

ACCULIFE PHARMACY, P.O. BOX 60599, DAR ES SALAAM. TANZANIA. 6<sup>TH</sup> OCTOBER, 2025.

THE REGISTRAR,
PHARMACY COUNCIL,
P.O BOX 1277,
DODOMA,
TANZANIA.
Dear Sir,

## REF: CLOSRE OF ACCULIFE PHARMACY.

Refer to the heading above. The Directorate of Acculife pharmacy regrets to communicate the closure of its pharmacy due to financial constraints and until further notice when agreed.

I hear by return as attachment, a copy of the Certificate of Permit of Registration and a copy of License to Operate the Business of a Pharmacy.

I also inquire immediate termination of Superintendency of the Pharmacist with PIN 0101979. Thank you for your cooperation.

Yours Faithfully,

Belinder . V. Lubuva.

COO Acculife Pharmacy.



00000612

### THE UNITED REPUBLIC OF TANZANIA

# THE PHARMACY COUNCIL CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP.311)

Full Name Belinder V. Lubura

\*\*Thereby certify that the following is a true extract from the entry in the Register relating to fully registered phermacist details in respect of whom are set out below.

Registration		Date				Place and
PIN.	Date	of Birth	Nationality	Address	Qualification	Date of Qualification
0101979	64W May, 2020	20th November, 1995	Tanzanings	P.O. Box 31068 Day es Bataam	Bachelor of Pharmacy	Catholic University of Health and Alived 2018

Date 17th / me 2020

REGISTRAR

NOTES: 1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacists published annually by the Council; and reference should thereafter be made to the current Published list for evidence as to continue registration.

2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.



# **TANZANIA**

Form 5



No. 517860

# **Certificate of Registration**

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT ACCULIFE PHARMACY this 16<sup>th</sup> day of JUNE year 2022 has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number 517860 in the Index of Registration.

GIVEN under my hand at Dar es Salaam this 16th day of JUNE TWO THOUSAND AND TWENTY TWO.



Deputy Registrar Business Names

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.

### PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02294-2024

This Permit is hereby granted to M/S Acculife Pharmacy of P.O.Box 60599, Dar es Salaam to operate a Retail Only Business at the premises situated/lying between Plot No 612, Tanganyika Street, Bunju, Kinondoni Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0102294 under a superintendent Pharmacist Belinder V. lubuva with Personal Identification Number (PIN) 0101979

Issued in: October 2022

Expires on: 30 June 2024

05-03-2024

DATE:

SIGNATURE OF REGISTRAR

#### CONDITIONS

- 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
  The nature of conducting business shall conform to the category of pharmacist business registered
  This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
  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 rese<mark>rves the right to suspend, revok</mark>e or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated



