UHINDINI PHARNACY,

S.L.P 185,

KILOSA.

~~10/10/2024~~

31/01/2025

BARAZA LA MFARMASIA,

S.L.P ,

DODOMA.

YAH:KUSIMAMISHA BIASHARA YA KUUZA DAWA NA

KUREJESHA KIBALI CHA BIASHARA

Rejea kichwa cha habari hapo juu.

Kupitia ofisi yako napenda kuijulisha kwamba kuanzia tarehe **1/10/2024** kusimamisha kuendelea kuuza dawa za binadamu kutokana na gharama kubwa za uendeshaji hivyo kwa barua hii napenda kurudisha kibali cha kuendesha biashara ya dawa.

PERNTI NO: 00610-2024

FIN : 0100610

Chini ya usimamizi wa mfamasia Bakari Balozi mwenye **PIN 0103003** iliyotolewa **October 2018** na kuisha **30June2025.**

Napenda kutoa shukrani zangu za dhati kwa uongozi wa baraza la famasia kwa kipindi chote.

Wako katika kazi

.....

MBARAKA MNYAMAKI

MMILIKI UHINDINI PHAMACY

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00610-2024

This Permit is hereby granted to M/S ***Uhindini Pharmacy*** of ***P. O. Box 185, Morogoro*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Wazee Street Plot No. 11B, Mbumi, Kilosa*** Municipality/ District in ***Morogoro*** Region with Facility Identification Number (FIN) ***0100610*** under a superintendent Pharmacist ***Bakari Balozi*** with Personal Identification Number (PIN) ***0103003***

Issued in: ***October 2018***

Expires on: ***30 June 2025***

12-08-2024

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 transferable and Council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated***

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..... UHINDINI ..... PHARMACY ..... Facility Identification Number (FIN)..... 0100610 .....

Physical address:

Street..... ~~UHINDINI~~ WAZEE STREET. ..... Ward..... MBUMI ..... District/~~Municipal~~... KILOSA ..... Region.. MOROGORO .....

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... BAKARI ..... BATOZI ..... PIN ..... 0103003 ..... Phone... 0759297136 .....

Address..... P.O. BOX. 372 - DODOMA ..... Email... bakanbabazinhaga@gmail.com .....

A.3. REASON(s) FOR CHANGE ① Leaving the Region (Morogoro) work station to the other place for work.

Time frame of notification: (As per Contract) One month Signature ..... Date 01.12.2024 .....

A.4. OWNER'S DETAILS

Full Name.... MBARAKA ..... MWANAKI ..... Phone Number. 0715940111 .....

Remarks.....

Signature..... Date.....

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.

Bakari Balozi,
SLP 3092,
ARUSHA
02.01.2025.
0759297136.

Msajili,
Baraza la Famasi.
SLP 1277.
DODOMA.

Ndg:

YAH: KUSITISHA MKATABA WA KUSIMAMIA FAMASI YA UHINDINI.

Husika na kichwa tajwa hapo juu.

Mimi Mfamasia Bakari Balozi, Msimamizi wa Famasi ya uhindini iliyopo Wilayani Kiteto. Nimepata Ridhaa ya Baraza nimeteuliwa katika usimamizi wa Famasi tajwa hapo juu hii ni kutokana na mimi kutaka kikosi kitendo kitakachosimamia ubora wa huduma za Kifamasia kama inavyotegemewa,

Hata hivyo nimeshamtaarifu Bwana Baraka Mnyambi Mmiliki wa Famasi hiyo tangu tarehe 01.12.2024, kuwa atafute mfamasia mwingine na kwamba ifikapo tarehe 01.01.2025 atatakiwa kuwa na mfamasia mwingine. Lakini katika hali isiyotarajiwa hakunipa ushirikiano wa kusaini Fomu maalum ya kubadilisha msimamizi na hivyo kupelekea mimi kutuma Barua hii bila saini ya mmiliki na Tarehe aliyosaini.

Kwa Barua hii, naomba niondolewe kutolewa katika mfumo sambamba na yeye kuarifiwa na awapatie mfamasia mwingine.

Wako katika ujenzi wa Taifa

Bakari Balozi.