4/11/2024

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924309288101961**
Received from	: SONGORO 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**
: *142202540317 - Application for change of premises-Location - 0*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16212309244538047224
Payment Control Number	**: *991620279372***
Payment Date	**: 2024-11-04 12:53:04**
Issued by	: Zena Mango
Date Issued	: 2024-11-04 12:58:33
Signature	: .....

PHARMACY COUNCIL

99162027937 2

Alipie 200,000/-
Change of Location
4/11/2024

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: SONGORO PHARMACY FIN 01 03138

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

PHYSICAL ADDRESS:

Plot No. 290 Street: KIGOGO Ward KIGOGO

District/Municipal KINONDONI Region: DAR ES SALAAM

POSTAL ADDRESS: POBOX 21542 Contact. No. 0679845264

E-mail: songorapharmacy@gmail.com

OWNERSHIP:

Directors (Names): 1. KHADIJA TWAHA Qualification: PHARM TECHNICIAN

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

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

SUPERINTENDANT INFORMATION:

Full Name: HAIKAELI GILLIARD PIN: 01 01926

Residential Address: MASAKI Tel: ..... Email: haikaeli@gmail.com

Contract commencement date: 1/9/2020 Cessation date 30/9/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SONGORO PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 80 Street MAHUWA Ward KARIAKOO

District/Municipal ILALA Region DAR ES SALAAM

POSTAL ADDRESS: 21542 CONTACT. No. 0679845264

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. KHADIJA TWAHA ..... Qualification: PHARMALY TECHNICIAN
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. THE PREVIOUS LOCATION WASNT GOOD ENOUGH FOR A PHARMACY
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: KHADIJA TWAHA SHABANI

(Contact/email if different from the above)

Address: SINZA ..... Tel: 0679848264 E-mail: khadijatwaha1304@gmail.com

Signature of Applicant..... ..... Date 4/11/2024

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 4/11/2024

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	**: 924257276656287**
Received from	: SONGORO 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**
: *142201270421 - Inspection of Premises - INSPECTION*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16214257244640108790
Payment Control Number	**: *991620273063***
Payment Date	**: 2024-09-13 14:49:50**
Issued by	: Zena Mango
Date Issued	: 2024-09-13 14:51:49
Signature	: .....

PHARMACY COUNCIL

99162027306 3 → 100,000/=

PCF 5(a)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant KHADIJA TOAHA
2. Physical Address of the Applicant SINZA C
3. Contacts **(mobile phone)** 0679845264
4. Email address (if any) Khadijatoaha91304@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location. Street Lumumba Plot No. 010
   Ward Kisutu District ILALA Region DAR ES SALAAM
6. Name and distance from the **Public Health Facility** in meters
   LUMUMBA NONE
7. Name and distance from the nearby outlets **(Pharmacy)** in meters
   LUMUMBA PHARMACY 400m
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp, laboratory)** in meters
   NONE
9. Proposed Business Name (BRELA Certificates if any) SONGORO PHARMACY
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    A

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

KHADIJA TOAHA — 13/9/2024

Name and Signature of the Applicant — **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid_____ Received date _____

Pay slip/Receipt No._____ Signature_____

Inspection Section

I/We inspected the area/building of the proposed premises on (date)_____ and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection_____

Name, Signature of Inspector (1)

Name, Signature of Inspector (2)

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

1st INSPECTION.

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: KHADIJA TWAHA SHABANI
2. Anwani ya Makazi ya Mwombaji: 0 LUMUMBA
3. Mawasiliano **(Simu):** 0679845264
4. Jina la Biashara linalopendekezwa SONGORO PHARMACY
5. Aina ya Biashara: REJAREJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	**Jina la jengo/kituo/eneo**	**Umbali (Mita)**
a)	i) Famasi ya Rejareja	MULAGO PHARMACY	150m
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	**Kipimo katika Mita (M)**	**Eneo la jengo (LxW)**
a)	Urefu (L)	9.5m	31.3 m^2
b)	Upana (W)	3.2m	
c)	Kimo (H)	3m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- JENGO LIPO UMBALI WA MITA 150 KUTOKA MULAGO PHARMACY
- JENGO LINALUKUBWA WA MITA ZA MRABA 31.3

Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, atoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa rishi usiwe chini ya 50m)

Duka:

ngo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu aya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye afuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la iawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

-ENDELEA NA MATENGENEZO KUFIKIA VIWANGO VYA FAMASI YA REJAREJA.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	ERICK B MANDA	MKAGUZI	
2	ZAHRA H - MNGWAYA	MKAGUZI	
3	SALOME C. MBARTHA	MKAGUZI	

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) KHADIJA TOFIKA

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

19/09/2024.
Tarehe

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile nurufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vitu vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

Ajkiriwe kupewo vibali baada ya kuwasili sha-
maombi kwa mkyn.

/

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Brice Bkang	Mkaguzi	
2	Sanura Mly Khamis	Mkaguzi	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) KHADIJA TWAHA KHAMIS

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

9/10/2024
Tarehe

PCF.5(b)

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali No.269, 2020

2nd Inspection.

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: KHADIJA TWAHA SHABANI
2. Anwani ya Makazi ya Mwombaji: KARIAKOO – LUMUMBA.
3. Mawasiliano (Simu): 0679 845264
4. Jina la Biashara linalopendekezwa SONGORO PHARMACY
5. Aina ya Biashara: Rejareja.

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja		
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)		
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Amekamilisha maelezo kuhusu famasi za rejareja.

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 03138-2024

This Permit is hereby granted to M/S ***Songoro Pharmacy*** of ***P.O.Box 21029, Dar es Salaam*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Plot No. 290, Kigogo, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region with Facility Identification Number (FIN) ***0103138*** under a superintendent Pharmacist ***Haikaeli Gilliard*** with Personal Identification Number (PIN) ***0101926***

Issued in: ***May 2024***

Expires on: ***30 June 2025***

12-08-2024

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***

LEASE AGREEMENT

THIS AGREEMENT
is made this **1st day of October 2024** between
ABDULKADIR ESSACK
Of P.O.Box 21542, Dar es salaam.
(Herein after referred to as the lessor, which expression where the context so Admits includes its assigns and successors in title) of one part.

AND
SONGORO PHARMACY
OF Dar es salaam
(Herein after referred to as the lessee, which expression where the context so Admits includes its assigns and successors in title) of the other part.

WHEREAS the lessor is the land lord of plot No 30Block no 73 House no 22, store , along Mahiwa street Kariakoo Dar es salaam.

AND WHEREAS the said house is in good and habitable condition.

AND WHEREAS the lessee is desirous of occupying the said store for the period of One year commencing 1st day of October 2024 at an agreed rent payable in advance of six months Tsh 3,000,000 (Three million only) until 30th September 2025 . The months rent is Tsh 500,000 { Five hundred thousand Only).

SIMULTANEOUS with execution hereon the lessor acknowledges having to pay in advance every one month payment for the every months of this lease agreement, and the lessee hereby acknowledges being put in good possession of the store..

THAT at the end of the total lease period of (12) month, both the lesser and the lessee reserve the right to renew or refuse to renew the new lease. However thirty (30) days shall be given by either party to the other before the expiry of the lease agreement by in case of renewal or otherwise.

NOW IT IS HEREBY AGREED AND DECLARED AS FOLLOWS:

1) The lessor hereby leases to the lessee the above described store for a period and rent as prescribed herein above
2) The lessee shall occupy the said store for the business purposes, or for such other purposes as shall be agreed upon in writing between the lessor and the lessee.

3) The lessee shall be responsible for the interior maintenance and the upkeep of the store and shall make no alteration, additions or omissions to the store, without prior agreement and:
4) (a) It is hereby further declared and agreed as hereunder:
5) That payment shall be made on the respective commencement date for the store as stated herein above.
6) The lessee shall pay the electricity bill from the date of this agreement up to the termination.
7) To keep the interior of the demised premises including , floor surfaces, doors and fixtures in good condition and state of repairs,subject to normal wear and tear.
8) The lessee shall use the store for catering purpose only.
9) The lessee shall not sublet or assign the whole or part of the premises; the lessee shall not store

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: **571-0219-3029**

Issuing Office: Kariakoo
Telephone:
Date of issue: 01 November 2024
Expiry Date: 31 December 2024

Taxpayer Name	**SONGORO PHARMACY**		
Trading Name	**SONGORO PHARMACY**		
Taxpayer Identification Number	**172-537-480**	Vat Registration Number	
Company Registration Number	**560875**		

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : Kariakoo Magharibi

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 personal service activities n.e.c.

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
01 November 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.

Form 22

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 560875

Certificate of Registration of Change

(Pursuant Section 14 of the Business Names (Registration) Act (Cap 213))

I HEREBY CERTIFY THAT the following change occurred on 31st day of **OCTOBER TWO THOUSAND AND TWENTY FOUR** in the particulars registered in respect of **SONGORO PHARMACY :**

1. Business physical address moved to: **Region Dar Es Salaam, District Ilala CBD, Ward Kariakoo, Postal code 11106, Street MAHIWA , Road LUMUMBA , Plot number 30 , Block number 73, House number 22**

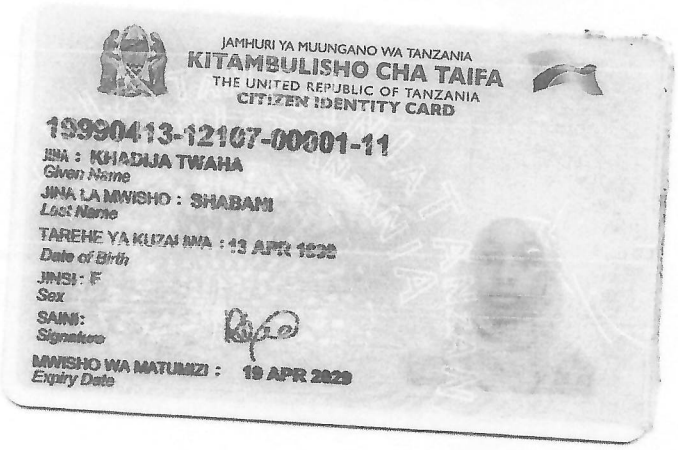
And this change was registered on the 31st day of **OCTOBER TWO THOUSAND AND TWENTY FOUR**

GIVEN under my hand at Dar es Salaam this 31st day of **OCTOBER 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.



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

19990413-12107-00001-11

JINA : KHADIJA TWAHA
Given Name

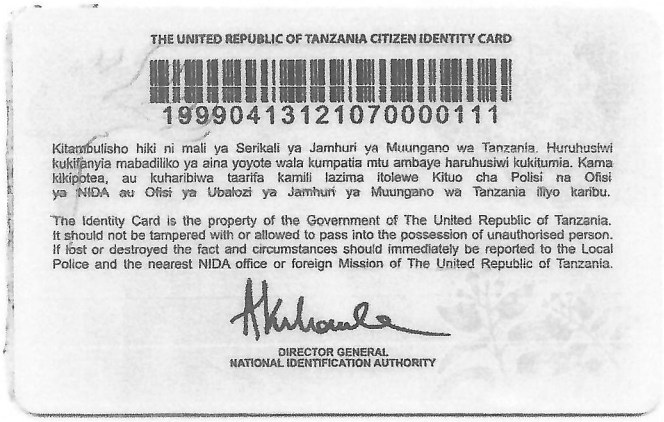
JINA LA MWISHO : SHABANI
Last Name

TAREHE YA KUZALIWA : 13 APR 1999
Date of Birth

JINSI : F
Sex

SAINI:
Signature

MWISHO WA MATUMIZI : 19 APR 2029
Expiry Date



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19990413121070000111

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.

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.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY