

Africure Pharmaceuticals Tanzania Ltd.  
P.O Box No. 3730, R K Complex, Plot No.111,  
Kipawa Vingunguti Industrial Area,  
Julius Nyerere Road, Dar es Salaam, Tanzania.  
Ph: +255654541555  
6/5/2025

Superintendent,  
Aron Cyprian Malima  
P.O.Box :67375  
Dar es Salaam  
PIN: 0101631



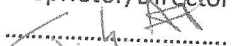
**REF: AFRICURE MBEZI BEACH PREMISE CLOSURE**

With reference to the heading above, we would like to notify your good office that we intend to close one of our retail pharmacy premise by 31/5/2025.


The premise to be closed is located at Dar es Salaam, Plot No: 13, Block K, Mbezi Beach, Kinondoni, with Facility Identification Number (FIN) 0101446

Reason for closing: There is no enough business to overcome our expenditures.

All the remaining medicines will be transferred to another Africure branch, which will be Africure Kinondoni, Plot no: 728, block 366, Itagi street, Kinondoni B, Facility Identification Number (FIN) 0101237

Proprietor/Director  
  
Anup TG



Superintendent  
  
Aron C. Malima

Cc

Registrar,  
Pharmacy Council,  
NHIF Building, 1<sup>st</sup> Floor, UDOM Road,  
P.O.Box 1277,Dodoma  
Mobile:+255 26 2963885



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



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: AFRICURE MBEZI BEACH Facility Identification Number (FIN): 010/446  
Physical address: MBEZI BEACH Ward: KAWI District/Municipal: KIMUNDO NI Region: DAR ESSALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: ARON STEPHEN MACHIA PIN: 0101631 Phone: 0673171903  
Address: 67375, TEGETH, DAR ESSALAAM Email: aronstephen58@gmail.com

A.3. REASON(S) FOR CHANGE

NO ENOUGH BUSINESS TO OVERCOME EXPENSES

Time frame of notification: (As per Contract) 1 MONTH Signature: A. Machia Date: 7/5/2025

A.4. OWNER'S DETAILS

Full Name: ANUP TG Phone Number: 067 703 2450  
Remarks: h Signature: h Date: 6/5/2025  
0717 305 950  
0754 095 222



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.



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101446

This is to certify that the premises owned by M/S Africure Pharmaceuticals Tanzania Limited of P.O.Box 10554, Dar es Salaam located at Plot No; 13, Block K, Mbezi Beach, 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) 0101446

Issued in: February 2021

Expires on: 30 June 2026

10-03-2021

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 premises
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

