

Registrar.

Pharmacy Council.

P.O. Box. 31818.

Dar-es-salaam.

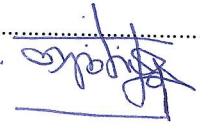
Ref. Closure of Bonita Pharmacy, FIN 0101347 located at Plot No. 785, Kondo Street, Kunduchi,
Kinondoni municipality in Dar-es-Salaam.

Reference is made to the above heading.

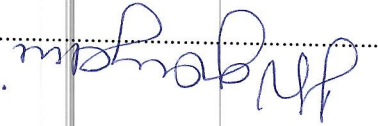
Partners of Bonita Pharmacy; Blasdus F. Njako and Josephine V. Ngonyani wish to inform you that this
Pharmacy is closed from 8th February 2024 and will no longer conduct a retail business of a Pharmacy.

Thank you for your cooperation.

Blasdus F. Njako



Josephine V. Ngonyani.



Bonita Pharmacy,
P.O.Box. 6216,
Dar-es-salaam.

7/2/2024.

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

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy: BONITA

Physical address: Kondo

Street: Kondo

Ward: KUNDUHI

Full Name: LUPATA AIDON MUKITA

Address: P.O. BOX 6500 UBUNGU - DAR ES SALAAM

Email: mj.kwafuraha@gmail.com

Phone Number: 0785890370

District/Municipal: KANDUNDI

Region: DAR ES SALAAM

A.3. REASON(S) FOR CHANGE

closure of the pharmacy

Time frame of notification: (As per Contract) 90 days

Signature: [Signature]

Date: 6/2/2024

A.4. OWNER'S DETAILS

Full Name: BLAISUS F. NTAHO

Remarks: closure of pharmacy

Phone Number: 0784322333

Signature: [Signature]

Date: 8/2/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name:

Physical address:

Street:

Details of Previous pharmacy:

Name of Pharmacy:

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: 011347

This is to certify that the premises owned by M/S Bonita Pharmacy of P.O. Box 6216, Dar es Salaam located at Plot No. 785, Kondo Street, Kunduchi, 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) 0101347

Issued in: October 2020

Expires on: 30 June 2025

DATE:
29-11-2020

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

