



Salama Pharmaceuticals Limited

Our Ref: SPL/PC/005/2024

11th December, 2024

The Registrar
Pharmacy Council
P O Box 31818
DAR ES SALAAM



Dear Sir,

Re: CLOSURE OF PHARMACY PREMISES – KARIAKOO BRANCH

Salama Pharmaceuticals Limited – Kariakoo Branch

FIN: 070202403

Permit No: 00070-2024

With reference to the above stated heading, we wish to inform you that we will close our Salama Pharmaceutical Business – Kariakoo Branch – Wholesale

13/19 Uhuru/Nyamwezi Street
Kariakoo, Ilala.

Effective from 16th December 2024.

Thanking you in anticipation of your kind cooperation.

Yours faithfully
SALAMA PHARMACEUTICALS LIMITED


M.S.GULAMHUSEIN
MANAGING DIRECTOR

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00070-2024

This Permit is hereby granted to M/S Salama Pharmaceuticals Ltd of P.O. Box 65235, Dar es Salaam to operate a Wholesale Only Business at the premises situated/lying between Aggrey/Nyamwezi Street, Ilala Municipality/ District in Dar es Salaam Region with Facility Identification Number (FIN) 0200070 under a superintendent Pharmacist Hamad Omari Shaame with Personal Identification Number (PIN) 0100163

Issued in: July 2012

Expires on: 30 June 2025

18-06-2024

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



PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE


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

FIN: 070202403

This is to certify that the premises owned by M/S Salama Pharmaceuticals LTD of P.O.Box 65235, Dar es Salaam located at Aggrey/Nyamwezi Street, Ilala Municipality/District in Dar es Salaam region have been registered for Wholesale Pharmacy for Selling of Pharmaceutical Products with Facility Identification Number (FIN) 070202403

Issued on: August, 2015

05th October 2015
DATE:


SIGNATURE OF REGISTRAR
AND STAMP

CONDITIONS

1. The premises and the manner in which the business is to be conducted must conform to requirements of the Pharmacy Act Cap. 311 or any other written law related to the premises registration at all times, failure of which will cause this certificate be suspended, revoked or cancelled
2. The Council reserves the right to suspend, revoke or cancel any certificate or permit issued under the Act
3. Any Change in the ownership, business name 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. This certificate shall be displayed conspicuously in the registered premises

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0200070

This is to certify that the premises owned by M/S Salama Pharmaceuticals Ltd of P.O. Box 65235, Dar es Salaam located at Aggrey/Nyamwezi Street, Ilala Municipality/District in Dar es Salaam Region has been registered for Wholesale Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0200070

Issued in: July 2012

03-11-2018

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




SIGNATURE OF REGISTRAR
AND STAMP

PH 12 11 2018
P.O. BOX 65235, DAR ES SALAAM