

**Jaferu Pharmacy**  
**Magomeni , Dar es Salaam,**  
**Tanzania,**  
**0673 559614**  
**30<sup>th</sup> December, 2024**

**REGISTRAR OF PHARMACY**  
**Pharmacy Counciler Tanzania,**  
**P. O. Box 31818.**  
**Dar es Salaam, Tanzania.**



**Dear Sir/Madam**

**APPLICATION TO CLOSE JAFERU PHARMACY**

I am writing to formally apply for the closure of Jaferu Pharmacy, Operating under Permit No. 02096. The Pharmacy was licensed to operate a retail-only business at premises located between Plot No. 57, Idrissa Street, Mzimuni Ward, Kinondoni Municipal/District in the Dar es Salaam region. The Pharmacy's FIN identification number is 0102096, and the Superintendant Pharmacist is Jamila Uhuru Ramadhani.

The primary reason for this decision is due to unsatisfactory sales resulting from the location of the pharmacy. As a result, the business is no longer viable.

All remaining medicines and related items will be securely transferred To AHSA Pharmacy, located in Dodoma, for proper management and continued use under regulatory compliance.

We kindly request the Pharmacy Council to guide us on any additional steps of requirements for this closure process. Please let us know if further documentation is needed to facilitate the completion of this application.

Thank you for your understaing and support.

Yours sincerely,

Jaferu Pharmacy

Owner 0673 559614



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:


Ref. No.BC.43/311/01C/166

17<sup>th</sup> June, 2022

Director,  
Jaferu Pharmacy,  
P.O. Box 31121,  
DAR ES SALAAM.

**RE: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of your premises located at Plot No. 57, Idrissa, Mzimuni, Kinondoni in Dar es Salaam region to conduct a **Retail business of a pharmacist**, has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.
  3. You are hereby directed to comply with the stipulated conditions of a pharmacist business by doing the following: -
    - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
    - (ii) In addition to (i) above, you shall be obliged to acquire the following documents;
      - a) Pharmacy Act, 2011 available at [www.pc.go.tz](http://www.pc.go.tz)
      - b) The Pharmacy (Pharmacy Practice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at [www.pc.go.tz](http://www.pc.go.tz)
      - c) Standard Treatment Guidelines and National Essential Medicine List of 2021;
      - d) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015*;
      - e) Pharmacist Duty Business Register; and
      - f) Pharmacy Logo to be displayed at the entrance of the pharmacy.
  4. Please be informed that, this letter does not represent the Premises Registration Certificate or a Business Permit.
  5. You are required to collect the Certificate and Business Permit within 21 working days from the date of this letter which shall be issued upon fulfillment of the stipulated conditions and shall be handled strictly to a superintendent pharmacist.
  6. I anticipate your cooperation in this matter.
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Elizabeth Shekalaghe  
**REGISTRAR**
- Copy:** Pharmacy Council, Zonal Coordinator – Eastern Zone  
TMDA – Zone Manager- Eastern Zone  
Regional Medical Officer- Dar es Salaam



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102096

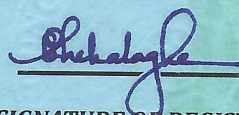
This is to certify that the premises owned by M/S Jaferu Pharmacy of P.O.Box 31121, Dar es Salaam located at Plot.No. 57 Idrissa Street, Mzimuni Ward - Kinondoni, Dar es Salaam Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102096

Issued in: June 2022

Expires on: 30 June 2027

03-08-2022

DATE:

  
SIGNATURE OF REGISTRAR  
AND STAMP

REGISTRAR  
PHARMACY COUNCIL  
P.O. BOX 31818 DAR ES SALAAM

### 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

