

GIDEONISENGE LUKINDO
P.O. BOX 9624 TANGA
OWNER WA M/S HERGIA PHARMACY
FIN: 0101677
CHUMBAGENI TANGA JIJI

19/6/2024

Kwa Msajili Baraza la Famasi Tanzania
Dodoma.

E-mail gideluk@gmail.com

YAH KUFUNGA KWA KAZI NA BIAHARA YA HERGIA PHARMACY
P.O. BOX 9624 TANGA LOCATED AT CHUMBAGENI TANGA JIJI
TANGA REGION. FIN: 0101677 NA KURUDISHA PREMISES
REGISTRATION CERTIFICATE YAKE.

Mimi GIDEONISENGE LUKINDO Mmiliki na msimamizi wa Famasi
tajwa hapo juu, napenda kukujulisha kuwa Famasi yangu nimeifunga
tangu 28/2/2024 nilipopata ajira mpya katika jiji la Dodoma baada ya
kustaafu. Kwa umazi huo nakabidhi kwa bama hii PCF 17 iliyojazwa
na kupitiwa na Mfamasi wa jiji la Tanga Abillah Mwenye. Kwa hii ni
Mkufunzi wa Chuo Kikuu cha Theology cha T.A.G jijini Dodoma. Namdika
Original Certificate ya Hergia Pharmacy tajwa hapo juu.
Naomba kwa bama hii nimkuswe kwa Superintendent wa -
MERAKI PHARMACY ya jiji la Dodoma.

Mfamasi: GIDEON ISSAI SENGGE LUKINDO

[Signature]



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

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. 257)

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: HERGIA PHARMACY Facility Identification Number (FIN): 0101677
 Physical address:
 Street: CHUMBAGENI Ward: CHUMBAGENI District/Municipal: TANGA JIJI Region: TANGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name: GIDEON ISSAI SENGENCE LUKINDO PIN: 0100161 Phone: 0655655901
 Address: P.O. BOX 9624 TANGA Email: gidie.lk@gmail.com

A.3. REASON(S) FOR CHANGE

CHANGE OF OCCUPATION / DESTINY

Time frame of notification: (As per Contract) As from today Signature: [Signature] Date: 19/6/2024

A.4. OWNER'S DETAILS

Full Name: TRANSFERRED / CHANGE OF OCCUPATION Phone Number: 0655655901
 Remarks: RETIRED PHARMACIST
 Signature: [Signature] Date: 19/6/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name: GIDEON ISSAI SENGENCE LUKINDO PIN: 0100161 Phone Number: 0655655901 Email: gidie.lk@gmail.com
 Physical address:
 Street: MUJI Ward: MUJI District/Municipal: DODOMA JIJI Region: DODOMA
 Details of Previous pharmacy:
 Name of Pharmacy: HERGIA PHARMACY FIN: 0101677 District/Municipal: TANGA JIJI Region: TANGA

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 N/A.

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations: THE PERSON IS SHIFTING FROM TANGA TO DODOMA
 Full Name: ASDILAH MNUCE Designation: CPHARM Signature: [Signature] Date: 19/06/2024

D. NOTE:

HENCE NEED TO BE RECOMMENDED.
 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.

KNY. NGANGA MKUU
WA JIJI TANGA

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0101677

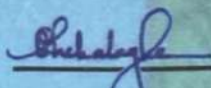
This is to certify that the premises owned by M/S Hergia Pharmacy of P.O.Box 9624, Tanga located at Chumbageni, Tanga Jiji Municipality/District in Tanga Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101677

Issued in: July 2021

Expires on: 30 June 2026

06-09-2021

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



REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31818, DAR ES SALAAM

Dawa zilizoKabidhiwa SB PHARMACY TANGA

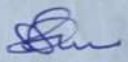
S/N	ITEM DESCRIPTION	EXP DATE	COST/STRI	QUANTITY	TT COST
1	IBUPROFEN TABS 200MG	Jun-26	1480	2	2,960.00
2	PANTAPRAZOLE	Jun-25	6250	4	25,000.00
3	DICLOFENAC INJ	Jan-25	160	14	2,240.00
4	FRUSEMIDE INJ	Apr-25	180	10	1,800.00
5	ALLOPURINOL TABS 100MG	Apr-26	2800	5	14,000.00
6	MEBENDAZOLE 100MG	Jul-25	230	25	5,750.00
7	SALBUTAMOL4MG WHITE	Aug-26	160	18	2,880.00
8	SALBUTAMOL4MG PINK	Dec-25	160	15	2,400.00
9	MELOXICAM 15MG	Feb-26	2600	1	2,600.00
10	PHENERGAN 25MG	Mar-25	300	17	5,100.00
11	CANNULA G20	Oct-25	250	14	3,500.00
12	SCAPLE VEIN G23	May-28	150	4	600.00
13	UMBILICAL CORD CLAMP	Jan-25	250	5	1,250.00
14	INFUSION SET	Jul-26	150	1	150.00
15	CHROMIC CUT GUT 2/0	Nov-27	1250	2	2,500.00
16	ELASTO PLASTER P/100	Mar-26	1100	4	4,400.00
17	SURGICAL BLADE SIZE 15	Jun-24	130	42	5,460.00
18	NIFEDIPINE RETARD 20MG TA	May-26	350	12	4,200.00
19	P-2 /2 TAB	Apr-27	1100	12	13,200.00
20	CIPROFLOXACIN 500MG TABS	Apr-25	650	12	7,800.00
21	GLIBENCLAMIDE 5 MG TABS	Jul-25	700	1	700.00
22	SAZATAN-H TABS 50/12	Feb-26	833	3	2,499.00
23	BENDLOFLUAZIDE 5MG	Jun-25	500	3	1,500.00
	TT				112,489.00
439,879.00					

Alipunguziwa ili alipeshwa 360,000/- tunatakapozipata.

	ITEM DESCRIPTION	EXP DATE	COST/STRIP	QUANTITY	TT COST
75	MEFENAMIC ACID 250MG STRIPS	May-25	480	13	6,240.00
76	EPHEDRINE NASAL DROPS 0.5 % 15 ML5/25		1500	3	4,500.00
77	WHITEFIELD'S OINT TUBE 20G	Aug-25	700	7	4,900.00
78	TETRACYCLINE EYE OINT 1%	May-26	550	5	2,750.00
79	DICLOFENAC GEL TUBE 20G	Nov-25	2000	1	2,000.00
80	MUPIRACIN TUBE 10G	Aug-25	4500	1	4,500.00
81	DICLOPAR GEL TUBE 30G	Aug-25	2000	2	4,000.00
82	MIFUPEN PCKET	Mar-27	110	39	4,290.00
83	ACTION PCKTS	Feb-27	120	100	12,000.00
84	YES BODY LOTION 200ML	Jul-27	979	30	29,370.00
	TT				74,550.00

Dawa hizi item 1-84 ndizo mihomachia SB PHARMACY &

Nathibitisha kumkabidhi mimi Gideon Kulucho Henga Pharmacy

Nathibitisha kupokea mimi SAKIMU SAID SAKIMU 

28/2/2024