ALIZA PHARMACY

S.L.P 3092

ARUSHA

18/05/2025

PHARMACY COUNCIL
RECEIVED
06 JUN 2025
P.O. Box 15353, ARUSHA

MSAJILI, BARAZA LA PHARMACIA

S.L.P 1277

DODOMA-TANZANIA

YAH: **KUSIMAMISHA BIASHARA YA PHARMACY**

Husika na kichwa cha Habari tajwa hapo juu.Mimi mtajwa hapo juu ninaomba kusitisha biashara ya pharmacy kutokana na sababu ambazo ziko nje ya uwezo wangu.Madawa yote niliyokua nayo nimeyahamishia BRELIMO PHARMACY iliyoko jijini Arusha.Naishukuru sana mamlaka yako kwa ushirikiano wenu kwa kipindi chote na na nategemea kupata ushirikiano pindi nitakapohitaji tena.

Marietha shao

OROBITA YA DAWA NILIZOPELEKA

BRELIMO PHARMACY.

1. Amoxiclave 625mg 2 boxes.
2. Ampiclox Caps. 1 box.
3. Flucamox Caps 1 boxes
4. Cifran ci 1
5. Cephalexine Caps. 1 box
6. Ciprofloxine tabs 2 boxes
7. Pen v tabs 1
8. Metronidgle tabs 1
9. Ampiclox Suspension 3
10. Ampicilla Suspension 2
11. Chest cof 5 tabs
12. Eno powder 50 sachets
13. Probeta -N 2
14. Anusol Suppositories 10
15. Artequick 1 dose
16. Zenerge 3 bottles
17. Mifepa 100 tabs.
18. Medex 10 tabs
19. Azithi Suspens 2

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102762

This is to certify that the premises owned by M/S ***Aliza Pharmacy*** of ***P. O. Box 3092 Arusha*** located at ***Plot No: 18 , Terati street , Murieti , Arusha jiji ,*** Municipality/District in ***Arusha*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102762***

Issued in: ***August 2023***

Expires on: ***29 June 2028***

20-09-2023

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***