PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1253,
Dodoma.

APPLICATION FOR CHANGE OF

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☒
3. BUSINESS OWNERSHIP ☑

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: JK DLDM MAJENGO JK FIN: 13040405246

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

PHYSICAL ADDRESS:

Plot No. 64 Street: MAJENGO Ward: MAJENGO

District/Municipal: SINGIDA Region: SINGIDA

POSTAL ADDRESS: 236 Contact. No. 0754557082

E-mail: /

OWNERSHIP:

Directors (Names): 1. ERUMO J. NYAKI Qualification: CO

2. CHRIS C. KISUKE Qualification: CO

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

SUPERINTENDANT INFORMATION:

Full Name: COSMAS NGASA LUHAJA PIN: 08256482

Residential Address: MISUNA Tel: ..... Email: Ngasacosmas@gmail.com

Contract commencement date: 28/10/2024 Cessation date 28/10/202

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: Plot 64 MAJENGO

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

PHYSICAL ADDRESS:

Plot No. 64 Street MAJENGO Ward MAJENGO

District/Municipal SINGIDA Region SINGIDA

POSTAL ADDRESS: 135 SINGIDA CONTACT. No. 0755 114661

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ROFINA MATHEW LYANG'OMBE Qualification: BUSINESS WOMAN

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

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

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: COSTANCIA NGASSA LUTAJA PIN: 08256488

Residential Address: MISUNA Tel: 0676767683 Email: ngassacostancia@gmail.com

Contract commencement date: 28/10/2024 Cessation date 28/10/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Sita P SOLD

2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: ROFINA MATHEW LYANG'OMBE

(Contact/email if different from the above)

Address: 135 SINGIDA Tel: 0755 114661 E-mail: -

Signature of Applicant ..... Date 01/07/2025

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 ..... Date 01/07/2025

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)

MKATABA WA MAUZO YA DUKA BIASHARA YA DAWA MUHIMU.

MKATABA huu umefanyika leo tarehe 16 Mwezi wa 07 Mwaka 2024.

KATI YA

FATUMA JUMANNE MKUKI wa **S.L.P 236** SINGIDA [ambaye kwa mujibu wa mkataba huu atajulikana kama **MUUZAJI**] kwa upande mmoja.

NA

ROFINA MATHEW LYANG'OMBE wa **S.L.P 135** SINGIDA ambaye kwa mujibu wa mkataba huu atajulikana kama **MNUNUZI**] kwa upande mwingine.

KWAKUWA; MUUZAJI ni mmiliki halali wa DUKA LA BIASHARA YA DAWA MUHIMU iliyopo kwenye nyumba yenye kiwanja namba 64 kitalu U mtaa Majengo ndani ya manispaa ya Singida na ameamua kumuuzia MNUNUZI duka hilo lenye bidhaa za dawa muhimu pamoja na samani zote zilizoko dukani humo.

NA KWAKUWA; MNUNUZI naye pia ameridhia kununua duka tajwa baada ya kulikagua na kujiridhisha kwa makubaliano yaliyofanywa na pande zote.

HIVYO BASI PANDE ZOTE MBILI WAMEKUBALIANA NA MASHARTI YAFUATAYO: -

1. **Kwamba,** MUUZAJI na MNUNUZI wamekubaliana kufanyika mkataba wa duka tajwa kwa thamani ya kiasi cha shilingi milioni kumi na tano tu (15,000,000/=) lenye bidhaa za dawa muhimu pamoja na samani zote zilizoko dukani humo, ambapo MNUNUZI amemlipa MUUZAJI kiasi cha fedha hiyo kwa njia ya benki kwenda kwenye akaunti ya CRDB yenye namba 0152259891300 kwa majina ya **FATUMA JUMANNE MKUKI.**

2. **Kwamba** baada ya kusainiwa kwa mkataba huu MUUZAJI atamkabidi MNUNUZI duka tajwa na MNUNUZI atakuwa huru kutumia duka hilo kwa matumizi ya biashara tu.

3. **Kwamba,** MNUNUZI atawajibika kufuata taratibu zote ambazo MUUZAJI alikuwa anazifuata kwa mmiliki wa nyumba ikiwa ni pamoja na kulipa kodi ya duka pamoja na kodi mbalimbali kwenye serikali.

PANDE ZOTE MBILI ZINATILIANA SAHIHI HAPA CHINI KAMA IFUATAVYO:

UMETIWA SAHIHI hapa Singida na **FATUMA JUMANNE MKUKI**
ambaye namfahamu /ametambulishwa kwangu na .....
ambaye namfa hamu leo tarehe ..16..07.....2024

MBELE YANGU;

WAKILI

MUUZAJI

Jackson Jonathan Mayeka
P.O.
Advocate, Notary Public &
Commissioner for Oaths

UMETIWA sahihi hapa Singida **ROFINA MATHEW LYANG'OMBE**
ambaye namfahamu /ametambulishwa kwangu na .....
..... ambaye namfahamu leo tarehe 16..07..... 2024.

MBELE YANGU:

WAKILI

MNUNUZI

Jackson Jonathan Mayeka
P.O.
Advocate, Notary Public &
Commissioner for Oaths

CTIN: 2311098

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

ROFINA MATHEW LYANGOMBE

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

127-287-309

WITH EFFECT FROM: **18 June 2015**

TRA LOCATION: **SINGIDA** TAX OFFICE: **SINGIDA**

PHYSICAL LOCATION:

STREET / AREA: **MINGA**

ELIJAH G. MWANDUMBYA

COMMISSIONER FOR DOMESTIC REVENUE

OFFICIAL SEAL

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

THE UNITED REPUBLIC OF TANZANIA

BUSINESS LICENCE

B.L. NO : BL01429302024-2500001471

The Business Licensing Act (Act No. 25 of 1972)

Issuing Office:	SINGIDA MUNICIPAL COUNCIL
Tax Identification No:	127-287-309
License Issued To :	ROFINA MATHEW LYANGOMBE
for the Business of :	SELLING MEDICINES RETAIL (DUKA LA DAWA MUHIMU) - PART II POISON SHOP

Business Location

Region :	Singida
Ward	Majengo
Street	Stendi
Principal/Branch :	PRINCIPAL
Amount of Fee Paid :	100,000.00
Date Of Issue:	2024-10-26
Expiring Date :	2025-10-25

This is Digital Copy does not require a signature of authority

NOTE - This license must be kept in a conspicuous position at the place of business. Any change in the particulars originally registered must be notified to the license Issuer

MKATABA WA UENDESHAJI DUKA LA DAWA MUHIMU

Chini ya kanuni ya 18

MAKUBALIANO HAYA yamefanyika leo tarehe 28 mwezi 10 mwaka 2024

KATI YA

ROFINA MATHEW Wa S.L.P 135 SINGIDA

(ambaye kwa mujibu wa mkataba huu ataitwa ("MMILIKI") kwa upande mmoja,)

NA

COSTANCIA NGASSA LUTAJA (ambaye kwa mujibu wa mkataba huu ataitwa **("MTOA DAWA")** kwa upande wa pili.

KWA KUWA MMILIKI: anaridhia kuendesha biashara ya Duka la dawa muhimu kwa mujibu wa kanuni ya 4 ya sheria ndogo ya ubora wa chakula, Dawa na vipodozi (Pharmaceutical standards Regulations) ya 2006:, na

KWA KUWA: uendeshaji wa maduka haya unahitaji **MTOA DAWA** wa Duka la Dawa muhimu kwa mujibu wa sheria: na

KWA KUWA MMILIKI: anaridhia kuweka mtaalamu **MTOA DAWA** katika kuendesha na kusimamia uuzaji wa dawa muhimu;

KWA PAMOJA MMILIKI na **MTOA DAWA** wanakubaliana kuendesha biashara ya Duka la Dawa Muhimu kwa maelezo na masharti yafuatayo:

1. Baada ya kukamilika kuwekwa sahihi katika makubaliano haya **MMILIKI** atakuwa ndiye mmiliki wa duka la dawa muhimu na **MTOA DAWA** atakuwa ndiye mtoa dawa katika duka liitwalo ROFINA DLDM lililopo Wilaya ya SINGIDA MC Kata ya MAJENGO: .Kijiji/Mtaa STENDI YA ZAMANI
2. **MMILIKI** atamlipa **MTOA DAWA** mshahara na marupurupu kama ilivyofafanuliwa katika kifungu cha tano cha makubaliano haya.
3. **MTOA DAWA** atatakiwa kutii maadili ya utoaji wa dawa, kukidhi na kutunza dawa kwa kiwango kinachokubaliwa kwa mujibu wa kanuni za maduka ya dawa muhimu za mwaka 2008.
4. **MMILIKI** atatakiwa kuchukua hatua muuhimu kuanzisha duka na kusimamia uuzaji wa dawa zilizothibitishwa kuwa ni dawa zinazoruhusiwa kuuzwa katika Duka la Dawa muhimu tu. Hatua hizo muhimu ni pamoja na kufuatilia na kupatiwa

leseni, kibali au idhini kutoka mamlaka ya Baraza la famasi Tanzania na utunzaji wa **DUKA LA DAWA MUHIMU** katika hali inayokubalika kwa mujibu wa sheria.

5. Mmiliki atafanya malipo kwa ajili ya kukidhi mahitaji yafuatayo katika uendeshaji wa **DUKA LA DAWA MUHIMU.**
   a. Mshahara na marupurupu kwa MTOA DAWA shilingi ....150000/=..... kwa kipindi chote cha mkataba huu au vinginevyo watakavyokubaliana kubadili kiwango hicho kwa ajili ya utekelezaji wa majukumu yake kama ilivyo katika kifungu cha 2 cha mkataba huu.
   b. Gharama zote kwa ajili ya marekebisho au ukarabati wa **DUKA LA DAWA MUHIMU.**
   c. Kwa mujibu wa mkataba huu maswala ya kitaalamu ni pamoja na kutoa dawa kuhifadhi dawa, kutunza kumbukumbu za dawa na utunzaji wa eneo la **DUKA LA DAWA MUHIMU.**
6. Mkataba huu utadumu kwa kipindi cha miezi kumi na mbili (12) na endapo Mmiliki na MTOA DAWA wataridhia wanaweza kuurejea kwa kila mwaka isipokuwa tu pale amabapo sehemu moja ya mkataba huu itaonyesha nia ya kukatisha mkataba kwa taarifa ya maandishi itakayotolewa na upande huo kwa kipindi kisichopungua miezi mitatu(3).

7. Inapotokea kuwa upande mmoja umeonyesha nia ya kukatisha mkataba na kutoa taarifa kwa mwingine kwa kipindi kisichopungua miezi mitatu(3), nakala ya taarifa hiyo lazima ipelekwe katika kamati ya Dawa ya Halmashauri ya Wilaya.

8. Mmiliki atatoa Gharama zote za utengenezaji wa mkataba huu.

9. Bila kuathiri kilichandikwa katika mkataba, kamati ya Wilaya ya Dawa itatunza na kuhifadhi nakala ya mkataba itakayopelekwa na **Mmiliki.**

10. Mtoa dawa haruhusiwi kuuza dawa ambazo si mali ya duka hili na pia harusiwi kuiba fedha/ dawa na vifaa ambavyo ni mali ya mmiliki wake, kufanya hivyo ni kutenda kosa la jinai.

11. Kupatikana na kosa kifungu na 10. Mmiliki anaweza kukatisha mkataba ili kulinda mali yake, na hapatakuwa na malipo ya kukatisha mkataba.

12. Kwenda kinyume na maadili ya kazi kwa **Mtoa dawa** ikibainika sheria itachukua mkondo wake na **Mwajiri** hatahusika na lolote.

13. Tunza siri za wagonjwa na hairuhusiwi kuweka magenge ya watu wasio wateja ndani ya chumba cha Duka /stoo.

14. Mmiliki anaweza kusitisha mkataba kama akiona mwenendo wa biashara utakuwa mbovu kiasi cha kushindwa kukidhi gharama za uendeshaji kama vile mshahara, manunuzi ya bidhaa nk,na maamuzi haya atamshirikisha **MTOA DAWA.**

KWA USHAHIDI WA PAMOJA MMILIKI NA MTOA DAWA

Umesainiwa na:-

MMILIKI
JINA ..... RHEINA MATHEW .....
SAHIHI .....
SIMU ..... 0755 11 4661 .....
TAREHE ..... 28/10/2024 .....

SHAHIDI WA MMILIKI
JINA ..... MATHIAS KINGALU .....
SAHIHI .....
SIMU ..... 0763 600892 .....
TAREHE ..... 28/10/2024 .....

MTOA DAWA
JINA ..... COSTANCIA NGASSA LUTAJA .....
SAHIHI .....
SIMU ..... 0696 767683 .....
TAREHE ..... 28/10/2024 .....

SHAHIDI WA MTOA DAWA
JINA ..... AKSA JUSTINE MALENGE .....
SAHIHI .....
SIMU ..... 0757721627 .....
TAREHE ..... 28/10/2024 .....

MKATABA HUU UMESHUHUDIWA NA KUSAINIWA MBELE YA:

Sahihi ya shuhuda anayetambulika kisheria .....

Na kutolewa

Leo 28/10/2024 ..... siku ya .....

Jackson Jonathan Mayeka
LL.B No 568 Simbida
Advocate, Notary Public
Commissioner for Oath

MINISTRY OF HEALTH

Pharmacy Council

ADHOC DISPENSING CERTIFICATE

This is to certify that

Costancia Ngassa Lutaja

who has successfully passed dispensing course

for Authorized Drugs Dispensing Outlets (Duka la Dawa Muhimu)

Held at: **ZHRC - Bugando**

From: **21 February 2015** To: **28 March 2015**

Registrar Pharmacy Council

Date: **22 October 2024**

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

PHARMACY COUNCIL

ADDO BUSINESS PERMIT

Section 36 of the Pharmacy Act, 2011

FIN: 13040408246

Permit is hereby granted to M/S *J.K DLDM* of P.O.Box, *Singida MC* to carry the business of Duka la Dawa Muhimu at the Premises situated at *Majengo* Street, in *Majengo* Ward, ***Singida Municipal Council*** in *Singida* Region to sell over the counter drugs and a limited number of prescription drugs as provided in the Standard Code of ethics for ADDO Regulations after being issued with the Facility Identification Number **FIN:** *13040408246* from the Council.

The following person(s) is/are hereby authorised to become dispenser(s) of this premises in accordance with provisions of these regulation *Simon C. Kisuke and Fatuma J. Mkuki*

This permit shall have and continue to have effect from and including the day when it is issued until it ceases to have effect on *30th June, 2018*

Issued on *July, 2017*

Fees Tsh. *50,000/=*

18th July, 2017

DATE:

SIGNATURE OF REGISTRAR AND STAMP

CONDITIONS:

1. **This Permit does not authorize the holder to operate the business in unaccredited premises or during the period of suspension, revocation or cancellation of accreditation of the premises in respect of which it was issued.**
2. **This Permit is not transferable without a written approval of the Council.**
3. **This Permit shall be displayed conspicuously in the accredited premises.**
4. **Any change including change of dispenser (s) of the accredited premises shall be approved by the Council.**

NMB
SINGIDA BRANCH

DATE TIME TERMINAL ID
30/06/2025 16:26 508555106

AGENT ID: 50855106
TRAN NUM: 101AGG125181D4V8
REF NO: EC102635730443
RELATED REF: EC102635730443

BILL PAYMENT
GEPG PAYMENT SUCCESSFUL
Name: JK DLDM
Control No : 991620314150
Provider:Pharmacy Council
Bill Desc:CHANGE OF NAME -amp;
OWNERSHIP
Bill Paid(Principal):
100,000.00
Total Amount Paid:Tsh
100,000.00
Served by:AZNA RAMADHANI ALII

THANK YOU FOR USING NMB WAKALA
AGENCY HELPDESK: 0800002001

National Bank of Commerce

Conveniently Everywhere.

Date: 12/08/2023 Time: 12:16:10
Terminal ID 31002

SUCCESS (GEPG)
AMOUNT TZS 50,000.00

Reference/Slip no.	32241200137 2
Pay Mode	CASH
Company/Client Name	
PHARMACY COUNCIL	
Description	ANNUAL FEES DLDM
Bill Reference No.	991620212445
Receipt Number	92322419566327 1
Bank Reference No	322414114333
Depositor Name	JK DLDM
Depositor ID	230812121580 29
Payment Date Time	12/08/2023 12:16:10
Depositor Mobile#	255659225650

***** CUSTOMER COPY*****N5 1 15 3

National Bank of Commerce

Conveniently Everywhere.

Date: 12/08/2023 Time: 12:16:10
Terminal ID 31002

SUCCESS (GEPG)
AMOUNT TZS 50,000.00

Reference/Slip no.	32241200137 2
Pay Mode	CASH
Company/Client Name	
PHARMACY COUNCIL	
Description	ANNUAL FEES DLDM
Bill Reference No.	991620212445
Receipt Number	92322419566327 1
Bank Reference No	322414114333
Depositor Name	JK DLDM
Depositor ID	230812121580 29
Payment Date Time	12/08/2023 12:16:10
Depositor Mobile#	255659225650

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