PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0200329

This is to certify that the premises owned by M/S ***Mkuti Pharmacy-Arusha Branch*** of ***P.O Box 50 Arusha*** located at ***Bondeni Street,Kati Ward,Arusha jiji,Arusha*** Municipality/District in ***Arusha*** Region has been registered for ***Wholesale Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0200329***

Issued in: ***August 2024***

Expires on: ***30 June 2029***

Registrar Pharmacy Council P. O. Box 1277 Dodoma

07-09-2024

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***

MKUTI
Pharmacy
Mkuti Pharmacy
Genuine Services with Integrity

TEL: +255 (0)22 2700308, Mobile: +255 (0) 658 198 373, 0715496544
ADDRESS: P.O.BOX 550 MASASI, MTWARA; Email: mkuti.pharmacy@yahoo.com

23/09/2024

Kumb: **MKT/PHARM/MSS/2024/09/VOL. 02**

MSAJILI
BARAZA LA FAMASI (T)
S.L.P. 1277
DODOMA

YAH: TAARIFA YA KULIFUNGA DUKA LETU LA DAWA LA MKUTI PHARMACY – ARUSHA BRANCH, LILILOPO KATIKA MANISPAA YA ARUSHA.

Rejea kichwa cha habari hapo juu.

Tunapenda kulitaarifu rasmi Baraza lako kwamba Duka letu la Mkuti Pharmacy – Arusha Branch – Manispaa ya Arusha lenye **Permit no. 00329-2024** kutoka PHARMACY COUNCIL na Facility Identification Number (FIN) **0200329**, tumelifunga kutokana na matatizo yaliyonipata mimi kama mmiliki.

Duka hilo lilikuwa linasimamiwa na Mfamasia Ndg, **Jumanne J. Kabazi** mwenye Personal Identification Number (PIN) **0102840**.

Tunaambatanisha na nakala ya permit kwa utekelezaji zaidi.

Asante

.....
HUSSEIN JUMA KADARI
(Mkurugenzi wa Mkuti Pharmacy)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent [✓] **Other Pharmaceutical Personnel** [ ]

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy MKUTI PHARMACY -ARUSHA Facility Identification Number (FIN) 0200329

Physical address:

Street BONDENI Ward KATI District/Municipal ARUSHA CITY Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JUMANNE JOSEPH KABAZI PIN 0102840 Phone 0685162628

Address P.O BOX 351 ARUSHA Email jkabazi@gmail.com

A.3. REASON(s) FOR CHANGE

CLOSURE OF THE PREMISE

Time frame of notification: (As per Contract) 30 days Signature Kabazi Date 30.08.2024

A.4. OWNER'S DETAILS

Full Name HUSSEIN JUMA KADARI Phone Number 0658198373

Remarks closure of pharmacy

Signature [signature] Date 30.09.2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone Number ..... Email .....

Physical address:

Street ..... Ward ..... District/Municipal ..... Region .....

Details of Previous pharmacy:

Name of Pharmacy ..... FIN ..... District/Municipal ..... Region .....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice
(ii) Contract Agreement/MOU
(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations .....

Full Name ..... Designation ..... Signature ..... Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.