



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925238360653730**

Received from : LUMO 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
: 142202540317 - Application for change of premises-Location - 0	100,000.00	

Total Billed Amount : 100,000.00 (TZS)

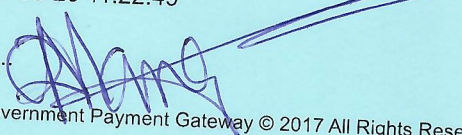
Bill Reference : 16211238250711380610

Payment Control Number : **991620332210**

Payment Date : **2025-08-26 11:11:38**

Issued by : Zena Mango

Date Issued : 2025-08-26 11:22:49

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

991620332210

PCF.14

PHARMACY COUNCIL



Alipie 100,000/-
change of name
26/8/2025
1000/-

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: LUMO PHARMACY FIN. 0100208

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

PHYSICAL ADDRESS:

Plot No. Street: AMANI Ward. BUZA
District/Municipal. TEMERKE Region: DAR ES SALAAM
POSTAL ADDRESS: BUZA-KANISANI Contact. No. 0712 408432
E-mail: makele GG9@gmail.com

OWNERSHIP:

Directors (Names): 1. IRENE MUNGWATISHA MAKULE Qualification: PHARMACIST
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: PRIMO LUY MUGANHIRI PIN: 0101546
Residential Address: TEMERKE Tel: 0689 599 593 Email:
Contract commencement date: 1/8/2025 Cessation date: 30.6.2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: PRIMEDO PHARMACY-HQ

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

PHYSICAL ADDRESS:

Plot No. Street: AMANI Ward. BUZA
District/Municipal. TEMERKE Region: DAR ES SALAAM
POSTAL ADDRESS: BUZA-KANISANI CONTACT. No. 0712408432

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. OWNER'S DECISION.
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: IRENE MUNGUATOSHA MAKULU

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: Makulu Date: 26.8.2025

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: Makulu Date: 26.8.2025

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 : 101-046-656

MKURUGENZI MANISPAA TEMEKE

NATIONAL STADIUM

46343

DAR ES SALAAM

Tax Certificate Number

141-0235-6003

Issuing Office: Temeke

Telephone: 022-2861122

Date of issue: 10 April 2025

Expiry Date: 31 December 2025

Taxpayer Name	IRENE MUNGUATOSHA MAKULE		
Trading Name			
Taxpayer Identification Number	137-364-972	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : DAR ES SALAAM,

DISTRICT : TEMEKE,

STREET : Temeke

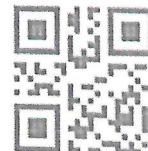
This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Activity for Non Business Purposes
2	Other personal service activities n.e.c

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

16 April 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.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100208

This is to certify that the premises owned by M/S Lumo Pharmacy of Temeke, Dar es Salaam located at Lumo Stand, BuzaKKanisani Temeke Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100208

Issued in: July 2012

03-09-2018

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

