JENNIFER SARDY ZAVALLAH,
P.O.BOX 355,
TANGA,
26/04/2025.

MSAJILI
BARAZA LA FAMASI
P.O BOX 1277
DODOMA

YAH: KUFUNGA FAMASI (MKATA PHARMACY)

Husika na kichwa cha habari hapo juu mimi Jennifer S. Zavallah mmiliki wa MKATA PHARMACY iliyopo mkoa wa Tanga Wilaya ya Handeni, Mkata kijiji cha Mkata Mashariki, mtaa wa Kwa Futa.

Napenda kutoa taarifa kwamba nimefunga famasi yangu kutokana na changamoto mbalimbali zilizo jitokeza.

Dawa ambazo zimebaki narudisha katika famasi ya jumla ambayo ndipo tulipokua tunanunua dawa (KASSIM PHARMACY) katika barua hii haambatanisha

- Kibali cha famasi (Registration premisses)
- Orodha ya dawa

Ahsante

JENNIFER S. ZAVALLAH
0629180201

- ...p – 4 bottles
- ...syrup – 2 bottles
- ...dorning syrup – 1 bottle
- ...estcof syrup – 4 bottles
- Mucolyn syrup – 3 bottles
- Zentuss syrup – 2 bottles
- Coldril syrup – 1 bottle
- Dr. Cold syrup – 2 bottles
- Zenkof syrup – 3 bottles
- Brozen syrup – 2 bottles
- Salbutamol syrup – 3 bottles
- Hemovit syrup – 3 bottles
- Globin-Z syrup – 4 bottles
- Belladonna syrup – 8 bottles
- Scotts syrup – 1 bottle
- Relcer gel – 11 bottles
- Mucogel syrup – 5 bottles
- Ampicillin caps – 2 boxes
- Amoxcillin caps – 3 boxes
- Tetracycline caps – 1 box
- Chlorophenicol caps – 2 boxes
- Cephalexin caps – 1 box
- Cefixim caps – 15 capsules
- Azithromycin tabs – 6 dose
- Tinidazole tabs – 1 box
- NOR-T tabs – 1 box
- Amoxcillin DT – 3 boxes
- Nitrofurantion tabs – 2 boxes
- Pen-V tabs – 4 boxes
- Nasal drop – 15
- Salbutamol tabs – 3 boxes
- Aminophilline tabs – 2 boxes
- Predinisolone tabs – 5 boxes
- Chlorapheramine tabs – 4 boxes
- Visking tabs – 62 tabs
- Dr. Cold tabs – 1 box
- Cetrizen tabs – 8 tabs
- Cetrizen syrup – 3 bottles
- Chlorapheramine syrup – 6 bottles
- Hekotos – 1 box
- ORS – 1 box
- Cotton wool 500gr – 2
- Cotton wool 50gr – 4
- Action tabs – 1 box
- Dawa tatu – 1 box
- Vasograine tabs – 6 tabs
- Paracetamol tabs – 4 boxes
- Itedon tabs – 1 box
- Ibuprofen tabs – 1 box
- Meloxcam tabs – 1 box
- Piroxcam caps – 2 boxes
- Muscle plus tabs – 34 tabs
- Diclopar tabs – 4 boxes
- Meferamic Acid – 20 tabs
- Fluconazole 200mg – 26 tabs
- Fluconazole 150mg – 2 tabs
- Terbinafine tabs – 12 tabs
- Itraconazole caps – 1 box
- Nystatin oral gel – 3 bottles
- Miconazole oral gel – 3
- Clotrimazole V. pessaries – 4
- Gynazole V. pessaries – 2
- Gynazole V. Cream – 2
- Vitamin C tab – 1 box
- Multivitamin tabs – 1 box
- Vitamin B complex – 3 box
- Folic acid tabs – 4
- Alu 480 – 6
- Alu syrup – 1
- Oroda fab – 7
- Artequick tabs – 1
- SP tabs – 2 boxes
- Magnomint tabs – 3 boxes
- Omeprazole caps – 6 boxes
- Pantoprazole tabs – 22 tabs
- Cementidine tabs – 48 tabs
- Lansoprazole caps – 1 box
- Dexa – Neo eye drop – 3
- Dexa – Chloro eye drop – 5
- Cipro eye drop – 5
- Boric acid – 2
- Hydrocotisone eye drop – 3
- Syringe 10cc – 1 box
- Syringe 5cc – box
- Syringe 2cc – box
- Water for inj – 1 box
- Joint support – 2 bottles
- Neuro support – 2 bottle
- Vit cap – box 1
- Surgical gloves – 12 pairs
- Mankitosh – 6
- Scaboma lotion – 2
- Scaboma cream – 6
- Clotrimazole cream – 4
- Gentrisone cream – 3
- Fanbact A cream – 6
- Mupiro cine cream – 3
- Mediven ointment – 6
- Elyclob G – 3
- Skinderm cream – 13
- Dawa ya mba – 3
- Whitefield ointment – 5

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102630

This is to certify that the premises owned by M/S ***Mkata Pharmacy*** of ***P.O.BOX 04 Muheza*** located at ***Mkata Mashariki*** Municipality/District in ***Tanga*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102630***

Issued in: ***May 2023***

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

06-06-2023

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***

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 MKATA PHARMACY ..... Facility Identification Number (FIN). 0102630

Physical address:

Street. KWA FUTA ..... Ward. MKATA MASHARIKI District/Municipal. HANDENI ..... Region. TANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. ALISIIDY JEHAZI ALOYCE ..... PIN 0102664 Phone 0747545017

Address ..... 27, 1141 ..... Email ..... aloycealisidy@gmail.com .....

A.3. REASON(s) FOR CHANGE

(i) SHIFTED TO ANOTHER REGION (KILIMANJARO)

(ii) THE OWNER SURRENDER THE BUSINESS OF A PHARMACIST (PHARMACY CLOSED).

Time frame of notification: (As per Contract) 30 days Signature ..... Date 24/04/2025

A.4. OWNER'S DETAILS

Full Name. JENNIFER SARAY ZAWALLAH ..... Phone Number. 0629180201

Remarks. ..... PIMEPOKEA TAARIFA .....

Signature ..... Date. 24/04/2025

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.