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.....KATS.....Facility Identification Number (FIN)..0102809

Physical address:

Street..MAFIAT.....Ward.....District/Municipal..MBEYA CC..Region...MBEYA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..GERVAS SILVERIUS NJOKA...PIN 01000543.Phone 0654/219229.....

Address.....MBEYA.....Email..gervas.njoka@yahoo.com.....

A.3. REASON(s) FOR CHANGE

.....(1) CLOSURE OF PHARMACY.....

.....(2) EXPIRY OF CONTRACT.....

Time frame of notification: (As per Contract)IMMEDIATESignature.....Date.09/07/2025

A.4. OWNER'S DETAILS

Full Name...OSMUNDA MWANYIKA.....Phone Number..0763212791.....

Remarks.....

Signature..O.Mwanyika.Date..12/07/2025.

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ~~KATS~~ PHARMACY.....PIN.....Phone Number.....Email.....

Physical address: ~~MAFIAT~~ BRANCH

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.

OSMUNDA MWANYIKA
S.L.P 6201
MBEYA
14/07/2025

MSAJIRI
BARAZA LA FAMASI
S.L.P 1277
DODOMA

YAH: **OMBI LA KUIFUNGA FARMASI YA KATS TAWI LA MAFIAT**

Ndugu husika na kichwa cha hapo juu,

1. Napenda kuchukua nafasi hii kukujulisha kuwa kutokana na changamoto za uendeshaji wa famasi hii naomba kuifunga kabisa hii ni kutokana na usimamizi hafifu wa msimamizi kodi kubwa ya chumba na kukosa sehemu ya kuiamishia.

2. Pharmacy haidaiwi na kibali chake kimekwisha tar 30/06/2025.

3. Dawa zote na vifaa vingine vitahamishiwa **KATS PHARMACY YA IYUNGA**

Asante kwa ushirikiano

OSMUNDA MWANYIKA

ITEMS	PURCH
IVECO 4 HAIR DAY SUPER BLACK	2
AIR FRESH	3
MENTAL STICK	6
MATERNITY PAD	2
DELIVERY KIT	2
PINK LOTION (KATU)	1
~~ACCESSORIES~~ SMILAGE PERFUME (35000/=)	1
Glycerine fruity	22
NIVEA DEODORANT	2
PART TIME PERFUME	4
BODY SPLAY (GOOD)	3
KISS OF LOVE	1
GLYCERINE 100mls (GREEN)	9
SOFNFREE GELL.	10
AFROGEL THESSA	4
SKALA LOTION	4
VASELINE @ 6500/=.	16
NAFUTA (GOOD) 100g	9
DETTOL SOLN 250mls	2
DETTOL SOLN 125mls	1
DETTOL SOLN 50mls	8
MAFUTA 20kg 20000/=	5
VASELINE 95mls (3000/=)	18
TRICONA GEL	1
VASELINE 400mls (10000/=)	11
FOREVER YOUNG	2
SNAIL WHITE LOTION	2
~~RINGA~~ RINSE 475mls	1
COCOA BUTTER LOTION CREAM	1
CREEZ 125mls	1
RINSE 118mls	1
CREEZ 500mls	5

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ITEMS	QUANTITY
FABRIC PLASTER	16
EXAMINATION GLOVES	86
ZINC OXIDE AND PLASTER	10
INDOCID TAB 75mg	80
BRUSTAD TAB	80
PCM ADVANCE TAB	25
MUSCLE PLUS TAB	10
DRUG TABLE TAB	52
DICLOFENAC SODIUM TAB	100
LUMAD PLUS TAB	160
IBUPROFEN TAB	135
AUGUSTAD TAB	115
HYOSCINE BUTYLBROMIDE TAB	293
METRONIDAZOLE TAB 125mg	10
PARACETAMOL TAB	6
PIROXICAM CAP 20mg	10
ACTION TAB	76
TRIACONAZOLE CAP 100mg	25
FLUCONAZOLE TAB	6
GRISEOFULVIN 500mg	9
DICLOPAR TAB	260
Hydex Tab	15
ACICLOVIR TAB 200mg	5
Amoxil Suspension	12
MUCOLYN PEDIATRIC Syrup	7
DR COLD Syrup	6
IBUMEX Syrup CIBUPROFEN)	7
PARACETAMOL Syrup	3
GENTAMYCIN EYE/EAR DROP	3
CHLORAMPHENICOL OPHTHALMIC OINTMENT	9
TETRACYCLINE OPHTHALMIC OINTMENT	2
MAXITROL OPHTHALMIC DROP	1

ITEM	AMOUNT/Qum
FUROSEMIDE TAB 40mg	70
METFORMIN TAB 500mg	67
LOSARTAN- H TAB	55
BENDROFLUMETHIAZIDE TAB 5mg	100
METH-Y-LDOPA TAB 250mg	100
ASPIRIN JUNIOR TAB 75MG	25
AMPCLOX CAP 500mg	180
COTRIMOXAZOLE TAB 480mg	200
AMOXCLAV TAB 625mg	21
DOXY/CYCLINE CAP 100mg	107
CIPROFLOXACIN TAB 500mg	86
NITROFURANTOIN TAB 100MG	45
AMOXICILLIN DT 250mg	20
AZITHROMYCIN TAB 500mg	107.
CEPHALEXIN CAP ~~500~~ 250mg	100
AMOXICILLIN CAP 250mg	186
ERYTHROMYCIN TAB 250mg	40
METRONIDAZOLE TAB 200mg	70
CEFUROXIME 500mg TAB	36
LOMEFLOXACIN TAB 400mg	15
CEFIXIME 400mg Tab	24
PEN V TAB 200mg	260
METRONIDAZOLE COATED 200mg	72.
~~BOR~~ NORFLOXACIN TAB + TINIDAZOLE (400mg)	= 120
WATER FOR INJECTION 10mls	38
NITROXYNINE TAB 500mg	18
ANUSOL OINTMENT 25g	1
SECNIDAZOLE TAB 1000g	2
TINIDAZOLE TAB 500mg	67.
SURGICAL GI GLOVES	18
GAUZE BANDAGE (7.5cm)	1.
COTTON WOOL 100g	8

ITEMS	QUANTITY
NIVEA LOTION 400ml	2
DETREX SOAP	6
TETMOSOL · Cream white Blue	12
DETOL · Junior ·	2
BABY TETMOSOL ·	7 ·
PETOL · SOAP 175g	17
GUSA SOAP ..	15
TRICONIA · SOAP	9
COTTON BUDS	1
SOFTCARE WIPES	9.
COMPACT HAND TISSUE	1
MISWAK .. COLGATE	13
GULGATE HERBAL .. 175g	1 ·
VIGOR · DOCTOR PLAW 100g	6
VIGOR · DOCTOIL HERBAL 150g	9

ITEMS	QUANTITY
VAGIAN GEL	3
INTRAROSE CREAM	2
BURNOX CREAM	4
CLOTRITE CREAM	9 7
ELOCARE OINTMENT	4
DICLOPAN GEL	4
FASTUM GEL	2
NEOSCHLO (Silver Sulfadiazine) CREAM	1
METRONIDAZOLE GEL	3
MICONAZOLE CREAM	5
KETOCONAZOLE CREAM	3
CANDIDERM CREAM	3
HYDROCORTISONE CREAM	2
WHITFIELD OINTMENT	3
MUPIROCIN	3
CLOTRIMAZOLE CREAM	9
GYNOZOL PESSARIES	7
FUNDACT	2
CLOTRIMAZOLE VAGINAL PESSARES	4
TERBINAFINE CREAM	3
FORTIFIED PROCAINE PENICILLIN INJECTION	10

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102809

This is to certify that the premises owned by M/S ***Kats Pharmacy - Mafiat Branch*** of ***P.o.Box 6201, Mbeya*** located at ***Plot. No.02, Mafiat Street, Forest ward, Mbeya CC*** Municipality/District in ***Mbeya*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102809***

Issued in: ***December 2023***

Expires on: ***30 June 2029***

09-01-2024

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar Pharmacy Council P. O. Box 1277 Dodoma

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*

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Registrar Pharmacy Council P. O. Box 127 Dodoma

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