

# NIKKI PHARMACY COMPANY LTD

ADDRESS  
P. O. BOX 102  
CHALINZE - PWANI  
TANZANIA



MOB: +255(0) 767 565 057  
+255(0) 653 340 147

*Dealers in Whole sale and Retail Medicine*

26/03/2025

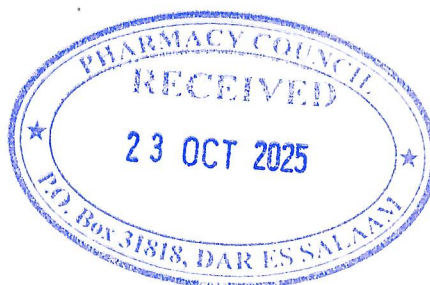
~~DIRECTOR GENERAL~~ REGISTRAR

PHARMACY COUNCIL OF TANZANIA

P.O. BOX 31818

Dar es Salaam,

Dear Sir/Madam



Ref: Request to close pharmaceutical business at Chalinze

This is in reference to the caption above.

We body of Directors Nikki Pharmacy Limited, have resolved on closing of business for operational purposes as one of our director is facing a serious cardiac battle and will be out of duty for a long period of time.

Since then the company has suffered financial difficulties and this will need to be reworked by sourcing the financial facility which will take time to recover.

Since then we request you to close the chalinze branch until this is resolved for strong come back.

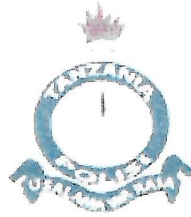
Thank you for your cooperation.

Nikki Pharmacy Limited.

Irene w kimario

Innocent patrick mirisho

JAMHURI YA MUUNGANO WA TANZANIA  
WIZARA YA MAMBO YA NDANI YA NCHI  
JESHI LA POLISI TANZANIA



TAARIFA YA MALI ILIYOPOTEA

PHQ/DAR/ILA/153395/2025

*Hii ni kuthibitisha kuwa*

IRENE WILLIAM KIMARIO



Ametoa taarifa kituo cha polisi siku ya Saturday, February 15th, 2025 kwamba mali iliyoainishwa hapa chini imepotea:-

Aina ya Mali	Jina ya Mali	Nambari ya Mali
Nyaraka	premises registration certificate of pharmacy yenye jina la nikki pharmacy co.ltd	fin: 0300334

Maelezo Zaidi  
nimepoteza



*Ufumbuzi*

Nambari ya malipo :: 9910847151660

3IKUT WA JESHI LA POLISI (PT)

Nambari ya kitambulisho :: 19881001257110000219

Wednesday, October 22nd, 2025

MUHIMU: Lazima ieleweke wazi kwamba ripoti hii si ushahidi kwamba ripoti iliyowasilishwa na mlalamikaji ilikubaliwa na Kituo cha Polisi kama halali.



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE 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 MIRRI PHARMACY Facility Identification Number (FIN) 0300334  
Physical address:  
Street Bwilingu Ward Bwilingu District/Municipal CHALIMBE Region PWANI

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name GLADNESS S. MARUKU PIN 0402310 Phone 0753-543561  
Address ..... Email gladiegadness@gmail.com

A.3. REASON(S) FOR CHANGE

THE PHARMACY IS CLOSED

Time frame of notification: (As per Contract) ..... Signature ..... Date .....

A.4. OWNER'S DETAILS

Full Name LAGUE KIMARIO Phone Number 0767-565057  
Remarks .....  
Signature L. Kimario Date 21-10-2025

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.