Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 925142333343702**
Received from	: CAPELEX PHARMACY LTD-BUNJU
Amount	: 50,000.00
Amount in Words	: Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142201611404 - Duplicates Certificate - 0*	**50,000.00**	
	Total Billed Amount :	**50,000.00 (TZS)**

Bill Reference	: 16214142253012449387
Payment Control Number	**: *991620305644***
Payment Date	**: 2025-05-22 15:09:14**
Issued by	: Zena Mango
Date Issued	: 2025-05-22 15:35:09
Signature	: .....

PCF.14

PHARMACY COUNCIL

99162030564 3

99162030564 4

Alipie 200,000/=
→ Alteration of name and ownership

Alipie 50,000/-
Duplicate certificate.

22/5/2025

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: CAPELEX PHARMACY LTD-BUNJU FIN. 0101523

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

PHYSICAL ADDRESS:

Plot No. 692, Block A Street: BUNJU-A Ward. BUNJU

District/Municipal. KINONDONI Region: DAR ES SALAAM

POSTAL ADDRESS: P.O BOX 34714 DSM Contact. No. 0712433133

E-mail: adamjoram099@gmail.com

OWNERSHIP:

Directors (Names): 1. ALEX JUMA Qualification: PHARMACIST

2. IBRAM ADAM Qualification: PHARMACIST

3. GOODLUCK LONSTONE Qualification: IT SPECIALIST

SUPERINTENDANT INFORMATION:

Full Name: EMMANUEL ROZARIA BALISONDOLE PIN: 0102271

Residential Address: BUNJU - DSM Tel: 0762324520 Email: ebalisondole@gmail.com

Contract commencement date: ..... Cessation date.....

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: PEL PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 692 Street. BUNJU-A Ward. BUNJU

District/Municipal. KINONDONI Region. DAR ES SALAAM

POSTAL ADDRESS: ..... CONTACT. No. 0762324520

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE) PCF.14

Directors (Names):

1. EMMANUEL ROZARIA BALISONDOLE Qualification: PHARMACIST
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. PHARMACY SOLD TO ANOTHER PERSON (OWNER)
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: EMMANUEL ROZARIA BALISONDOLE

(Contact/email if different from the above)

Address: ..... Tel: 0762324520 E-mail: ebalisondole@gmail.com

Signature of Applicant..... Date 06/05/2025

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 06/05/2025

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)

THE UNITED REPUBLIC OF TANZANIA

PHARMACY COUNCIL

LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.22 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

EMMANUEL ROZARIA BALISONDOLE

PIN NO: 0102271

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311 is entitled to practice as a **Full Registered Pharmacist** upon the terms and subject to the conditions set forth in the aforesaid Act and its Regulations thereto.

Issued:**08 January 2021**

Expires on:**31 December 2025**

Registrar
Pharmacy Council

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101523

This is to certify that the premises owned by M/S ***Capelex Pharmacy Limited - Bunju*** of ***P.O. Box 34714, Dar es Salaam*** located at ***Plot No. 692, Block A, Bunju, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0101523***

Issued in: ***May 2021***

Expires on: ***30 June 2026***

24-08-2021

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***

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN :	101-186-555
HALMASHAURI YA MANISPAA YA KINONDONI	
MWANANYAMALA/ MWINJUMA ROAD	
31902	
DAR ES SALAAM	

Tax Certificate Number: **131-0239-8555**

Issuing Office: Kinondoni
Telephone: 022-2771841
Date of issue: 21 May 2025
Expiry Date: 31 December 2025

Taxpayer Name	**CAPELEX PHARMACY LIMITED**		
Trading Name			
Taxpayer Identification Number	**157-860-828**	Vat Registration Number	
Company Registration Number	**157860828**		

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : MAKUMBUSHO STREET NEAR MAKUMBUSHO BUS STAND

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 via stalls and markets of other goods
3	Manufacture of pharmaceuticals, medicinal chemical and botanical products

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
21 May 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.

HATI YA MKATABA WA MAUZIANO YA DUKA LA DAWA (PHARMACY)

Mkataba huu unaingiwa hivi leo tarehe 05 Mwezi 05, 2025

KATI YA;

CAPELEX PHARMACY LIMITED wa Sanduku la Posta Na. **34714, Dar es salaam** (hapa akijulikana kama "**Muuzaji**") kwa upande mmoja,

NA

BW. EMMANUEL BALISONDOLE wa Dar es salaam (hapa akijulikana kama "**Mnunuzi**") Kwa upande wa Pili,)

KWA KUWA Muuzaji ni mmiliki halali wa Duka la dawa lililopo Bunju "A" Plot No. 692, Block A, Bunju – Kinondoni (Hapa ikijulikana kama **Capelex Pharmacy Limited - Bunju**)

BASI MKATABA HUU UNASHUHUDIA YAFUATAYO;

1.0 KUUZA DUKA LA DAWA (PHARMACY)

1.1. Kwamba Muuzaji anauza Duka la dawa lenye jina **Capelex Pharmacy Limited - Bunju** lenye usajili wa Baraza la Pharmacy **FIN.0101523** Mnunuzi ananunua Duka hilo kwa malipo kama ilivyoainishwa hapa chini bila ya kipingamizi chochote.

2.0 MALIPO NA GHARAMA ZA MKATABA

2.1 Kwamba kwa kununua Duka hilo Mnunuzi anatakiwa kulipa kiasi cha **Tsh.4,000,000 shilingi milioni nne tu** ikiwa ni malipo kamili ya ununuzi wa Duka hilo.

2.2 Kwamba malipo hayo Kama ilivyoelezwa katika kifungu cha 2.1 hapo juu yamelipwa kwa mpangilio ufuatao baada ya kusaini mkataba huu hivi leo tarehe 05 Mwezi 05 Mwaka 2025.

2.3 Kwamba kwa kutia sahihi Mkataba huu Muuzaji anakiri kupokea kiasi cha **Shilingi Milioni nne tu (4,000,000/=)** kama malipo ya mauziano ya Duka hilo.

3.0 MAKABIDHIANO YA DUKA LA DAWA

3.1 Kwamba Muuzaji atakabidhi Duka hilo kwa Mnunuzi mara tu baada ya malipo hayo kukamilika.

4.0 WAJIBU WA MUUZAJI

4.1 Kukabidhi Duka hilo bila kipingamizi chochote kama ilivyoelezwa katika kifungu cha 3.1

4.2 Kuhakikisha kuwa mambo yote juu ya madai au suala lolote juu ya Duka hilo yanamalizwa kabla ya Duka la dawa kukabidhiwa kwa Mnunuzi.

4.3 Kwamba anakiri na kuthibitisha kuwa pindi atakapotia sahihi Mkataba huu Duka hilo linakoma kuwa chini ya umiliki wake na kwamba umiliki wa Duka unahamia kwa Mnunuzi bila ya masharti mengine zaidi ya yale yaliyo elezwa katika kifungu cha 3.1

5.0 WAJIBU WA MNUNUZI

5.1 Kulipa kwa Muuzaji malipo ya ununuzi wa Duka hilo kama ilivyoainishwa katika Mkataba huu hapo juu.

5.2 Kuhakikisha kuwa anatimiza majukumu yake katika mkataba huu.

KATIKA USHUHUDA AMBAPO wahusika katika Mkataba huu wametia sahihi zao siku ya tarehe Kama inavyoonekana hapa chini.

Imetiwa **SAHIHI** hapa na mtajwa
Bw. TUMAINI MAKOLE (K.n.y Capelex Pharmacy Limited - Bunju)

anayefahamika kwangu binafsi/ aliyetambulishwa kwangu na _____
_____ anajulikana kwangu binafsi leo
tarehe 05 mwezi 05 ,2025

MUUZAJI

MBELE YANGU

SHAHIDI:

JINA: OLESY S. NDALANDA

SAHIHI: _____

SANDUKU LA POSTA: 2190 2

SIFA: M.EO

Imetiwa **SAHIHI** hapa na mtajwa
Bw. EMMANUEL BALISONDOLE
anayefahamika kwangu binafsi/ aliyetambulishwa kwangu na _____
_____ anajulikana kwangu binafsi leo
tarehe 05 mwezi 05 ,2025

MNUNUZI

MBELE YANGU

SHAHIDI:

JINA: MARIAM THABITH JAMES HUSSAIN

SAHIHI: _____

SANDUKU LA POSTA: 3190 2

SIFA: _____

OLESY S. NDALANDA

MAHAKAMA KUU YA TANZANIA
AFISA MTENDAJI
KATA YA BUNJU
SAHIHI
TAREHE
DAR ES SALAAM

MKATABA WA KUPANGISHA FREMU

MKATABA HUU NI KATI YA ..JOHN GILIAD MBWAMBO..
AMBAYE ATAJULIKANA KAMA MWENYE FREMU

..P.E.L PHARMACY.. AMBAYE ATAJULIKANA KAMA MPANGAJI KWA UPANDE MWINGINE

PLOT NO.

MWENYE FREMU NA MPANGAJI WAMEKUBALIANA YAFUATAYO;

1. KODI YA FREMU NI TSH..100,000/=..KWA MWEZI
2. KWAMBA MPANGAJI ATALIPA KODI YA MIEZI..Sita..(6)..KWA PAMOJA AMBAYO NI TSH. ..600,000/=..
3. KWAMBA MPANGAJI HARUSIWI KUPANGISHA MTU YEYOTE BILA IDHINI YA MWENYE FREMU
4. KAMA MPANGAJI ANAPASWA KUZINGATIA USAFI WA MAZINGIRA
5. MPANGAJI ATAHUSIKA NA ULIPAJI WA BILL ZA UMEME KWA MUDA ATAKAOKUWA AMEPANGISHA FREMU HII
6. KWAMBA MKATABA HUU UNAANZA TAREHE ..15/3/2025.. NA KUISHA TAREHE ..15/8/2025
7. KWAMBA MKATABA UKIISHA MWENYE FREMU NA MPANGAJI WANA HIARI YA KUENDELEA NA MKATABA MWINGINE AU KUVUNJA MAKUBALIANO
8. KAMA MPANGAJI ATAHITAJI KUHAMA ATOE TAARIFA KABLA YA SIKU 30 ZA MKATABA KUISHA

JINA LA MWENYE FREMU..JOHN G. MBWAMBO.. SAHIHI.....

JINA LA MPANGAJI..P.E.L PHARMACY.. SAHIHI.....

SHAHIDI WA MWENYE FREMU

JINA: ..THERESIA V. MICHAEL.. SAHIHI..T.V.michael..

SHAHIDI WA MPANGAJI

JINA: ..THERESIA V. MICHAEL.. SAHIHI..T.V.michael..