

REGISTRAR,  
PHARMACY COUNCIL  
OFF MANDELA ROAD,  
P.O.BOX 31818  
DAR ES SALAAM



HAFSA M KHAMIS  
SWIHA PHARMACY  
P.O.BOX 75099  
DAR ES SALAAM  
03/04/2024

Dear,

REF: APPLICATION FOR CLOSURE OF SWIHA PHARMACY

Refer heading above. I, Hafsa M Kharmis owner and Superintendent (PIN 0103131) of Swiha Pharmacy (FIN 0102197) apply for permanent closure of Swiha pharmacy on 03/04/2024 located at Bamaga street, Kijitonyama ward-Kinondoni MC, Dar es salaam due to change of ownership and reconstruction of the stated location. For the reoperation of the pharmacy business application will be send to the council.

Together with this letter, I have submitted Notification of change of management for the superintendent, license of practice of superintendent, premises registration certificate and pharmacy business permit.

Yours respective,  
Hafsa M khamis

A handwritten signature in blue ink, appearing to read 'Hafsa'.

0787649937  
hafsawema@gmail.com



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

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 OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy... SWIHA PHARMACY ..... Facility Identification Number (FIN)... 0102197  
Physical address:  
Street... BANAGA ..... Ward... KIJTONYAMA ..... District/Municipal... KINONDONI ..... Region... DARESSALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... HAFSA M. KHAMIS ..... PIN... 0103131 ..... Phone... 0787649937  
Address... hafsa.wema@gmail.com ..... Email... P.O. Box 75099

A.3. REASON(S) FOR CHANGE

CLOSURE OF THE PHARMACY

Time frame of notification: (As per Contract) ..... Signature... Mabo ..... Date... 03/04/2024

A.4. OWNER'S DETAILS

Full Name... HAFSA M. KHAMIS ..... Phone Number... 0787649937  
Remarks... OWNER OF THE PHARMACY IS THE SUPERINTENDENT  
Signature... Mabo ..... Date... 03/04/2024

B. TO BE COMPLETED BY THE OWNER ONLY (M)

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



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02197-2023

This Permit is hereby granted to M/S Swiha Pharmacy of P.O Box 75099, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Bamaga Street, Kijitonyama Ward - Kinondoni MC, Dar es Saalam Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0102197 under a superintendent Pharmacist Hafsa M Khamis with Personal Identification Number (PIN) 0103131

Issued in: July 2022

Expires on: 30 June 2024

11-07-2023

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





THE UNITED REPUBLIC OF TANZANIA  
PHARMACY COUNCIL



**LICENSE TO PRACTICE**

**The Pharmacy Act**

*(Made under Sect. 22 of The Pharmacy Act No. 1 of 2011)*

I Hereby Certify that

**HAFSA M. HAMIS**

**PIN NO: 0103131**

Having complied with the provision of Section 22 of The Pharmacy Act, Cap 311  
is entitled to practice as a **Full Registered Pharmacist** upon the  
terms and subject to the conditions set forth in the  
aforesaid Act and its Regulations thereto.

**Issued: 04 November 2022**

**Expires on: 31 December 2024**

**Registrar  
Pharmacy Council**



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102197

This is to certify that the premises owned by M/S Swiha Pharmacy of P.O Box 75099, Dar es Salaam located at Bamaga Street, Kijitonyama Ward - Kinondoni MC, Dar es Salaam Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102197

Issued in: July 2022

Expires on: 30 June 2027

26-08-2022

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

