MAKABIDHIANO YA MADAWA

Mimi ..AZAIDANI HAJI MUTAKYAMILWA..... (Mtekenolojia Dawa) wa **DUKA LA DAWA BULIGE (BULIGE PHARMACY)** iliyopo **BULIGE** Halimashauri ya **MSALALA**, Wilaya ya Kahama, Mkoa wa **SHINYANGA;** nakukabidhi wewe .....VERONIKA AIZACK MANGULA 0405.7.07 (Mfamasia) wa **DUKA LA DAWA PUGU (PUGU PHARMACY)** iliyopo **SEGESE** Halimashauri ya **MSALALA**, Wilaya ya Kahama, Mkoa wa **SHINYANGA**, Madawa kama vilivyoonyeshwa katika jedwali hapo chini. Sababu ya kukabidhi dawa ni **BULIGE PHAMACY** kufungwa baada ya kukosa Mfamasia anayeishi eneo la karibu baada ya aliyekuwepo kupata kazi mkoa mwingine.

S/No.	JINA LA DAWA/KIFAA TIBA	IDADI	HALI
1	Amoxyline Capsules Blisters	270	Nzuri
2	Sheladol Syrup Bottles	6	Nzuri
3	Hand Elbow support Set	1	Nzuri
4	Magnesium Trisilicate Tabs	40	Nzuri
5	Metronidazole Tabs	300	Nzuri
6	Ciprofloxacin Tabs	304	Nzuri
7	Doxycilline Capsules	603	Nzuri
8	Normal Saline Infusion	10	Nzuri
9	Oral rehydrated Salts	24	Nzuri
10	Misoprostol Tablets	12	Nzuri
11	Folic acid Tablets	120	Nzuri
12	Prednisolone Tablets	320	Nzuri
13	Ampiclox Capsules	206	Nzuri
14	Upt	100	Nzuri
15	Chestcof Syrup	4	Nzuri
16	Mucolyn Adult Syrup	5	Nzuri
17	Mucolyn Pediatric Syrup	4	Nzuri
18	Amitriptyline Tabs	75	Nzuri
19	Pantoprazole Tabs	100	Nzuri
20	Fluconazole Tabs	13	Nzuri
21	Giving set	21	Nzuri
22	Metronidazole Infusion	5	Nzuri
23	Tetracycline Capsules	300	Nzuri
24	Parachute Oil 100ml	8	Nzuri
25	Parachute Oil 50ml	6	Nzuri
26	Spanish Oil	1	Nzuri
27	Baby Johnson Powder	6	Nzuri
28	Shaver	16	Nzuri
29	Colgate 140mg	4	Nzuri
30	Cotton Bud	12	Nzuri
31	Dettol Liquid	1	Nzuri
32	Hq Pad	6	Nzuri
33	Miswaki	25	Nzuri
34	Vigor Doctor	5	Nzuri

35	Anusol Suppositories	54	Nzuri
36	Whitefield Ointment	57	Nzuri
37	21 Century Iron, Vitamin and Minerals	142	Nzuri
38	Toff plus Capsules	55	Nzuri
39	Dexamethasone Tablets	40	Nzuri
40	Vitamin B complex Tablets	255	Nzuri
41	Contoured Lumber/Sacral Support	3	Nzuri
42	Absorbent Cotton 500g	3	Nzuri
43	Absorbent Cotton 200g	3	Nzuri
44	Creepe Bandage 5cmx4.5m	1	Nzuri
45	Creepe Bandage 7.5cmx4.5m	10	Nzuri
46	Surgical Blade	72	Nzuri
47	Examination Gloves	100	Nzuri
48	Surgical Blade	72	Nzuri
49	Examination Gloves	100	Nzuri
50	Surgical Gloves	72	Nzuri
51	Syringe 5cc	37	Nzuri
52	Syringe 2cc	92	Nzuri
53	Nat B Capsules	13	Nzuri
54	Neurotone Tablets	75	Nzuri
55	Pedzinc Tablets	69	Nzuri
56	Joint Support Tablets	25	Nzuri
57	Gentian Violet Liquid	25	Nzuri
58	Eusol Liquid	4	Nzuri
59	Potassium Permanganate	4	Nzuri
60	Dawa ya Mba	5	Nzuri
61	Hydrogen Peroxide 3%	3	Nzuri
62	Acne free	1	Nzuri
63	Acyclovir Cream	3	Nzuri
64	Aminophylline Tablets	15	Nzuri
65	Artmether Injection	14	Nzuri

JINA LA ANAYEKABIDHI: AZAIDANI HAJI MOTAKYAMILWA

SAHIHI: A. Haji

KAZI/WADHIFA: Mteknolojia dawa

TAREHE 25/03/2025

JINA LA ANAYEKABIDHIWA: VERONIKA AIZACK MANGULA

SAHIHI: Mangula.

KAZI/WADHIFA: Mteknolojia dawa

TAREHE 25/03/2025

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102717

This is to certify that the premises owned by M/S ***Bulige Pharmacy*** of ***P.O Box 16, Kahama*** located at ***Plot No. 05, Bulige Street, Bulige, Msalala DC, Shinyanga*** Municipality/District in ***Shinyanga*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102717***

Issued in: ***August 2023***

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

16-08-2023

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Pharmacy Council
P. O. Box 1277

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***

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 BULIGE PHARMACY Facility Identification Number (FIN) 0102717

Physical address:

Street BULIGE Ward BULIGE District/Municipal MSALALA Region SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name BRIGITTE G MCHAU PIN 0103202 Phone 0763947564

Address 472, KAHAMA, SHINYANGA Email mchaubrigitte@gmail.com

A.3. REASON(s) FOR CHANGE

KUPATA KAZI MKOA MWINGINE

Time frame of notification: (As per Contract) 30 days Signature [signature] Date 01/03/2025

A.4. OWNER'S DETAILS

Full Name MARY ANDERSON NDITEZE Phone Number 0764489963

Remarks NI MGENI BALI

Signature [signature] Date 01/03/2025

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.

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 BULIGE PHARMACY Facility Identification Number (FIN) 0102717

Physical address:
Street BULIGE Ward BULIGE District/Municipal NSALALA Region SHINYANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name AZAIDANI HASI MUTAKYAMILWA PIN 0407930 Phone 0621315672
Address S.L.P 16 KAHAMA Email

A.3. REASON(s) FOR CHANGE

KUFUNGWA KWA BIASHARA YA FAMASI

Time frame of notification: (As per Contract) Signature A. Haji Date 25/03/2025

A.4. OWNER'S DETAILS

Full Name MARY ANDERSON NDITEZE Phone Number 0764987963
Remarks NIMEKUBALI
Signature Anderson Date 25/03/2025

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.

Mary Anderson Nditeze,
S.L.P 16,
Kahama,
Shinyanga.
25 /03/2025

Msajili,
Baraza la Famasi,
S.L. P 1277,
Dodoma.

YAH: OMBI LA KUSITISHA BIASHARA YA FAMASI – BULIGE PHARMACY

Mimi Mary Anderson Nditeze, mmiliki wa famasi iitwayo Bulige Pharmacy, iliyopo katika Halmashauri ya Msalala, Wilaya ya Kahama, Mkoa wa Shinyanga, nakuandikia ili kuomba kusitisha rasmi biashara ya famasi hii. Sababu kuu ya kusitisha biashara ni kushindwa kuendesha shughuli za famasi kwa ufanisi kutokana na changamoto mbalimbali.

Katika kutekeleza mchakato wa kusitisha biashara hii kwa utaratibu unaofaa, nimehakikisha kuwa dawa zilizokuwa katika Bulige Pharmacy zimekabidhiwa kwa Pugu Pharmacy, ambayo pia ipo katika Halmashauri ya Msalala, Wilaya ya Kahama, Mkoa wa Shinyanga. Barua hii inaambatanisha orodha ya dawa hizo kwa ajili ya kumbukumbu na taratibu zaidi kulingana na miongozo ya Baraza la Famasi.

Naomba usaidizi wako katika kukamilisha mchakato wa kusitisha biashara hii kwa mujibu wa sheria na kanuni zinazosimamia sekta ya famasi nchini. Ikiwa kuna hatua yoyote ya ziada inayohitajika kutoka kwangu, naomba unifahamishe ili niweze kuitekeleza ipasavyo.

Wako mwaminifu,

Anderson....

Mary Anderson Nditeze

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02717-2024

This Permit is hereby granted to M/S ***Bulige Pharmacy*** of ***P.O Box 16, Kahama*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Plot No. 05, Bulige Street, Bulige, Msalala DC, Shinyanga*** Municipality/ District in ***Shinyanga*** Region with Facility Identification Number (FIN) ***0102717*** under a superintendent Pharmacist ***Brigitte G Mchau*** with Personal Identification Number (PIN) ***0103202***

Issued in: ***August 2023***

Expires on: ***30 June 2025***

08-07-2024

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***