

SKYLINE PHARMACY

P.O.BOX 6500

MOROGORO

Skylinepharmacy04@gmail.com

0690-158495

01-08-2025

REGISTRAR
PHARMACY COUNCIL
P.O.BOX 1277
DODOMA
TANZANIA



REF NOTIFICATION OF CLOSURE OF PHARMACY BUSINESS SKYLINE PHARMACY - 0300689

Dear sir/madam

I am writing to formally notify you of the permanent closure of my pharmacy business skyline pharmacy, located at Morogoro Municipal effective on 01-08-2025. *All medicine/Drugs have been liquidated (sold up) Shaibu.*

The pharmacy is registered under Facility identification No 0300689 and I am the designated owner and Pharmacist with PIN NO 0101896, the decision to cease operation is due to business restructuring.

To ensure the compliance with the regulatory requirement, I confirm the following actions have been well taken

1-I surrender the permit to operate the business of pharmacist License no 00689-2025

2-I surrender the premise registration certificate no 0300689

Please acknowledge this information and advise if further information is required from my end to finalize this closure with the council. I can be reached at the contact details above

Thank you for your attention to this matter

Sincerely

SHAIBU MOHAMED MSAKATI

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00689-2025

This Permit is hereby granted to M/S Skyline Pharmacy of P.O Box 6500 Morogoro to operate a Retail and Wholesale Business at the premises situated/lying between Plot No.26, Sultan Street, Kingo ward, Morogoro Municipality/District in Morogoro Region with Facility Identification Number (FIN) 0300689 under a superintendent Pharmacist Shaibu Mohamed Msakati with Personal Identification Number (PIN) 0101896

Issued in: March 2025

Expires on: 30 June 2025

15-04-2025

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



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300689

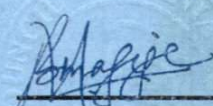
This is to certify that the premises owned by M/S Skyline Pharmacy of P.O Box 6500 Morogoro located at Plot No.26, Sultan Street, Kingo ward, Morogoro Municipality/District in Morogoro Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300689

Issued in: March 2025

Expires on: 30 June 2030

17-04-2025

DATE:


SIGNATURE OF REGISTRAR
AND STAMP

Registrar
Pharmacy Council
P.O. Box 1277
Dodoma

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

