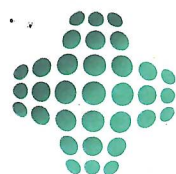


ABACUS
PHARMA (A) LTD



CERTIFICATE NO: 801227

07th Aug, 2024

The Registrar,

Pharmacy Council,

P.O. Box 1277,

Dodoma,

Tanzania.

**RE:NOTIFICATION OF CLOSURE OF PHARMACY BUSINESS FOR ABACUS PHARMA (A)
AFRICA - TABATA BRANCH**

We, Abacus Pharma (A) Ltd - Tabata Branch, FIN 0300517, hereby formally notify your esteemed office of the closure of our pharmacy operations at this location, effective on 9th August 2024. Consequently, all stock will be transferred to our Abacus Pharma (A) Ltd - Head Office Warehouse, also located at Tazara, under registration FIN 0200176.

Please find enclosed renewed permit, and change of management forms for the superintendent pharmacist and pharmaceutical technician for your reference.

Thank you for your attention to this matter.

Yours Truly,

For Abacus Pharma (A) Ltd

Authorized Signatory

Inspired by Life

Nyerere Road Plot 18C | apliz.abacuspharma.com | P.O. Box 13244 Dar es Salaam
Tel: +255 22 2865 212 / 213 | www.abacuspharma.com

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00517-2024

This Permit is hereby granted to M/S Abacus Pharma (A) LTD - Tabata Branch of P.O.Box 12294, Dar es salaam to operate a Retail and Wholesale Business at the premises situated/lying between Liwiti Street, Tabata, Ilala Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0300517 under a Superintendent Pharmacist Diana Senator Lyoto with Personal Identification Number (PIN) 0103221

Issued in: December 2022

Expires on: 30 June 2025

18-06-2024

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



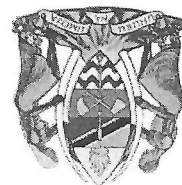


PCF. 17

THE UNITED REPUBLIC OF TANZANIA

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: ABRAX PHARMACY LTD Ward: TARUMU Physical address: 14th Street: Limbo

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: DR. E. J. J. J. Address: 0108981 PIN: 0786158504 Email: dr.e.j.j.j@gmail.com

A.3. REASON(S) FOR CHANGE

Closure of Business

Time frame of notification: (As per Contract)

A.4. OWNER'S DETAILS

Full Name: ABRAX PHARMACY LTD Remarks: 07/08/2024 Signature: 0699600919 Phone Number: 0699600919

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: PIN: Phone Number: Email: Physical address: 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.

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

Physical address:

Street: LimiliWard: IkisaniDistrict/Municipal: IkisaniRegion: DRC-ErromarFull Name: Elina ChagwaPIN: 0407183Phone: 06833925200Email: elina.chagwa76@gmail.com

A.3. REASON(S) FOR CHANGE

Closure of pharmacy

Time frame of notification: (As per Contract)

Signature: [Signature]Date: 7/08/2024

A.4. OWNER'S DETAILS

Full Name: Abdullah (A) LIDPhone Number: 0699600919

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name

Physical address:

Street: Ward

Details of Previous pharmacy:

District/Municipal: RegionRegion: Region

Phone Number

Email

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.

