

UPENDO ELIAMINI

P.O. BOX

DAR-ES-SALAAM

Email . Puthrift@gmail.com

20<sup>th</sup> Feb 2024

Registrar Pharmacy Council

P.O. BOX 31818

Dar-es-Salaam



Dear Madam.

REF: CLOSING OF NIKEA PHARMACY

The heading above is Concerning

I am Upendo Eliamini, pharmacist with the registration no 0102080, hereby requesting to close NIKEA PHARMACY OF P.O. BOX 78038 DAR-ES-SALAAM located Tabata regere, Ilala which has been registered for wholesale with Identification number (FIN) 0200194 and the drug which was in the pharmacy has been sold to SANARE PHARMACY.

I am Looking forward  
for your approval

Yours sincerely

Upendo Eliamini



00000718

THE UNITED REPUBLIC OF TANZANIA

# THE PHARMACY COUNCIL CERTIFICATE OF FULL REGISTRATION

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



PHARMACY COUNCIL  
DAR ES SALAAM  
REGISTRAR

Full Name

Upendo Eliamini

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

Registration		Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
PIN.	Date					
0102080	26th August, 2020	15th May, 1993	Tanzanian	P.O. Box 362 Tanga	Bachelor of Pharmacy	Kampala International University in Tanzania 2018

Date

14th January 2021

  
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.



# PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00194-2022

This Permit is hereby granted to M/S Wikea Pharmacy of P.O.Box, 78038, Dar es Salaam to operate a Wholesale Only Business at the premises situated/lying between Tabata Segerea, Ilala Municipality/District in Dar es Salaam Region with Facility Identification Number (FIN) 0200194 under a superintendent Pharmacist Upendo Eliamini with Personal Identification Number (PIN) 0102080

Issued in: January 2022

Expires on: 30 June 2022

16-02-2022

DATE:

SIGNATURE OF REGISTRAR

### CONDITIONS

1. 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
2. The nature of conducting business shall conform to the category of pharmacist business registered
3. This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.
4. 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 reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated





# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN 0200194

This is to certify that the premises owned by M/S Wika Pharmacy of P.O.Box, 78038, Dar es Salaam located at Tabata Segerea, Ilala Municipality/District in Dar es Salaam Region has been registered for Wholesale Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0200194

Issued in: January 2022

Expires on: 30 June 2027

16-02-2022

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

