KABURA LUCHANGANYA,
S.L.P 16,
KAHAMA.
28 FEBRUARI 2025

MSAJILI BARAZA LA FAMASI,
S.L.P 1277
DODOMA.

YAH: MAOMBI YA KUFUNGA FAMASI (LUCHANGANYA PHARMACY) .

Husika na kichwa hapo juu.

Mimi ni mmiliki wa Luchanganya Pharmacy yenye Permit No. 03397-2025 FIN 0103397 iliyopo Shinyanga wilaya ya Msalala, kata ya Isaka, mtaa wa Mwembechai Plot Na. 74 Block A. Naleta kwako maombi ya kufunga Famasi yangu kufuatia changamoto za kifedha hivyo kushindwa kuendelea na biashara hiyo.

Ninaambatanisha orodha ya dawa zilizokuwemo kwenye Famasi yangu zitakazohamishiwa kwenda Kitunda Pharmacy.

Natanguliza Shukrani.

Wako katika Ujenzi wa Taifa

K. Luchanganya

KABURA KALAMJI LUCHANGANYA

PCF. 17

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 LUCHANGANYA Facility Identification Number (FIN) 0103397

Physical address:

Street Mwembechai Ward ISAKA District/Municipal Msalala Region Shinyanga

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name MATHEW NASIER OUMA PIN 0103624 Phone 0763557362

Address P.O BOX 1464 MWANZA Email mnouma1612@gmail.com

A.3. REASON(s) FOR CHANGE

Financial difficulties leading to closure of the pharmacy bnsiness

Time frame of notification: (As per Contract) Immeadiately Signature M. Ouma Date 28/02/2025

A.4. OWNER'S DETAILS

Full Name KABURA KALAMJI LUCHANGANYA Phone Number 0778181176

Remarks Closure of the Pharmacy bussness

Signature K. Luchanganya Date 28/02/2025

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.

DAWA ZILIZO KUWA DUCHANGANYA PHARMACY KUTOKA RITINDA PHARMACY (TIN NO) 144147502

S/N	List of Medicine	Batch/No	Quantity
1	Berrylin syp	341100	2 bottle
2	Delased syp		3 bottle
3	Dr. cold syp	24015	2 bottle
4	Scotts sy	4084	4 bottle
5	Ascoril d syp	10241607	4 bottle
6	Coldril syp	2311096	6 bottle
7	Mystatin syp	24023	3 bottle
8	Good morning sy	00078	1 bottle
9	B-complex syp	604	5 bottle
10	Mucolyn ped syp	2407017	1 bottle
11	Phamaclin syp	C425	3 bottle
12	Hematon syp	HT619	3 bottle
13	Deciten syp	SS614	3 bottle
14	Cetrizen syp	4B00511	6 bottle
15	Pedzinc syp	2F3014	24 bottle
16	Calpol syp	Y100Zn	2 bottle
17	Nasal drop Adult	23002C	3 bottle
18	Ibuprofen tab	05186	200 tabs
19	Chlorpheniramin tab	0P4010	100 tabs
20	Paracetamol tabs	PLK2402004	400 tab
21	Oroda	01396P01B	9 tabs
22	Baby grippe water	$646	4 bottle
23	Levamisol syp	240376	5 bottle
24	Clotrimazole V-cream	CN240D	3 tube
25	Diclopa gelly	241033	3 tube
26	Cetrizen tab	ALE2408006	200 tab

S/N	List of medicine	Batch (no)	Quantity
27	Gentamycin eye drop	57B02724	4 bottle
28	mefenamic acid	23016	~~sete~~ 80 capsule
29	mupirocin tube	10240425	1 tube.
30	Volin gelly	SXF1I29A	1 tube
31	Diclopa tab	2407029	200 tab.
32	Salbutamol tab	23103	100 tab
33	co-trimoxazole tab	S5422	120 tabs
34	Fastum gelly	4063	3 tube
35	Diclofenac tab	PSD24003	200 tabs
36	charcoal dy	001765	1 bottle
37	Glucose powder	24082.	8 packt
38	Toffplus cap	4424017	26 capsule
	Jina La pharmacy LUCHANGANYA PHARMACY	Sahihi	
	Jina La mmiliki KABURA KALAMU LUCHANGANYA	K. Luchaganya	
	Jina la mpokeaji CHARLES ERASTO KITUNDA Jina La phamacy KITUNDA PHARMACY	C. Kitunda	

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00388-2021

This Permit is hereby granted to M/S *Kitunda Pharmacy* of *P.O. Box 350, Shinyanga* to operate a *Retail and Wholesale Business* at the premises situated/lying between *Tabira Road, Kahama Mjini* Municipality/District in *Shinyanga* Region with Facility Identification Number (FIN) *0300388* under a superintendent Pharmacist *Chynda Bathromeo Juma* with Personal Identification Number (PIN) *0102612*

Issued in: *September 2021*

Expires on: *30 June 2025*

19-08-2024

DATE:

SIGNATURE OF REGISTRAR

CONDITIONS

1. *This Permit shall have and continue to have effect from and including the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation*
2. *The nature of conducting business shall conform to the category of pharmacist business registered*
3. *This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.*
4. *When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises Registration Certificate and Business Permit*
5. *The permit is non transferrable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act if satisfied terms and conditions have been violated*

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103397

This is to certify that the premises owned by M/S ***Luchanganya Pharmacy*** of ***P.O Box 16, Kahama*** located at ***Plot No. 74, Block "A", Mwembechai Street, Isaka Ward, Msalala*** Municipality/District in ***Shinyanga*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103397***

Issued in: ***November 2024***

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

11-12-2024

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***
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***