

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0103332

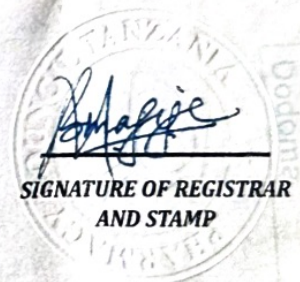
This is to certify that the premises owned by M/S Kigala Pharmacy of P. O. Box Mwanza located at Kigala Street, Buswelu, Ilemela Municipality/District in Mwanza Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103332

Issued in: November 2024

Expires on: 30 June 2029

11-12-2024

DATE:



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



JACKLINE ANAEL KIMAMBO

P.O.BOX MWANZA

01/12/2025

KWA,MSAJILI

BARAZA LA PHARMACY TANZANIA

S.L.P. 1277

DODOMA

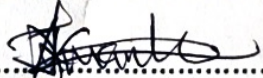
YAH :TAARIFA YA KUFUNGA BIASHARA YA PHARMACY

Mimi JACKLINE ANAEL KIMAMBO mmiliki wa **KIGALA PHARMACY**,ninaleta taarifa rasmi kuwa nimemua kufunga shughuli za pharmacy hii kuanzia 01/12/2025.

kwa msingi huo naomba kufuta usajili wa pharmacy hii katika orodha ya famasi zilizosajiliwa.Pia naunga mkono kujiondoa kwa **SUPERINTENDENT PHARMACIST** kama msimamizi wa famasi hii.

wako kwa heshima

JACKLINE ANAEL KIMAMBO


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KIGALA PHARMACY

P.O.BOX

MWANZA

1/12/2025

TO THE REGISTRER

PHARMACY COUNCIL OF TANZANIA

P.O. BOX 1277

DODOMA

REF: **MEDICINE DONATION FROM KIGALA PHARMACY TO FRAJA PHARMACY**

I FESTUS FABIAN, a registered pharmacist and superintendent of kigala pharmacy , hereby write to inform you that following the closure of our pharmacy , we have agreed to donate the remaining usable and unexpired medicines to **FRAJA PHARMACY** located at ilemela municipality in Mwanza.

The decision was made to avoid wastage of good medicines and to ensure they continue to benefit the community. The medicines has been stored under appropriate conditions and remain within their shelf life.

Attached is a detailed list of all donated medicines including quantities and expiry dates

This donation is being made in agreement with the superintendent of Fraja pharmacy and both parties have signed below to confirm the handover and acceptance

DONATING PHARMACY

NAME: FESTUS FABIAN

SIGNATURE: *Festus Fabian*

DESIGNATION: PHARMACIST

RECEIVING PHARMACY

NAME: ANDREW TJ SANGA

SIGNATURE: *Andrew Tj Sanga*

DESIGNATION: PHARMACIST INCHARGE

184	TRANEXAMIC ACID 500MG	10 TABLETS	04/2026
185	CEFIXIME 400MG	10 TABLETS	2/2028
186	FEBUXOSTAT	20 TABLETS	3/2026
187	HYDRALAZINE 25MG	25 TABLETS	05/2026
188	SPIRONOLACTONE 25MG	25 TABLETS	10/2027
189	AMLODIPINE 5MG	100 TABLETS	10/2027
190	PROPRANOLOL 40MG	8 TABLETS	8/2026
191	GLIBENCLAMIDE 5MG	50 TABLETS	2/2027
192	GLYBRIDE 5MG	10 TABLETS	1/2026
193	CARVEDILOL 12.5MG	10 TABLETS	6/2026
194	ALLOPURINOL	100 TABLETS	4/2030
195	DEXAMETHASONE 0.5MG	100 TABLETS	11/2029
196	TRAMADOL INJ	3 AMPOULES	01/2029
197	AMINOPHYLINE INJ	2 AMPOULES	01/2026
198	BENZYL PENICILLIN INJ	2 VIALS	3/2028
199	GENTAMYCIN INJ	4AMPOULES	3/2028
200	HYDROCORTISONE INJ	4 VIALS	5/2028
201	ARTEMETHER INJ	3VIALS	10/2027
202	ADRENALINE INJ	3AMPOULES	08/2026
203	RUNGU	3BOTTLES	3/2028
204	TISSUE	2DOSENS	03/2029
205	H PYLORI KIT	7KITS	7/2027



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



NOTICE 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... KIGALA PHARMACY Facility Identification Number (FIN)... D103332
 Physical address:
 Street... KIGALA Ward... BULWELU District/Municipal... ILEMELA Region... MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... FESTUJ FABIAN PIN... D103860 Phone... 0696798754
 Address... P.O BOX MWANZA Email... festufabian@gmail.com

A.3. REASON(S) FOR CHANGE

PHARMACY CEASED TO OPERATE

Time frame of notification: (As per Contract) Signature..... Date.....

A.4. OWNER'S DETAILS

Full Name... JACQUES ANAEL KIMAMBO Phone Number... 0652 719034
 Remarks... CLOSING THE PREMISE
 Signature... [Signature] Date... 2/12/2025

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.