



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17

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..... 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..... 0100543..... Phone..... 0654131929
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) IMMEDIATE Signature..... [Signature] Date..... 09/07/2025

A.4. OWNER'S DETAILS

Full Name..... OSMUNDA MWANTIKA..... Phone Number..... 0763212791
Remarks.....
Signature..... [Signature] 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 kuamishia.
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	QUANTITY
IUECO & HAIR DRY SUPER BLACK	2
AIR FRESH	3
MENTAL STICK	6
MATERNITY PAD	2
DELIVERY KIT	2
PINK LOTION (KATI)	1
ADVENTURE - SAILOR PERFLUME (750ml)	1
Glycerine soap	22
LIVER DEODORANT	2
PART TIME PERFLUME	4
BODY SPRAY (GOD)	3
KISS OF LOVE	1
GLYCERINE SOAP (GOD)	9
SOFT FREE GEL	10
AFROGEL TRESSA	4
SKALA LOTION	4
VASELINE @ (500ml)	10
MAFUTA (GOD) 100g	9
DETTOL SOLN 200ml	2
DETTOL SOLN 125ml	1
DETTOL SOLN 500ml	8
MAFUTA 200g 200ml	5
VASELINE 95ml (300ml)	18
TRICONA GEL	1
VASELINE 400ml (1000ml)	11
FOREVER YOUNG	2
SNAIL WHITE LOTION	2
REAGE RINSE 473ml	1
COCA BUTTER LEMON CREAM	1
CREEZ 125ml	1
RINSE 118ml	1
CREEZ 500ml	1

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ITEMS	QUANTITY
FABRIC PLASTER	16
EXAMINATION GLOVES	26
ZINC OXIDE ADH. PLASTER	10
INDOCID TAB 75mg	20
ROUSTAD TAB	20
POW. ADVANCE TAB	25
MUSCLE PLUS TAB	10
DRUGA TITUL TAB	52
DICLOFENAC SODIUM TAB	100
LIUNA PLUS TAB	160
IBUPROFEN TAB	135
ANUPREP TAB	115
HYDROXYDIL/LEADOLIDE TAB	293
MELOXICAM TAB 15mg	10
PARACETAMOL TAB	6
PIDOLICAM CAP 30mg	10
ACTIDOL TAB	76
ITRACONAZOLE CAP 100mg	25
FLUCONAZOLE TAB	6
GRISOFULVIN 50mg	9
DICLOFENAC TAB	260
Hydrex Tab	15
ACICLOVIR TAB 250mg	5
ANOMEX SUPPACITAB	12
MUCOLYN PEDIATRIC Syrup	7
DR. COLD Syrup	6
IBUMEX Syrup (Ibuprofen)	7
PARACETAMOL Syrup 1	3
GEOTAMICIN EYE/EAR DROP	3
CHLORAMPHENICOL OPHTHALMIC ointment	9
TETRACYCLINE OPHTHALMIC ointment	2
MAXITROL OPHTHALMIC DROP	1

ITEM	AMOUNT/Qty
FUROSEMIDE TAB 40mg	70
METFORMIN TAB 500mg	62
LOSARTAN-H TAB	55
BENDROFLUMETHIAZIDE TAB 5mg	100
METHYLOPA TAB 200mg	100
ASPIRIN JUNIOR TAB 75mg	25
AMPCLOX CAP 500mg	180
COTRIMOXAZOLE TAB 480mg	200
AMOXCLAV TAB 625mg	21
DOXY/CYCLODE CAP 100mg	107
CIPROFLOXACIN TAB 500mg	86
NITROFURANTOIN TAB 100mg	45
AMOXICILLIN AT 250mg	20
AZITHROMYCIN TAB 500mg	102
CERTRALEXIN CAP 250mg	100
AMOXICILLIN CAP 200mg	186
ERTHRAMYCIN 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	22
BRN NORFLOXACIN TAB + TINDAZOLE (100mg)	5 120
WATER FOR INJECTION 10mls	38
NITAZOXANIDE TAB 500mg	18
AMUSOL OINTMENT 25g	1
SECVIDAZOLE TAB 1000g	2
TINDAZOLE TAB 500mg	67
SURGICAL GLOVES	18
GAUZE DRESSING (7.5cm)	1
COTTON WOOL 100g	8

ITEMS	QUANTITY
NIVEA LOTION 400ml	2
DETOL SOAP	6
TETMOSOL - Cream (white)	12
DETOL - JUNIOR	2
BBBY TETMOSOL	7
DETOL SOAP 175g	12
EUSA SOAP	15
TRICON 17 SOAP	9
COTTON BUDS	1
POFTCARE WIPES	9
COMPACT HAND TISSUE	1
MISWAKI COLGATE	13
GULGATE HERBAL 175g	1
VIGOR DOCTOR PLAW 100g	6
VIGOR DOCTOR HERBAL 150g	9

ITEMS	QUANTITY
VIVIAN GEL	3
INTRAMINE CREAM	2
RURNOX CREAM	4
ELYVATE CREAMS	4 7
ELYVATE OINTMENT	4
DICLOFAN GEL	4
FARTUM GEL	2
NEUSCHOLD C 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
GYNOL. pessaries	7
FUNDROL	2
CLOTRIMAZOLE vaginal pessaries	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

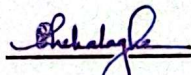
This is to certify that the premises owned by M/S Kats Pharmacy - Mafiat Branch of P.O.Box 6201, Mbeya located at Plot. No.02, Mafiat Street, Forest ward, Mbeya CC Municipality/District in Mbeya Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification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



PHARMACY COUNCIL



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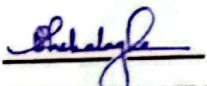
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