CLAUDIA DAMIAN MUSHI,

FIN NO. 0100885,

DAR ES SALAAM.

0718 219 067.

28/03/2025.

PHARMACY COUNCIL
RECEIVED
03 APR 2025
P.O. Box 31818, DAR ES SALAAM

~~MKURUGENZI,~~ M&SAJILI

BARAZA LA FAMASI,

S.L.P 31818.

DAR ES SALAAM.

YAH: KUFUNGA CM PHARMACY YENYE FIN NO. 0100885.

Husika na somo tajwa hapo juu.

Mimi **Claudia Damian Mushi** mmiliki wa CM PHARMACY yenye FIN NO.0100883 iliyoko Mzinga "B", Kata ya Toangoma, Wilaya ya Temeke jijini Dar es salaam, napenda kutoa taarifa kwamba naifunga famasi hiyo ili kupisha ujenzi au upanuzi wa barabara.

Kwa vile tulipewa notisi mapema nilizingatia kununua stok kidogokigodo ambayo ifikapo 31.03. 2025 pasiwepo na dawa ambazo zitakuwa zimebaki. Duka litafungwa lasmi tarehe 31.03.2025.

Naomba kuwasilisha.

Ahsante.

Kiambatanisho, Premise Registration Card na notisi ya ubomoaji wa jengo la biashara.

Wako katika ujenzi wa Taifa

.....

CLAUDIA DAMIAN MUSHI
0718 219 067

Fomu ya Ardhi Na. 69

JAMHURI YA MUUNGANO WA TANZANIA

SHERIA YA ARDHI, 1999
(Na. 4 ya Mwaka 1999)

TAARIFA KWA MKAZI WA ARDHI KUDAI FIDIA
(Chini ya Kanuni za Madai ya Fidia ya Ardhi, 2001)

Kwa. EVARIST MALISERI TARIMO Kumb. Na. VALUER/INC/100

.....

.....

Mimi PAUL ALEX MASOY.....,

Afisa Ardhi Mteulewa Halmashauriya Wilaya ya Temeke, **NINATOA TAARIFA** kwamba unayo haki ya kudai fidia chini ya Fungu 3 (1)g na 179 la Sheria ya Ardhi Na. 4 ya mwaka 1999 kwa ajili ya haki yoyote itokanayo au iwezayo kutokea kutokana na kuihusisha ardhi husika na Mradi wa **UPANUZI WA BARABARA YA MBAGALA RANGI TATU – KONGOWE (3.8KM) SAMBAMBA NA UJENZI WA DARAJA LA MZINGA.**

ZINGATIA: Kwamba unaweza kujaza fomu ya Ardhi Na. 70 inayohusu ombi la Mkazi wa Ardhi kulipwa fidia na kuwasilisha madai yako.

Madai yako ni lazima yawasilishwe kwangu Afisa Ardhi Mteule katika siku sitini (60) tangu kupokelewa kwa taarifa hii.
Kama utahitaji msaada wakati wa kujaza fomu hii ya madai, unaweza kupata kwangu Afisa Mteule au mtu yeyote unayedhani anaweza kukusaidia.

Imetolewa na Halmashauri ya Wilaya ya TEMEKE

Siku ya 28 Mwezi 8 Mwaka 2019

.....
AFISA MTEULE
Municipal Land Officer
TEMEKE

Imepokelewa hapa:

Mkazi wa Ardhi

Jina.....

Saini/Dole gumba:.....

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..C.M PHARMACY..Facility Identification Number (FIN)..0100885

Physical address:

Street..MZINGA 'B'..Ward..TOANGOMA..District/Municipal..TEMEKE..Region..DAR

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..EMMANUEL L. KWEKA..PIN..100401..Phone..0753843394

Address..P.O.BOX 4783 DSM..Email..emestukweka@gmail.com..

A.3. REASON(s) FOR CHANGE ..PREMISE DEMOLITION DUE TO ROAD CONSTRUCTION..

Time frame of notification: (As per Contract)..7..Signature..[signature]..Date..3-4-2025

A.4. OWNER'S DETAILS

Full Name..CLAUDIA DAMIAN MUHH..Phone Number..0718219067

Remarks..I AGREE WITH THE CHANGE OF SUPERINTENDENT EFFECTIVELY FROM 31/03/2025

Signature..[signature]..Date..10/3/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name..CLAUDIA DAMIAN MUHH..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

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100885

This is to certify that the premises owned by M/S ***CM Pharmacy*** of ***P.O.Box 8398, Dar es Salaam*** located at ***Kongowe - Mzinga, Temeke*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100885***

Issued in: ***January 2016***

06-06-2019

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*