JOSEPH GAGIRI OMAHE, S.L.P 23, KAHAMA 09 Juni, 2025.

MSAJIL/BARAZA LA FAMASIA S.L.P 1277, DODOMA.

#### YAH: KUFUNGA BIASHARA YA WAMA FAMASI ILIPO MAJENGO KAHAMA

Husika na mada tajwa hapo juu

Mimi Joseph Gagiri Omahe ambaye ni mmiliki wa WAMA FAMASI iliyopo mtaa wa majengo Manispaa ya Kahama, Mkoani Shinyanga yenye namba za usajili 0300421 nimeamua kufunga biashara yangu kwa muda wote sitafungua tena, sababu za kufunga ni hizi zifuatazo. Kwanza ni kupungua kwa mtaji wa kuendeshea biashara, pili ni kuwa mbali na tatu biashara na mwingiliano majukumu mengine niliyonayo ya kikazi kwa sababu hizo nimeshindwa kusimamia biashara yangu ipasavyo.

Dawa nilizokuwa nikiziuza zilibaki chache na hizo chache zilizobaki niliwauzia wafanyabiashara wa duka la Dawa Muhimu, maduka hayo ni Eventowe DLDM, Kaliwame DLDM na Jerusalem DLDM. Hata hivyo nimeambatisha INVICE za mauziano ya dawa hizo.

Aidha, kwa barua hii nimeambatisha kibali cha usajili wa Famasi chenye namba ya usajili 030042 na kibali cha kuendeshea Famasi vyote hivi nimememkabidhi Mfamasia wa Manispaa ya Kahama, nakaka ya vibali hivyo nimeambatisha kwenye barua hii.

Naomba kuwasilisha.

Wako katika Kujenga Taifa

JOSEPH GAGIRI OMAHE 0752796551

Thunk



#### PHARMACY COUNCIL



#### PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300421

This is to certify that the premise : owned by M/S Wama Pharmacy of P. O. Box 23, Ngara located at Majengo, Kahama Town Municipality/District in Shinyanga Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300421

Issued in: March 2022

31-10-2019

DATE:

Expires on: 30 June 2027

SIGNATURE OF REGISTRAR AND STAMP

#### CONDITIONS

- The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered This certificate does 1:0t authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed
- 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





#### PHARMACY COUNCIL



#### PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00421-2024

This Permit is hereby granted to M/S Wama Pharmacy of P. O. Box 23, Ngara to operate a Retail and Wholesale Business at the premises situated/lying between Majengo, Kahama Town Municipality/District in Shinyanga Region with Facility Identification Number (FIN) 0300421 under a superintendent Pharmacist Emmanuel Daudi Mageleja with Personal Identification Number (PIN) 0101669

Issued in: March 2022

Expires on: 30 June 2025

24-09-2024

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
- The nature of conducting business shall conform to the category of pharmacist business registered
- This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
  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





## WAMA PHARMACY

KAHAMA - SHINYANGA

MOB: +255 755 349 642 / +255 673 809 062

TIN: 118 - 851 - 102

NO. 1709

EA.O.E

INVOICE

Date: 20.25

| M/S: |                    |        |        |
|------|--------------------|--------|--------|
| Qty  | Particular         | (a)    | Shs.   |
| 10   | Flucan             | 600    | 6600 / |
| Q    | Rolangel 160hds    | 33 00€ | 6600   |
| 1    | Drugthromycon Tebr | 9000   | 9600 4 |
| 1    | वारीही उस          | 2200   | 22001  |
| 1    | Ampidox ap         | 10400  | 104000 |
| r    | Dollal 500P        | 1700   | 18001  |
| 1    | Pryatar Mr         | 1500   | 15000  |
| Q    | Stedam Cizami      | 2500   | 50007  |
| 8    | Paracle            | 1500   | 3000   |
| 1    | nutranidas.        | 1200   | 18021  |
|      | Per Vuaplier       | 2200   | 2200:1 |
|      |                    |        | /      |
|      |                    |        | 4/1    |
|      |                    |        | 111    |
|      |                    | 1      | 4      |

TOTAL

# WAMA PHARMACY

KAHAMA - SHINYANGA

MOB: +255 755 349 642 / +255 673 809 062

TIN: 118 - 851 - 102 0625 95 / 233

NO.

INVOICE

Date: 149/06 20.25

1717

M/s: Leativame DIDM

| 1VI O  |                   |       |         |
|--------|-------------------|-------|---------|
| Qty    | Particular        | (a)   | Shs.    |
| 10     | Mor cold          | 400   | 4000    |
| 150    | *Acreproctox      | 10400 | 1040001 |
| 10     | *preasetanol. 1-1 | F6000 |         |
| 10     | cefthizone        | 2000  | 20000   |
| 10     | Sixderm cream     | 2500  | 25000   |
| 10     | Malattin          | 750   | 7500    |
| 10     | Ala               | 1300  | 13000   |
| 20     | Erythologican syp | 1200  | 24000   |
| 10     | Azuma             | 2200  | 22000   |
| 20     | Alben darrole     | 500   | 10000   |
|        |                   |       |         |
|        |                   |       |         |
|        |                   |       |         |
|        |                   | 1     | 4:4     |
|        |                   | 1     |         |
| EA.O.E | T                 | OTAL  | 245,500 |

## WAMA PHARMACY

KAHAMA - SHINYANGA MOB: +255 755 349 642 / +255 673 809 062

TIN: 118 - 851 - 102 0625 95/233

1720

INVOICE

Date: 20.25

| 1/S:              | Jen Jakar      | ********* |      | ••••• |        |
|-------------------|----------------|-----------|------|-------|--------|
| )ty               | Particular     |           | @    |       | Shs.   |
| 00                | UPT            |           | 200  |       | 20000  |
| 20                | Lonurt         |           | 120  | 0     | 24,000 |
| 10                | Ibaprofen      |           | 2700 |       | 27000  |
| 5                 | ZAHA           |           | 2200 | )     | 11000  |
| 5                 | Muscle plus    |           | 3500 |       | 17,500 |
| 0                 | flymazole      |           | 600  |       | 30.000 |
| 1                 | Omerra 201e    |           | 3100 |       | 9300   |
|                   | pen-v          |           | 6490 |       | 32,000 |
| V                 | Metropidazole  |           | 1800 |       | 18000  |
|                   | para cerda mel |           | 1500 |       | 30,000 |
|                   | Magnecium      |           | X00  |       | 18000  |
|                   | prednisolone   |           | 2500 | (     | 25000  |
|                   | AMPIdox        | 1         | 0400 | (     | 52,000 |
| 1                 | eftria xore    | 110       | 000  | 1     | 0000   |
| The second second | salbactam.     | 13        | 300  | 1     | 6500   |
|                   |                | TOT       | TAL  |       |        |

### WAMA PHARMACY

KAHAMA - SHINYANGA MOB: +255 755 349 642 / +255 673 809 062

INVOICE

TIN: 118 - 851 - 102 0625951233

NO. 1719

Date 09/6 20.25

| M/S: | Javadem    |       |        |
|------|------------|-------|--------|
| Qty  | Particular | @     | Shs.   |
| 10   | Skdeim     | 2500  | 25000  |
|      | Action     | 7000  | 35,000 |
| 5    | Ordofenac  | 2000  |        |
| 10   | Womiban    | 500   | 5000   |
|      |            |       | 1      |
|      |            |       |        |
|      |            |       |        |
|      |            |       |        |
|      |            |       |        |
|      |            |       |        |
|      |            |       | /      |
|      |            | /     |        |
|      |            | 1     |        |
|      |            | 1     | 7 1    |
|      |            | 1     | 1      |
| .O.E |            | TOTAL | 410,30 |



#### Ž IE OF DISPATCH: LEV CLOWE DILLING けいいかよのい 150mbt 0146 4/2/4/ NAME OF INVOICE Truato DUKA LA DAWA JUMLA NA REJAREJA 111102 P.O. BOX KAHAMA. 0752604777/0626847772 TOTAL Sout The same **ISPATCH** QTY OF INVOICE 50 6) 5 4 6000 INVOICE 16000 (NOO) 15000 3500 0000 food 15005 TH sadle 13260 14,000 AMOUNT OF INVOICE 3200 4500 9000 3000 16000 15000 8 Dafe 106 1 2095 625951233 SIGNATURE

