

Emmanuel N. Gwaretha,
P.O. BOX 472,
KAHAMA SHINYANGA.
17/2/2025.

THE PHARMACY COUNCIL
OF TANZANIA
P.O. BOX 1277
DODOMA

-/ATT: Ombi LA KUFUNGA GWARETHA
PHARMACY.

Husika na mada tajwa hapo Jum. Naimini
Emmanuel NLODEMUS GWARETHA. mmiliki wa
Gwarehi Pharmacy iliyopo mkoa wa Shinyanga
maandao ya Kahama mtaa wa Nyasubi
Naomba kufunga Pharmacy kwasaka
loi ya kifamilia hasa upungufu wa
mtaji. Nita wakilisha kibali cha biashara
na idadi ya dawa zilizo baki kwenye baraza
la Pharmacy Council mwanza. Naimini
Ombilangu litakubaliwa.

E. Gwarehi
EMMANUEL GWARETHA.

Tell: 0698 074 247

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00388-2024

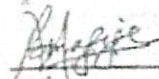
This Permit is hereby granted to M/S Kitunda Pharmacy of P.O. Box 350, Shinyanga to operate a Retail and Wholesale Business at the premises situated/lying between Tubira Road, Kahama Mjini Municipality/District in Shinyanga Region with Facility Identification Number (FIN) 0300388 under a superintendent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

Issued in: September 2021

Expires on: 30 June 2025

19-09-2024

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 the Act if satisfied terms and conditions have been violated



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PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 27 of the Pharmacy Act, 2011

Permit No. 03195

This Permit is hereby granted to M/S Gwarehhi Pharmacy to operate a Retail Only Business at the premises situated/lying between Plot No.904 Block Q, Nyasubi Street, Nyasubi, Kahama Municipality/District in Shinyanga Region with Facility Identification Number (FIN) 0103195 under a superintendent Pharmacist JOSEPH J KIJAMBULACHO with Personal Identification Number (PIN) 0103734

Issued in: August 2024

Expires on: 30 June 2025

04-09-2024

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



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act, Cap. 311

Permit No. 03195-2024

This Permit is hereby granted to M/S Gwarehhi Pharmacy of P.O.Box 470, Kahama to operate a Retail Only Business at the premises situated/lying between Plot No.904 Block Q, Nyasubi Street, Nyasubi, Kahama Municipality/District in Shinyanga Region with Facility Identification Number (FIN) 0103195 under a superintendent Pharmacist Joseph J Kijambulacho with Personal Identification Number (PIN) 0103734

Issued in: August 2024

Expires on: 30 June 2025

04-09-2024

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



N/S	List of medicine	Quantity	Total
1.	Priton tabs	1 box	100 tabs
2	Amoxylin Caps	1 box	100 Caps
3	Septine tabs	1 box	100 tabs
4	Alu tabs	1 box	10 pack
5	Malafin tabs	1 box	3 pack
6	Damata tabs	1 box	30 tabs
7	Actin tabs	1 box	20 tabs
8	Magnesium tabs	1 box	50 tabs
9	Paracetamol tabs	1 box	100 tabs
10	Diclofenac tabs	1 box	100 tabs
11	Mebendazole tabs	1 box	100 tabs
12	Metronidazole tabs	1 box	100 tabs
13	Amoxylin syp	3 bott	3 bott
14	Prinalyn syp	3 bott	3 bott
15	Prinalyn syp (Adult)	4 bott	4 bott
16	Coffnil syp	2 bott	2 bott
17	Baby Kripe water syp	2 bott	2 bott
18	Septine syp	2 bott	2 bott
19	Totolon syp	2 bott	2 bott
20	Dolomol syp	2 bott	2 bott
21	Shelladol syp (paracetamol)	2 bott	2 bott
22	ORS	4 pack	4 pack
23	Spirit	2 bott	2 bott
24	Solution	6 pack	6 pack
25	Glucose powder	2 bott	2 bott
26	Alu syp	2 bott	2 bott
27	Chest of syp	2 bott	2 bott
28	Priton syp	2 bott	2 bott
29			
30			

Jina la Pharmacy!
GWARETHI PHARMACY
 Jina la mmliki:

EMANUEL NIDOMUS GWARETHI

Jina la mpokeaji:
 CHARLES ERASIO KITUNDA
 Jina la pharmacy:

KITUNDA PHARMACY

TIN: 144147502

Sahibi

E. Gwarethi

C. Kitunda

TIN



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 GWAREHHI Facility Identification Number (FIN) 0103195
Physical address:
Street NYASUBI Ward NYASUBI District/Municipal KAHAMA Region SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JOSEPH JAMES KIJAMBULACHO PIN 0103734 Phone 0744-850620
Address Kahama - Shinyanga Email josephkja1840@gmail.com

A.3. REASON(S) FOR CHANGE

CLOSURE OF PHARMACYTime frame of notification: (As per Contract) 7 days Signature [Signature] Date 17/02/2025

A.4. OWNER'S DETAILS

Full Name Emmanuel Gwarehhi Phone Number 0698074247
Remarks Am closing pharmacy with immediate effect
Signature E. Gwarehhi Date 17/02/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name Emmanuel Gwarehhi PIN NIL 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 — Designation — Signature — Date —
Full Name —

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.