Sechel Pharmacy
P.O. Box 2567,
Mwanza.
26th July, 2025

Kumb: Baraza la Famasi /01/2025

Kwa: Mrajili.
Baraza la Pharmacy
S.L.P. 1277
Dodoma.

Yah: Taarifa ya Kufungwa kwa duka la dawa la Sechel Pharmacy na kukabidhi kibali cha jengo (FN 010257)

Tafadhali rejea kichwa cha habari.

Pokea taarifa za kufungwa kwa duka la dawa linaloitwa "Sechel Pharmacy" lililoko mtaa wa Segengh'he B Kata ya Mhandu wilaya ya Nyamagana - Mwanza, kutokana na muenendo wa biashara kuwa wa hali mbaya. Nimeambatanisha kibali halisi cha jengo (FN 010257o) pamoja na makabidhiano ya dawa (Condha) zilizobaki kwenda duka lingine.

Hashukuru kwa ushirikiano katika kipindi chote nilichokuwa kwenye biashara.

Ndudula G. Kileuela
Mkurugenzi - Sechel Pharmacy.

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 SECHEL PHARMACY Facility Identification Number (FIN) 0102570

Physical address:

Street SESESU street Ward ..... District/Municipal SENGEREMA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JOHNSON JOSEPH CHUWA PIN 0103739 Phone 073301063

Address 270 SENGEREMA Email .....

A.3. REASON(s) FOR CHANGE

CLOSURE OF THE PREMISES

Time frame of notification: (As per Contract) 1 month Signature ..... Date 27/07/2025

A.4. OWNER'S DETAILS

Full Name NDUBUJA GODFREY KILEWELA Phone Number 0784387974

Remarks WINDING UP OF THE SECHEL PHARMACY BUSINESS (BUSINESS CLOSURE)

Signature ..... Date 27/07/2025

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.

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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 SECHEL PHARMACY Facility Identification Number (FIN) 0102570

Physical address

Street ISEGENGE Ward MANDU District/Municipal NYAMAGANA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name VALETH DOMINIC PIN 0406677 Phone 0781672160

Address P.O BOX 1462, MWANZA Email dvaleth953@gmail.com

A.3. REASON(s) FOR CHANGE

PHARMACY IS CLOSED

SEVEN DAYS

Time frame of notification. (As per Contract) ~~ONE MONTH~~ Signature Date 25th July 2025

A.4. OWNER'S DETAILS

Full Name NDIDULA GODFREY KILEWELA Phone Number 0784387974

Remarks WINDING UP OF THE SECHEL PHARMACY BUSINESS (BUSINESS CLOSURE)

Signature Date 25/07/2025

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 ..... Distnct/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
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Full Name ..... Designation ..... Signature ..... Date .....

D. NOTE;

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NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

DRODHA YA DAWA ZILIZOBAKI SECHEL PHARMACY NA KUKABIDHIWA

IN	Gripe water wood Ward		2
1.			8
2.	Alu	1/1	1
3.	Baby gripe Water		2
4.	Njoi		76
5	promethazine		73
6.	B. Complex		10
7.	Laefin		3
8	Good morning syrup		2
9.	Chest cof syrup		3
10.	Zecuf syrup		3
11.	Mucolyn syrup (Adult)		3
12.	Mucolyn syrup (paediah.)		4
13.	ps		3
14.	folic acid	Box	5
15.	fefo	Box	22
16.	Dume condom		5
17.	phernobarbatone	Box	2
18.	Amlodipine	10mg	2
19.	Amlodipine	5mg	1
20.	Nifedipine		1
21	telmisartan h 80mg		1
22	Lorsartan potassium		2
23	Betaderm	ointment	1
24	Enterzema	ointment	2
25.	Burnox	Cream	2
26	Hycorum	Cream	2
27	Medven	Cream	2
28	Getalen	C	8
29	Alben	syrup	1
30.	Koflyn	syrup	3
31.	Koflyn	syrup Adult	1
32	Zentof	Syrup	

33	Primalyn packwtn	2
34	Sulbutamol	4
35	Aminophline	4
36.	prednisolone	4
37.	Luvlap pampers	1
38	Artermether inj	2
39	Baby cheeky	1
40	Delased syr	3
41.	Sedilon syr	3
42	Tramadol caps	2
43.	SOLVIN	2
44	Domperidone tabs	1
45.	Septrine white	1
46	Alprim tabs	1
47	piriton	1
48.	Chromic Cut gut	2
49	Tetracycline ointment	3
50.	HCQ	6
51.	Bull condom	1
52.	Relcer gel	2
53.	Brozen syrup	3
54.	ENO	6
55.	Menthodex syrup	1
56.	Salbutamol Inhelar	2
57.	Pharmactin syr	2
58	BEZIC ointment	2
59.	Metro inj	3
60	Alkacore	2
61.	Cephydex syrup	1
62.	ALUGEL	2
63	DR. Cold	4
64.	Kinheal Cream	1
65.	VISKING SYRUP	1
66	Artesunate inj 30mg	2

67.	Artesunate	60mg	2
68	Artesunate	120mg	2
69	Loratadine	syr	1
70	Vitamin	C	30
71	Water guard		20
72	Chest Cof tabs		20
73	Good Morning		30
74.	Spinorotone		32
75	Nor - S tabs		12
76	Mefenamic acid		90
77	Loperamide		20
78	tizanide		10
79	Mebendazole		115
80.	Castor oil		1
81	Sodium chrolide		10
82	Gloves Latex surgical		1Box
83	Sulbuctam inj		1
84	Loratadine tbs		30

MIMI AMRITA MAGIGE WA TODD PHARMACY NIMEPOKEA DAWA ZILIZOORODHESHWA HAPO JUU KUTOKA SECHEL PHARMACY.

Ndududa G. Kilaeula (Mmiliki)
PHARMACY ILIYOTOA DAWA

Magige
Amrita B. Magige
PHARMACY ILIYOPOKEA DAWA

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102570

This is to certify that the premises owned by M/S *Sechel Pharmacy* of *P.O BOX 2567, Mwanza* located at *Isegeng'he Street, Mhandu Ward, Nyamagana District, Mwanza Region* Municipality/District in *Mwanza* Region has been registered for *Retail Only* to sell pharmaceutical and related products with Facility Identification Number (FIN) *0102570*

Issued in: *March 2023*

Expires on: *29 June 2028*

15-04-2023

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*