JAMAL OBED MTO[illegible]
Tel: 0753 440953
Barua Pepe: jamalmtabiijr@gmail.c[illegible]
DAR-ES-SALAAM.
14-3-2024.

MSAJILI
BARAZA LA FAMASI
S.L.P 1277.
DODOMA;

YAH: KUTOA TAARIFA YA KUFUNGWA KWA FAMASI

Husika na kichwa tajwa hapo juu, mimi ni mfamasia niliyekuwa nasimamia duka la dawa kubwa lijulikanalo FAITAM[illegible] PHARMACY, liyokuwa inapatikana katika mtaa wa Kisanga A, kata ya Uzuri, Manispaa ya Kinondoni, Jijini Dar-es-Salaam.

Nilipewa taarifa na mmiliki wa duka hilo aitwaye Faith Msechu, alidai kufunga biashara hiyo kwa kigezo kuwa ameshindwa kuiyendesha kwa biashara kuwa mbovu na gharama za uendeshaji kuwa juu.

Lengo la mimi kumwandikia Barua hii, ni baada ya kuwasiliana na mmiliki bila mafanikio, lakini hata pale nilipohitaji kuonana nae nimweze kumpatia fomu ya kutoa taarifa Baraza la Famasi, alijitetea hakuwa tayari kuonana na mimi [illegible]

Nimeambatanisha Barua hii pamoja na fomu ya kutoa taarifa. PIN yangu ni 0103480 and FIN (facility identification number) ni 0102906.

Nikutakie kazi njema ya ujenzi wa Taifa na majukumu mema.

[signature]

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 FATAMS PHARMACY Facility Identification Number (FIN) 0102906

Physical address:

Street KISARAWE Ward WAZO District/Municipal KINONDONI Region DAR-ES-SALAAM.

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JAMAL OBEID NTABI PIN 0103480 Phone 0753440953

Address TABATA - DAR-ES-SALAAM Email Jamalntabi.jn@gmail.com

A.3. REASON(s) FOR CHANGE PHARMACY CLOSED

Upon receiving by

Time frame of notification: (As per Contract) Pharmacy Council Signature [signature] Date 14/3/2024

A.4. OWNER'S DETAILS

Full Name ..... Phone Number .....

Remarks .....

Signature ..... Date .....

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.

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

In reply please quote:

Ref. No.BC.43/311/01D/137

12th September, 2023

Director,
Faitams Pharmacy,
Dar es salaam.

Re: **APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of your premises located at Kisanga,Wazo,Kinondoni MC in Dar es salaam region to conduct a **Retail business of a pharmacist,** has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.

3. You are hereby directed to comply with the stipulated conditions of a pharmacist business by doing the following: -

(i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.

(ii) In addition to (i) above, you shall be obliged to acquire the following documents;

a) Pharmacy Act, 2011 available at *www.pc.go.tz*
b) The Pharmacy (Pharmacy Practice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at *www.pc.go.tz*
c) Standard Treatment Guidelines and National Essential Medicine List of 2021;
d) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015;*
e) Pharmacist Duty Business Register; and
f) Pharmacy Logo to be displayed at the entrance of the pharmacy.

4. Please be informed that, this letter does not represent the Premises Registration Certificate or a Business Permit.

5. Please be advised that, your premises registration certificate and business permit shall be issued to you upon fulfillment of the stipulated conditions and shall be handled strictly to a superintendent pharmacist.

6. I anticipate your cooperation in this matter.

Elizabeth Shekalaghe
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Eastern Zone
TMDA – Zone Manager- Eastern Zone

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102767

This is to certify that the premises owned by M/S ***FAITAMS PHARMACY*** of ***P.O.Box , Dar es Salaam*** located at ***Kisanga, Wazo, 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) ***0102767***

Issued in: ***September 2023***

Expires on: ***29 June 2028***

20-09-2023

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar Pharmacy Council P.O. Box 1277 Dodoma

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***