NakietePharmacy (T) Ltd
Your health, our concern.

Nakiete House, Bagamoyo Road,
P.O.Box 106206, Dar es Salaam, Tanzania
Tel: +255 277 2162/2700198
Fax: +255 2700198
Phone: +255 758 700 800/0742 300 100/0718 214 903
Email: nakietepharm@yahoo.com
Email: info@nakietepharmacy.com
www.nakietepharmacy.com

2nd May,2024

PHARMACY COUNCIL
RECEIVED
06 MAY 2024
P.O. Box 31818, DAR ES SALAAM

The Registrar,

Pharmacy Council,

P.O.BOX 31818,

DAR ES SALAAM

Dear Sir/Madam.

RE: CLOSURER NAKIETE PHARMACY-MAGOMENI BRANCH WITH FIN:0101117

The above heading refers,

We Nakiete Pharmacy -Magomeni Branch, would like to inform you that, we have permanently closed our Pharmacy since 01/05/2024.

Therefore, with this letter we handover to your office, PREMISES REGISTRATION CERTIFICATE of Facility Identification Number 0101117 and PERMIT TO OPERATE THE BUSINESS OF PHARMACIST, Permit No.01117-2023

We hope your office will cooperate with this close notification

Regards

Albino Kadete

Manager

NAKIETE PHARMACY (T) LTD
P.O. Box 106206,DSM
TIN.103-083-052

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 01117-2023

This Permit is hereby granted to M/S *Nakiete Pharmacy (T) LTD - Magomeni* of *P.O. Box 106206, Dar es salaam* to operate a *Retail Only Business* at the premises situated/lying between *Magomeni, Kinondoni* Municipality/District in *Dar es Salaam* Region with Facility Identification Number (FIN) *0101117* under a superintendent Pharmacist *Michael Raxson Sufwe* with Personal Identification Number (PIN) *0101388*

Issued in: *February 2020*

Expires on: *30 June 2024*

26-07-2023

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*

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101117

This is to certify that the premises owned by M/S ***Nakiete Pharmacy (T) LTD - Magomeni*** of ***P.O. Box 106206, Dar es salaam*** located at ***Magomeni, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0101117***

Issued in: ***February 2020***

27-03-2020

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*