



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF.17

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. 257)

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 AMSHAH PHARMACY Facility Identification Number (FIN) 012198
Physical address:
Street KILIMANI Ward MLANGUWIM District/Municipal ARUSHA Region ARUSHA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ISSA YASIRI PIN 0102215 Phone 0753375025
Address P.O. BOX 3010, KILIMANI Email ISSAYASIRI1990@gmail.com

A.3. REASON(S) FOR CHANGE

CLOSURE OF PREMISE

Time frame of notification: (As per Contract) 24 hrs Signature I. YASIRI Date 02/08/2024

A.4. OWNER'S DETAILS

Full Name AMINA MAJALIWA Phone Number 0764813801
Remarks I, AMINA MAJALIWA am AM agree to change management for the reason stipulated above
Signature A. Majaliwa Date 21/8/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name N/A PIN N/A Phone Number N/A Email N/A
Physical address:
Street N/A Ward N/A District/Municipal N/A Region N/A
Details of Previous pharmacy:
Name of Pharmacy N/A FIN N/A District/Municipal N/A Region N/A

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.

AMSIAH PHARMACY
S.L.P 3024
ARUSHA
07/07/2024

MSAJILI BARAZA LA FARMASI
S.L.P 1277
DODOMA

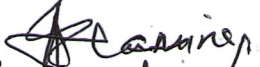
XAH: KUFUNGA FARMASI (AMSIAH PHARMACY)

Rejee somo lajwa.

AMINA MATAJIWA MABULA NI MAMULIKI WA FARMASI LAJWA HYO
JUA YENYE NAMBA YA USAJILI FIN 012198 TOKE BARAZA LA
FARMASI.

Ndote lajwa ya kufunga farmasi kur sababu mschimbili
ikiwemo kushindwa kamada gharani za uendesheji. Wapenda
kukajuliwa kuwa halikweme kufunga biashara ndani za
miera 6 chyoote hivyo dani hizi zimepitwa na munda.
Dau chache ambazo bado zinamada wa kufunga kazi
limerita kama sababu kwenye kituo che ofa kisera.
Ninakarabisha orodha hiyo ya dani tulingane.

Uko kilita uyenzi wa taifa.


Amini Mjilwa

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102198

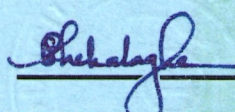
This is to certify that the premises owned by M/S **Amsiah Pharmacy** of **P.O. Box 1500, Arusha** located at **Plot No 4, Kilimani Street, Mlangarini, Arusha** Municipality/District in **Arusha** Region has been registered for **Retail Only** to sell pharmaceutical and related products with Facility Identification Number (FIN) **0102198**

Issued in: **July 2022**

Expires on: **30 June 2027**

26-08-2022

DATE:



SIGNATURE OF REGISTRAR
AND STAMP

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



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

AMSI AH PHARMACY:

1. SYRUP

- | | |
|----------------------------------|---------------------------|
| - Dr. cold syrup | - Vitamin B complex syrup |
| - Coldlyn syrup | - Cyproheptadine syrup |
| - Mucolyn syrup | - Antacid syrup |
| - Emedlyn syrup | - promethazine syrup |
| - Totolin (cough) syrup | - Ier midol syrup |
| - Cophdex syrup | - Nyxlatin syrup |
| - Ascodil syrup | - Ampiclox syrup |
| - Koflyn syrup | - Amoxicillin syrup |
| - Sinarot syrup | - Cephalixin syrup |
| - Junior care syrup | - Metronidazole syrup |
| - Zenkaf syrup | - Cotrimoxazole syrup |
| - Chest of syrup | - Flucanox syrup |
| - Brozen syrup | - Amoxyclave syrup |
| - Good morning syrup | - Erythromycin syrup |
| - Zecuf syrup | - Azithromycin syrup |
| - Lorazepam syrup | - Pen V syrup |
| - Ambrodil syrup | - Albendazole syrup |
| - chlorpharmine syrup | - Mebendazole syrup |
| - Cetirizine syrup | - Levamisole syrup |
| - Sedition syrup | - Menthodex syrup |
| - salbutamol syrup | - Pan G syrup |
| - Metoprolol syrup | - Ibuprofen syrup |
| - Paracetamol syrup | - Kofol syrup |
| - Ibuprofen syrup | |
| - Baby supercalyx syrup | |
| - Belladonna syrup | |
| - Cod Lactulose syrup | |
| - Multivitamin syrup | |
| - Recler gel syrup | |
| - Hemont syrup | |

2: TUBES:

- Mupiroxin cream
- Betamethasone cream
- K ly gel.
- Betamethasone ointment
- Hydrocortisone cream
- Aciclovir cream
- Skiderm der cream
- Smadern cream
- Gentrisone cream
- Candiderm cream
- Epriderm cream
- Benzoyl peroxide gel.
- Kutineal ~~cream~~
- Kitiheal cream
- Bevic ointment
- Vlin gel.
- Diclofenac gel.
- Diclofange
- Fastum gel.
- Burnox cream
- Terbinatine cream
- Whitfield ointment
- Ketoconazole cream
- clotrimazole cream
- Gynozol v. cream
- clotrimazole v. cream
- clotrimazole pessaries
- Gynozole v capsule
- chlorphenicol ointment
- Tetracycline ointment
- Oxytetracycline ointment

3: Eye / Ear

- Boric acid
- DEXA + Gentamicin drops
- Gentamicin ear drops
- Prednisolone ear drops
- Dexamethasone eardrops
- chlorphenicol eardrops

4: TABS:

- Albendazole tabs
- Mebendazole tabs
- Levamisole tabs
- Neuroton tabs
- pregabalin tabs
- NAFB caps
- Salbutamol tabs
- Aminophylline tabs
- prednisolone tabs
- Poff phs caps
- Dr. cold tabs
- coldflon caps
- Zent Lorange
- Sinusert tabs
- Ascard tabs
- Atenolol tabs
- Amlodipine tabs
- metformin tabs
- Mefedipine

4: TAB:

— Glibeclamide kb

— Losartan H50

— Losartan H

— Azithromycin tabs

— Ampidox op.

— Amoxicillin op

— Ampicillin op

— Cotrimoxazole

— Cephalaxin

— Fluconazole

— Fluconox

— Amoxycilave

— Tetracycline

— ~~Ery~~ Erythromycin

— Doxycycline

— Ciprofloxacin

— Metronidazole

— Cefixime

— Pen V kb

— Duphaston

— NOR 5 kb

— NOR 1 kb

— Tinidazole

— Secnidazole

— Folic

— Mifepuramin

— Glucose

— Paracetamol

— Duloxetine kb

— Hedex

— ~~Homadex~~

— Koflone (pam + ibuprofen)

— Ibuprofen kb

— ~~pro~~ proxican

— Meloxicam

— Tenoxicam

— Aceclofenac

— Hedon kb

— Dene kb

— Panadol sachet

— Elmax kb

— Mefenamic acid

— Uva kb

— Diclopar MR

— Musclosphus

— Dentamot kb

— Mafbu

— Sp

— Mifuper kb

— Actin

— Hbosine kb

— Tiradine

— Sclatamol

— Vmidoxin

— Amnophlone

— ~~pt~~ prednisolone

— Chlorpheniramine

— Cetirizin

— Bisacodol

— promethazine

4. TABS

- Allopurinol
- Lorazepam
- Cyproheptadine
- Ascorbic acid
- vitamin B complex
- Febs
- ALU
- Lanoprazole
- Omeprazole
- Magnesium
- Eno
- Phenobarbitol tabs
- Furosemide tabs
- Haloperidol tabs
- Carbamazepine
- Erecto tabs

6. OTHER

- Ponde
- Mint
- Neosporin
- Panaluba
- Ephedrine nasal drops
- M nasal drops
- Boron & methyl
- Syringe
- Flare
- Mouth wash
- Sodium salt
- Potassium permanganate
- Dental Liniment
- cotton wool roll

5. INJECTION

- ceftriaxone inj
- Gentamicin
- Diclofenac inj
- Ampicillin
- X-pen
- metoclopramide
- Promethazine
- Hydrocortisone
- Cortisone
- water nuch