

WILFRED M. CHESTER

S L P 45

MASASI - MTWARA

22/03/2024

0682 667670

0678 641765

MSAJILI

BARAZA LA FAMAASI

S.L.P. 1277

DODOMA



YXH: KUFUNGA DUKA LA DAWA (REST PHARMACY)

Husika na kichwa cho habari hayo, juu, Mimi Wilfred nimeilikiwa dukani la dawa Rest Pharmacy lililo sajiliwa kwe (FIN) Namba 0300526. Napenda kukufhamisha kwe, nimeamua kufunga na kurudisha vitaji kwe Baraza la Famaasi kutokana na changamoto mbalimbali za kibiasa.

Asante sana kwa ushirikiano wako. Wako kwe ujenzi wa Taifa

~~Wako~~

Wilfred Michael Chester.



JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TWALA ZA MIKOA NA SERIKALI ZA MITAA
JALMA SHAURI YA MJI MASASI



MTENDAJI
MTAA RESIDENT CAMP
KATA YA MKOMAINDO
S.L.P 447
MASASI
TRH 06/12/2023

MENBAK F.D.A

Schup

MASASI

YAH: UTAMBULISHO

NDG: WILFRED MICHAEL CHESTER

Nongu mtajwa hapo juu ni mmoja katika wakazi wa Mtaa wangu.

Nathibitisha kuwa ni mwana Mtaa mwaminifu ningomba apokelewe kwenye

opini yake na kupewa ushirikiano ili aweze kupata

umilika kufanya biashara naomba asaidiwe

Mimi Mtendaji natamka haya si kwa manufaa yangu bali kwa manufaa ya jamii kwa ujumla, naahidi kutoa ushirikiano wa hali na mali.

Natanguliza shukrani za awali.

[Signature]

AFISA MTENDAJI MTAA

LAIDA H. MUKHARZI



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. 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 REST PHARMACY Facility Identification Number (FIN) 0300526
Physical address: REST CAMP Ward MKOMANDO District/Municipal MASASI Region MTWARA
Street REST CAMP

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ANANIA ANANGISYE MUKHAWA PIN 0102603 Phone 0755170993
Address MASASI, MTWARA Email anangisye.anania.aa@gmail.com

A.3. REASON(S) FOR CHANGE

Owner wishes to change the operational costs for the business of Rest pharmacy.
Time frame of notification: (As per Contract) 30 days Signature AA Date 30/11/2023

A.4. OWNER'S DETAILS

Full Name WILFRED M CHESTER Phone Number 0678641765
Remarks AA
Signature AA Date 30-11-2023

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.



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00526-2023

This Permit is hereby granted to M/S Rest Pharmacy of P.O. Box 501, Mtwara to operate a Retail and Wholesale Business at the premises situated/lying between Rest Camp Street, Mkomaindo, Masasi Mjini Municipality/District in Mtwara Region with Facility Identification Number (FIN) 0300526 under a superintendent Pharmacist Anania Anangisye with Personal Identification Number (PIN) 0102603

Issued in: February 2023

Expires on: 30 June 2023

16-03-2023

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

