



AIWAFIEA PHARMACEUTICALS LIMITED

To

The Registrar
Pharmacy Council
Po Box 1277 , DODOMA
TANZANIA



Subject: Closure of Pharmacy

Dear Sir/Madam,

I am writing to formally inform the Pharmacy Council that **AIWAFIEA PHARMACEUTICALS LIMITED**, located at **Plot no. 68/69, Nkurumah/Swahili street Gerezani Municipality/District** in Dar es salaam region, will be closed from **28/05/2025** to until we are in good condition to do business due to alot of reason . Some example are given below :-

1. Some of our MR stole our money. They took goods from office and delivered anywhere. After some time when we are rechecking with customer they told us then we didn't received any goods from you. Now police is finding that MR.
2. All customer are not paying on time. There is a lot of name in this. There is a lot of other pharmacy also. It seems like we are bagging for our own money.
3. We can't able to flow money in market. No body is giving us credit but we need to give our customer credit and after that we are not getting our money.
4. We want to stop this business until we start our own importation, till finishing recovery from buyers or until we get more Capital.

During this period, all pharmaceutical services will be suspended, and appropriate measures have been taken to ensure the safe storage and security of all pharmaceutical products and patient records.

We understand the importance of notifying the Council and assure you that the pharmacy will comply with all legal and regulatory requirements during this period. We will notify you promptly upon resuming operations.

Please let us know if any additional documentation is required.

Thank you for your understanding and support.



Yours faithfully,

Pankaj kumar

GM

AIWAFIEA PHARMACEUTICALS LIMITED

00317-2025

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00317-2025

This Permit is hereby granted to M/S Aiwafiea Pharmaceuticals Limited of P.O.Box 3053, Dar es Salaam to operate a Wholesale Only Business at the premises situated/lying between Plot No. 68/69, Nkurumah/ Swahili Street, Gerezani Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0200317 under a superintendent Pharmacist Festo J Msechu with Personal Identification Number (PIN) 0103712

Issued in: August 2024

Expires on: 30 June 2025

02-09-2024

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



In reply please quote:

Ref. No.BC.43/311/01F/268

22nd July, 2024

Director,
Aiwafiea Pharmaceuticals Ltd,
P.O Box 3053,
Dar es Salaam

**Re: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN
A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of the premises located at Plot No.15, Block 20, Kongo/Kipata in Dar es Salaam region to conduct a **Wholesale Business of a Pharmacist**, has been approved as per Section 37 (1) (b) of the Pharmacy Act, Cap. 311.
3. You are hereby directed to comply with the stipulated conditions as follows: -
 - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician.
 - (ii) Selling of medicines to only authorized/registered outlets.
 - (iii) In addition to above, you shall be obliged to acquire the following documents;
 - a) Pharmacy Act, 2011, Pharmacy Practice Regulations, 2020 and Pharmacy Prescription Handling and Control Regulations, 2020 (available at www.pc.go.tz);
 - b) The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015 (available at www.tmda.go.tz)
 - c) Pharmacy Logo to be displayed at the entrance of the pharmacy
 - d) List of authorized/registered outlets from Pharmacy council Premises e-Register link <https://www.pc.go.tz/premises/>.
4. Your premises registration certificate and business permit shall be issued to superintendent pharmacist upon fulfillment of the above stipulated conditions.
5. This letter does not represent either the Premises Registration Certificate or a Business Permit.
6. I anticipate your cooperation in this matter.


Boniface Magige
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Eastern Zone
TMDA – Zone Manager- Eastern Zone

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0200317

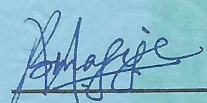
This is to certify that the premises owned by M/S Aiwafiea Pharmaceuticals Limited of P.O.Box 3053, Dar es Salaam located at Plot No.15, Block 20, Kongo/Kipata Municipality/District in Dar es Salaam Region has been registered for Wholesale Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0200317

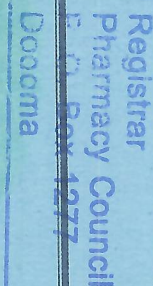
Issued in: August 2024

Expires on: 30 June 2029

02-09-2024

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

