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

7/2/2024.

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.

.....

PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE 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..... BONITA ..... Facility Identification Number (FIN)..... 0101347

Physical address:

Street..KONDO..... Ward..KUNDUCHI..... District/Municipal..KINONDONI..... Region..DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..... FURAHA AIDAN MFIKWA ..... PIN..A102770..... Phone..0785890370

Address..P.O.BOX 65000 UBUNGO - DAR ES SALAAM..... Email..mf.kwafuraha@gmail.com.....

A.3. REASON(s) FOR CHANGE

..... CLOSURE OF THE PHARMACY .....

Time frame of notification: (As per Contract) ...90 days... Signature..... Date...6/2/2024

A.4. OWNER'S DETAILS

Full Name...BLASIUS F. NJAKO..... Phone Number..0784322333

Remarks...CLOSURE OF PHARMACY.....

Signature...BNjako..... Date...8/2/2024.

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: 0101347

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***

29-11-2020

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*