

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

Kumb: Baraza la Tamas /01/2025

Kwa: Mjiji.
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 lindoritwa
"Sechel Pharmacy" lililoko mtaa wa Tsegengh'he B kata ya
Mhandu wilaya ya Nyamagana - Mwanza, kutokana na
muenendo wa biashara kwa wa hali mbaya. Nimeambatanisha
kibali halisi cha jengo (FN 010257) pamoja na makabidhiano
ya dawa Corodha zilizobaki kuenda duka lingine.

Hashukuni kwa ushirikiano katika kipindi chote
michokewa kwenye biashara.



Ndudula G. Kilewela
Mkuungenzi - Sechel Pharmacy.



THE UNITED REPUBLIC OF TANZANIA

PCF. 17



MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A
PHARMACY

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

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Name of the Pharmacy..... SECHELE PHARMACY Facility Identification Number (FIN).....
Physical address:
Street SESESE street Ward..... District/Municipal SENGERE MA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name	JOHNSON JOSEPH CHAWA	PIN	0103739	Phone	073801063
Address	270 SENGUERA		Email	shwajohns@gmail.com	

A.3. REASON(s) FOR CHANGE

CLOSURE OF THE PREMISES
Siku 7/Saba
Time frame of notification: (As per Contract) 1 month Signature: gl Date: 27/07/2021

A.4. OWNER'S DETAILS

A.4. OWNER'S DETAILS
Full Name: NDUDULA GODFREY KILEWELA Phone Number: 0786587114
Remarks: WINDING UP OF THE SECEL PHARMACY
Signature: [Signature] Date: 21/07/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name PIN Phone Number Email

Physical address: District/Municipal Region

Street Ward District/Municipal Region

Details of Previous pharmacy: FIN District/Municipal Region

Name of Pharmacy

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- 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:

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: ISEGENGE Ward: MANDU District/Municipal: NYAMAGANA Region: MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: VULETH DOMINIC PIN: 0406677 Phone: 0781672160
 Address: P.O. BOX 1462, MWANZA Email: vuleth953@gmail.com

A.3. REASON(S) FOR CHANGE

PHARMACY IS CLOSED

Time frame of notification: (As per Contract) SEVEN DAYS Signature: [Signature] Date: 25th July 2025

A.4. OWNER'S DETAILS

Full Name: NDUDULA GODFREY KILEWELA Phone Number: 0784387974
 Remarks: WINDING UP OF THE SECHEL PHARMACY BUSINESS (BUSINESS CLOSURE)
 Signature: [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: 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
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C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations:
 Full Name: Designation: Signature: Date:

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40 20 02 100
DRODHA YA DAWA ZILIZOBAKI SECHEL PHARMACY NA KUKABIDHIWA

1. Gripe water wood ward	2
2. Alu 1/1	8
3. Baby gripe Water	1
4. Nroi	2
5. promethazine	76
6. B. Complex	73
7. Laefin	10
8. Good morning syrup	3
9. Chest cef syrup	2
10. Zecuf syrup	3
11. Mucolyn syrup (Adult)	3
12. Mucolyn syrup (paediatric)	3
13. p ²	4
14. folic acid Box	3
15. fepo Box	5
16. Dume condom	22
17. phernobarbitone Box	5
18. Amlodipine 10mg	2
19. Amlodipine 5mg	2
20. Nifedipine	1
21. telmisartan 80mg	1
22. Losartan potassium	1
23. Betaderm ointment	2
24. Entezema ointment	1
25. Burnox Cream	2
26. Hycorum Cream	2
27. Meduven Cream	2
28. Gefalen C	2
29. Alben syrup	8
30. Koflyn syrup	1
31. Koflyn syrup Adult	3
32. Zentof Syrup	1

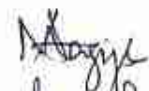
33	Primalyn pactuabn	2
34	Salbutamol	4
35	Aminophline	4
36	prednisolone	4
37	Luxlap pampers	1
38	Artermether inj	2
39	Baby cheeky	1
40	Delased syr	3
41	Sedaton syr	3
42	Tramadol caps	2
43	SOLVIN	2
44	Domperidone tabs	1
45	Seprine white	1
46	Alprim tabs	1
47	Piribon	1
48	Chromic Cut gut	2
49	Tetraacycline ointment	3
50	HQ	6
51	Bull Condom	1
52	Relcer gel	2
53	Brozen syrup	3
54	ENO	6
55	Menthodex syrup	1
56	Salbutamol Inhaler	2
57	Pharmactin syr	2
58	BEZIC ointment	2
59	Metro inj	3
60	Alkacore	2
61	Cophydex syrup	1
62	Alucor	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	Lizanide		10
79	Mebendazole		115
80.	Castor oil		1
81	Sodium chloride		10
82	Gloves	Latex surgical	1 Box
83	Sulbuctam	inj	1
84	Loratadine	Tbs	30

MIMI AMRITA MAGIGE WA TODD PHARMACY
 NIMEPOKEA DAWA ZILIZOORODHESHAWA HAPU JUU
 KUTOKA SECHEL PHARMACY.



Ndudula G. Kilaunda (Mmitiki)
 PHARMACY ILIYOTOA DAWA



B. Magize
 PHARMACY ILIYOPokea DAU

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102570

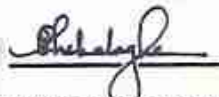
This is to certify that the premises owned by M/S Sechel Pharmacy of P.O BOX 2567, Mwanza located at Isegeng'he Street, Mhandu Ward, Nyamagana District, Mwanza Region Municipality/District in Mwanza Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification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

