

991620273458

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: ADONAI PHARMACY PIN: 0101279

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

PHYSICAL ADDRESS:

Plot No. Street Ward District/Municipal Region Contact No. Postal Address: 971, Dodoma 078855007
Email: sungi@ycc-hq.com

OWNERSHIP:

Directors (Names): 1. SELEMANI SUNGI Qualification: PHARMACIST

2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: DR. REUBEN KALI PIN: 0100029

Residential Address: KIKUYU, DODOMA

Contract commencement date: 01/07/2024 Cessation date: 30/06/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TAKAI PHARMACY

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

PHYSICAL ADDRESS:

Plot No. Street Ward District/Municipal Region Contact No. Postal Address: 971, Dodoma 078855007

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. BRELA REGISTRATION DENIED FOR THE NAME "ADONAI"
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: SELEMANI SUNGI

(Contact/email if different from the above)

Address: Tel: E-mail:

Signature of Applicant: *Selmani Sungi* Date: 30/06/2024**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: *Selmani Sungi* Date: 30/06/2024**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)



TANZANIA



Extract date and time: 20/12/2021 13:47:19

Registration date and time: 20/12/2021 13:42:03

The Business Names (Registration) Act (Cap 213)

Extract from Register

- | | |
|--|--|
| 1. Name of Business: | JAKAI PHARMACY |
| 2. Registration number: | 505774 |
| 3. Principle Place of Business: | Region Dodoma, District Dodoma CBD, Ward Ihumwa, Postal code 41118, IHUMWA NEAR IHUMWA MILITARY BASE |
| 4. Contacts: | Email sungijr@yahoo.com, Phone 0788855007, P.O.Box 971 |
| 5. Business activity: | 8690 - Other human health activities, Main activity |
| 6. Propriator/Partners: | SELEMANI SAIDI SUNGI |
| 7. Authorized to Operate Bank Account etc: | SELEMANI SAIDI SUNGI
SELEMANI SAIDI SUNGI |

*Deputy Registrar Business Names*

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.



TANZANIA

Form 5



No. 505774

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **JAKAI PHARMACY** this **20th** day of **DECEMBER** year **2021** 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 **505774** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **20th** day of **DECEMBER TWO THOUSAND AND TWENTY ONE**.



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.



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-221-490

MKURUGENZI WA JIJI DODOMA

MTAA WA CDA

1249

DODOMA

Tax Certificate Number:

161-0208-8295

Issuing Office: Dodoma

Telephone: 026 23222912

Date of issue: 02 July 2024

Expiry Date: 31 December 2024

Taxpayer Name	SELEMANI SAIDI SUNGI		
Trading Name	DREAMLAND PHARMA		
Taxpayer Identification Number	106-863-156	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : DODOMA,

DISTRICT : DODOMA,

STREET : MAKOLE

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

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

08 July 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.



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Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924261277252590
Received from : ADONAI 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 NAME	100,000.00	

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16213261244632686332
Payment Control Number : 991620273458
Payment Date : 2024-09-17 13:57:05
Issued by : Zena Mango
Date Issued : 2024-09-17 14:02:48
Signature : 