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

ABACUS PHARMA (A) LTD. Plot No. 18C Warehouse No. 4 Nyerere Rd P. O. Box 12294 DAR-ES-SALAAM

Authorized Signatory

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***

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 ABACUS PHARMA (A) LTD-TABATA BRANCH Facility Identification Number (FIN) 0300517

Physical address:

Street LIWITI Ward TABATA District/Municipal ILALA Region DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name DIANA LENATOR LYOTO PIN 010822I Phone 0786158504

Address DAR-ES-SALAAM Email dianawenatorl@gmail.com

A.3. REASON(s) FOR CHANGE

CLOSURE OF BUSINESS

Time frame of notification: (As per Contract) ..... Signature ..... Date 7/8/2024

A.4. OWNER'S DETAILS

Full Name ABACUS PHARMA (A) LTD Phone Number 0699800919

Remarks.....

Signature ..... Date 07/08/2024

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.

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 ABACUS PHARMACY LTD TABATA BENNA Facility Identification Number (FIN) 0300517

Physical address:

Street LINITI Ward TABATA District/Municipal ILALA Region DAR-ES-SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ELIAS CHUBWA PIN 0407183 Phone 0683 3925 200

Address DAR Email chubwaelias76@gmail.com

A.3. REASON(s) FOR CHANGE

CLOSURE OF PHARMACY

Time frame of notification: (As per Contract) ..... Signature FB Date 7/08/2024

A.4. OWNER'S DETAILS

Full Name ABACUS PHARMA (A) LTD Phone Number 0699600919

Remarks.....

Signature ..... Date 07/08/2024

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)

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