-0194-0721

Issuing Office: Geita
Telephone: 0252520042
Date of issue: 10 June 2024
Expiry Date: 31 December 2024

Taxpayer Name	JAMES RAPHAEL KISHOSHA		
Trading Name			
Taxpayer Identification Number	119-482-879	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : **GEITA,**
DISTRICT : **GEITA,**
STREET : **KALANGALALA**

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 professional, scientific and technical activities n.e.c.

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
10 June 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.

ARON J. NGOYE
BOX 103
GEITA
11.06.2024

MKATABA WA PANGO LA CHUMBA
BIASHARA / MAKAZI KATIKA NDUGU

ARON JOHN NGOYE

NA NDUGU KISHOSHA PHARMACY / JAMES KISHOSHA.

CHUMBA No. 1

Mpangaji atalipa Tsh. 500,000/= ..... kwa miezi sita au Tsh. ..... kwa mwaka, Pia pango la chumba linaweza kubadilika baada ya kipindi cha Mwaka au miezi sita kufuatia hali ya uchumi kupanda au kushuka.

Gharama za umeme zitachangiwa na watumiaji wote wanaotumia katika vyumba vyote kwa kila mwezi kulingana na Bill itakavyoletwa kutoka **TANESCO.**

Usafi na utunzaji wa chumba ni wa mpangaji husika katika chumba.

Sahihi ya Mpangishaji.....

Sahihi ya Mpangaji .....

Shahidi No. 1 ARON JOHN NGOYE .....

Shahidi No. 2 SOPHIA SYLIAN KIMASA .....

UMEANDALIWA NA ARON. J. NGOYE

. MWENYENYUMBA.

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 574897

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **KISHOSHA PHARMACY** this **7th** day of **JUNE** year **2024** 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 **574897** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **7th** day of **JUNE TWO THOUSAND AND TWENTY FOUR**.

REGISTRAR OF BUSINESS NAMES *TANZANIA*

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.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102497

This is to certify that the premises owned by M/S ***Africs Pharmacy*** of ***P.O BOX 75, GEITA*** located at ***Shilabela Street, Buhalahala, Geita TC*** Municipality/District in ***Geita*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102497***

Issued in: ***March 2023***

Expires on: ***29 June 2028***

04-04-2023

DATE:

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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***