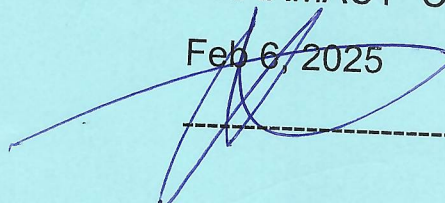
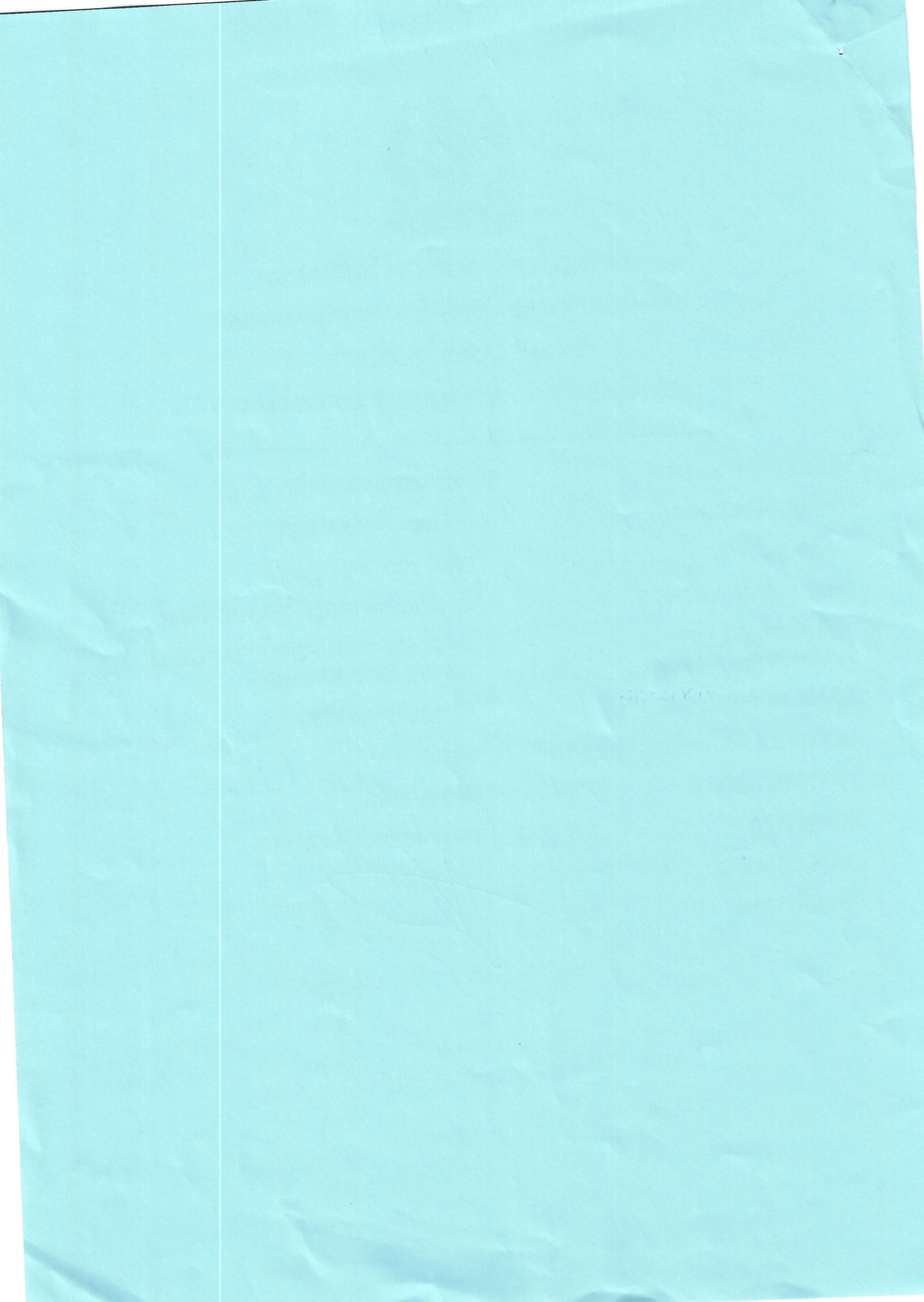


UNITED REPUBLIC OF TANZANIA  
JAMHURI YA MUUNGANO WA TANZANIA  
EXCHEQUER RECEIPT  
STAKABADHI YA MALIPO YA SERIKALI

RECEIPT NUMBER	925037308892156
RECEIVED FROM	511KJ PHARMACY
AMOUNT	TZS 100,000.00
AMOUNT IN WORDS	ONE HUNDRED THOUSAND
IN RESPECT OF	APPLICATION FOR CHANGE OF NAME/ OWNERSHIP
BANK REFERENCE	EC102459804233
CONTROL NUMBER	991620297287
PAYMENT DATE	Feb 6, 2025
ISSUED BY	PHARMACY COUNCIL
DATE ISSUED	Feb 6, 2025
SIGNATURE	

PHARMACY COUNCIL



991620297287 #100,000/- Naomba Asandue unfaaf no  
100,000/-

PHARMACY COUNCIL for change of Business name



PCF.14

023/07/2025

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: SIUKI PHARMACY FIN. 0800071

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

PHYSICAL ADDRESS:

Plot No. .... Street: GONGOLAMBOTO Ward KWALALA

District/Municipal ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: 1918 Contact No. 0621402484

E-mail: gongolamboto511@gmail.com

OWNERSHIP:

Directors (Names): 1. SIUKI HOSPITAL Qualification: .....

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

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

SUPERINTENDANT INFORMATION:

Full Name: ..... PIN: .....

Residential Address: ..... Tel: ..... Email: .....

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

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: TULIVU PHARMACY

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

PHYSICAL ADDRESS:

Plot No. .... Street: GONGOLAMBOTO Ward KWALALA

District/Municipal ILALA Region DAR-ES-SALAAM

POSTAL ADDRESS: 1918 CONTACT No. 0621402484

**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: .....

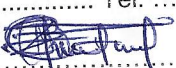
Contract commencement date: ..... Cessation date .....

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**


1. Previous name was different from owner receipt, so we have decide to change the name in order to remove the difference.
2. ....
- .....
- .....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: 511 KJ

(Contact/email if different from the above)

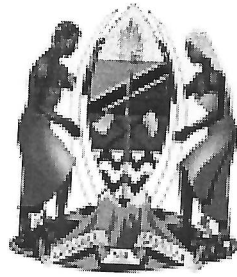
Address: 1918Tel: 0621402484E-mail: gongolamboto511@gmail.comSignature of Applicant: Date: 23 Apr 2025**SECTION E: APPLICANT DECLARATION**

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

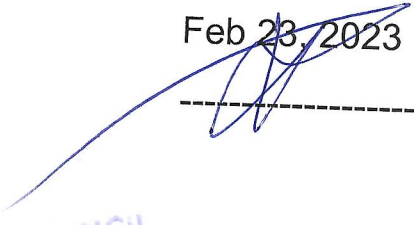
Signature of Applicant: Date: 23 Apr 2025**SECTION F: REQUIRED ATTACHMENT**

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)



UNITED REPUBLIC OF TANZANIA  
JAMHURI YA MUUNGANO WA TANZANIA  
EXCHEQUER RECEIPT  
STAKABADHI YA MALIPO YA SERIKALI

RECEIPT NUMBER	923054162057949
RECEIVED FROM	511KJ PHARMACY
AMOUNT	TZS 30,000.00
AMOUNT IN WORDS	THIRTY THOUSAND
IN RESPECT OF	DUTY REGISTER BOOK, PHARMACY/ADDO LOGO
BANK REFERENCE	EC101700890066IP
CONTROL NUMBER	991620181415
PAYMENT DATE	Feb 23, 2023
ISSUED BY	PHARMACY COUNCIL
DATE ISSUED	Feb 23, 2023
SIGNATURE	

PHARMACY COUNCIL



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0800071

This is to certify that the premises owned by M/S 511KJ Pharmacy of P.O.Box 111, Dar es Salaam located at Ukonga Street, Gongo la Mboto, Ilala Municipality/District in Dar es Salaam Region has been registered for Hospital Pharmacy to sell pharmaceutical and related products with Facility Identification Number (FIN) 0800071

Issued in: November 2022

Expires on: 30 June 2027

28-11-2022

DATE:

SIGNATURE OF REGISTRAR  
AND STAMP

Registrar  
Pharmacy Council  
P. O. Box 1277  
Dodoma

### CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises
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



