

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: BUEGA PHARMACY FIN. 0300233

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

PHYSICAL ADDRESS:

Plot No. — Street: KANIBANI Ward: NYASHIMO
District/Municipal: BUEGA Region: SHINYU
POSTAL ADDRESS: P.O. Box 5050 M2A Contact No. 0759405045
E-mail: job.kahamba@yahoo.co.uk

OWNERSHIP:

Directors (Names): 1. JOB J. BATAKIANI Qualification: PHARMACEUT
2. — Qualification: —
3. — Qualification: —

SUPERINTENDANT INFORMATION:

Full Name: AMAN/ CHOGA PIN: 0102602
Residential Address: BUEGA Tel: 0766202000 Email: amanichoga@gmail.com
Contract commencement date: 01 JULY 2023 Cessation date: 30 JUNE 2024

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: BUEGA PHARMACY

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

PHYSICAL ADDRESS:

Plot No. — Street: KANIBANI Ward: NYASHIMO
District/Municipal: BUEGA Region: SHINYU
POSTAL ADDRESS: P.O. Box 5050 M2A CONTACT. No. 0759405045

Directors (Names):

1. JOE J. BATAYANGA Qualification: PHARMACEUT
2. SHAUN N. MCKINGA Qualification: PHARM TECH
3. _____ Qualification: _____

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: AMANI C. HOGA PIN: 0102602
Residential Address: BUSEGA Tel: 0766202080 Email: amanichoga@gmail.com
Contract commencement date: 01 JULY 2023 Cessation date: 30 JUNE 2024

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Transfer of shares to a new partner.
2. _____

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOE JOATHAN BATAYANGA
(Contact/email if different from the above)
Address: P.O. Box 5050 MTR Tel: 0759405045 E-mail: joe.kahamba@yahoo.com
Signature of Applicant: [Signature] Date: 01 Nov 2023

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: [Signature] Date: 1st Nov 2023

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 : 923353221394476

Received from : BUSEGA 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 |
|--|---------------------|-------------|
| : 142202540104 - Application for change of name/ ownership - CHANGE OF BUSINESS OWNERSHIP | 100,000.00 | |

Total Billed Amount : 100,000.00 (TZS)

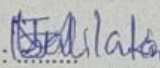
Bill Reference : 16211353231845353442

Payment Control Number : 991620229155

Payment Date : 2023-12-19 11:48:58

Issued by : Beatuss Mpogoza

Date Issued : 2023-12-19 11:56:01

Signature / 

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 121-698-765

BUSEGA DISTRICT COUNCIL

NYASHIMO

157

BUSEGA

Tax Certificate Number:

531-0168-7101

Issuing Office: Geita

Telephone: 0252520042

Date of issue: 24 May 2023

Expiry Date: 31 December 2023

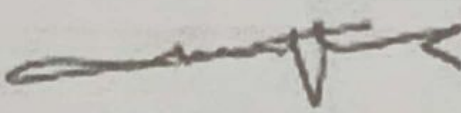
| | | | |
|--------------------------------|-------------------------|-------------------------|--|
| Taxpayer Name | JOB JONATHAN BATAKYANGA | | |
| Trading Name | TWEYAMBE PHARMACY | | |
| Taxpayer Identification Number | 100-373-491 | Vat Registration Number | |
| Company Registration Number | | | |

Business Premises located at :

REGION : GEITA,
DISTRICT : GEITA,
STREET : KATORO

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 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores |
| 2 | Retail sale of hardware, paints and glass in specialized stores |


HERBERT M.T. KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

24 May 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.

PARTNERSHIP DEED

THIS DEED made on this 1st day of Nov 2023

BETWEEN

MR JOB JONATHAN BATAKYANGA
P. O. Box 5050
Mwanza-Tanzania

FIRST PARTNER

AND

MR SHAULI NZUBUKA MKINGA
P. O. Box 34
Bariadi-Tanzania

SECOND PARTNER

WHEREAS: the said PARTNERS have agreed to do the business upon on terms and conditions hereinafter appearing.

IT IS HEREBY AGREED AS FOLLOWS:

1. **PARTNERSHIP:** The Partners do form such a Partnership, the terms of which, save as is expressly or impliedly set down herein below, shall be governed by the Law of Contract (Cap. 345 RE 2019).
2. **NAME:** The name of the Partnership (hereinafter referred to as "the Partnership) shall be called BUSEGA PHARMACY.
3. **NATURE OF BUSINESS:** The business of the Partnership shall consist of: PHARMACY
4. **PLACE OF BUSINESS:** , The business of the Partnership shall be carried at Busega District maintain its official address 5050 MWANZA
5. **COMMENCEMENT OF BUSINESS:** the said PARTNERS will become and remain Partners for the term of two years under the style of BUSEGA PHARMACY from 01st of October, 2023 up to 31 September 2025 subject to review and renewal upon agreed by the partners on the agreed duration.
6. **BANKING AND SIGNING OF CHEQUE:**
 - (a) The Partnership bank shall be NMB BANK in the name BUSEGA PHARMACY or such other bank as the Partners may from time to time agree upon.
 - (b) The Business Partners shall at all times maintain full and proper

the Partners.

IN WITNESS WHEREOF the Parties hereto have executed these presents in the manner and on the dates hereinafter appearing.

SIGNED and DELIVERED by the said

Job Jonathan Batakyange

who is known to me personally/has been identified
to me by.....the latter
being known to me personally in my
presence this 1st day of Nov 2023.

1ST PARTNER

BEFORE ME:

Name: DAVID LWEYEMAMU RWECHUNGURA

Signature: [Signature]

Address: 11318 MWANZA

Qualification: COMMISSIONER FOR OATHS.



SIGNED and DELIVERED by the said

Shauli W. Mungu

who is known
to me personally/has been identified
to me by.....the latter
being known to me personally in my
presence this 1st day of Nov 2023.

2ND PARTNER

BEFORE ME:

Name: DAVID LWEYEMAMU RWECHUNGURA

Signature: [Signature]

Address: 11318 MWANZA

Qualification: COMMISSIONER FOR OATHS.



PREPARE BY;

PARTNERS

[Signature]

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



19641024-33116-00001-22

JINA : **JOB JONATHAN**

Given Name

JINA LA MWISHO : **BATAKYANGA**

Last Name

TAREHE YA KUZALIWA : **24 OCT 1964**

Date of Birth

JINSI : **M**

Sex

SAINI:

Signature

MWISHO WA MATUMIZI : **09 MAR 2027**

Expiry Date





REPUBLIC OF TANZANIA
 KITAMBULISHO CHA TAIFA
 THE UNITED REPUBLIC OF TANZANIA
 CITIZEN IDENTITY CARD



19940210-12116-00002-27

NAME: SHABILI NGUMBA
 Gender: Male
 DATE OF BIRTH: 10 FEB 1994
 PLACE OF BIRTH: MOMBASA
 CATEGORY: TANZANIAN
 Date of Issue: 10 FEB 2014
 Validity: 10
 Sex: M
 Signature: 
 EXPIRY DATE: 31 MAY 2024
 Expiry Date:



THE UNITED REPUBLIC OF TANZANIA
 CITIZEN IDENTITY CARD



19940210121160000227

This Identity Card is the property of the Government of the United Republic of Tanzania. It should be kept safe and not be loaned to any other person. If it is lost or stolen, it should be reported to the nearest police station and the relevant authorities. The cardholder is responsible for the validity of the information provided on the card.

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