GIDEON ISENGÉNGE LUKINDO
P.O Box 9624 TANGA
OWNER WA M/S HERGIA PHARMACY
FIN: 0101677
CHUMBAGENI TANGA JIJI

19/6/2024

E-mail gidieluk@gmail.com

Kwa Msajili Baraza la Famasi Tanzania
Dodoma.

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

Mimi GIDEON ISENGÉNGE LUKINDO Mmiliki na mwenyeji 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 wamazi huo nakabidhi kwa barua hii PCF. 17 iliyojazwa na kupitiwa na Mfamasia wa jiji la Tanga Abillah Mnenge. Kwa pamoja na Mkufunzi wa Chuo kikuu cha theology cha T.A.G jijini Dodoma. Nakadhia original Certificate ya Hergia Pharmacy tajwa hapo juu.

Naomba kwa barua hii nimkuasiwe kuwa Superintendent wa - MERAKI PHARMACY ya jijini Dodoma.

Mfamasia: GIDEON ISAAI SENGENGE LUKINDO

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: 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 SENGENGE LUKINDO PIN: 0100161 Phone: 0655655901
Address: P.O. BOX 9624 TANGA Email: gidieluk@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: 18/6/2024

A.4. OWNER'S DETAILS

Full Name: TRANSFERED/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 SENGENGE LUKINDO PIN: 0100161 Phone Number: 0655655901 Email: gidielukegmail.com
Physical address:
Street: MIYUJI Ward: MIYUJI 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 HE SHIFTING FROM TANGA TO DODOMA HENCE NEED TO BE RECOMMENDED.
Full Name: ASDILLAH MWENGE Designation: C/PHARM Signature: [signature] Date: 19/06/2024

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.

KNY. MGANGA 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

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

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*

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" alipe sh.360,000/= tu atakapozipata.

	ITEM DESCRIPTION	EXP DATE	COST/STRI	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 nilizo nunua SB PHARMACY

Nathibitisha kumkabidhi mimi Gideon Lukindo Herga Pharmacy

Nathibitisha kupokea mimi SALIMU SALO SALIMU

28/2/2024