

Ruvuma Pharmacy
S. L. P 350

Kiwanja namba 3 na 4 kitalu B,
Barabara ya Sokoine,
Songea Manispaa – Ruvuma

01 Oktoba, 2025

Msajili baraza la Famasi
S. L. P 1277
Dodoma

YAH; KUSIMAMISHA BIASHARA YA RUVUMA PHARMACY

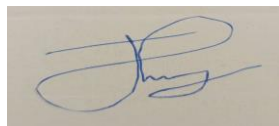
Rejea mada tajwa hapo juu,

Nasikitika kukujulisha kuwa Ruvuma Pharmacy (FIN; 0100595) itasimamisha shughuli zake ili kupisha ujenzi wa jengo jipya katika kiwanja namba 3 na 4 kitalu B. Hivyo shughuli za Famasi hii zitasimama kuanzia tarehe 01 Novemba, 2025 mpaka ujenzi wa jengo jipya utakapokamilika.

Aidha, Jengo jipya likikamilika nitakujulisha ili ofisi yako iweze kuniruhusu kuendelea na Biashara ya Famasi tajwa hapo juu.

Pamoja na barua hii, naambatisha Notisi toka NHC ya kutaka kufanya maendelezo katika eneo hili.

Wako



Jabeer K. Rajani
Mmiliki ,Ruvuma Pharmacy

Nakala.

Msajili Msaidizi, Kanda ya Kusini

Mfamasia – Timoth Daniel

Kumb. Na. NHC/RUV/GEN/ PL 3&4/010/IMN

Tarehe 01/10/2025

Ndg. KAUSARALI TURABALI HASSANALI

S.L. P 350.

SONGEA.

Simu: 0754623892

**YAH: NOTISI YA SIKU TISINI (90) YA KUSITISHA MKATABA WA UPANGAJI WA
NYUMBA NA 001 KWENYE KIWANJA NA 3 & 4 KITALU B MTAU WA SOKOINE
MKOA WA RUVUMA**

Tafadhali husika na somo hapo juu.

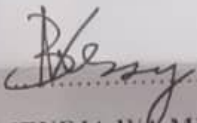
2. Unafahamishwa kuwa Shirika la Nyumba la Taifa limeanza rasmi utekelezaji wa Sera ya Ubia na wawekezaji binafsi na taasisi mbalimbali ambayo ilizinduliwa rasmi mwezi Novemba 2022.
3. Hivyo basi Shirika la Nyumba la Taifa lina mpango wa kuanza ujenzi kwenye kiwanja tajwa hapo juu ambapo wewe ni mpangaji, hivyo tunakutaarifu kwamba unapewa NOTISI ya siku tisini (90) kuanzia tarehe 01/10/2025 mpaka tarehe 31/12/2025 kusitisha mkataba baina yako na Shirika la Nyumba la Taifa kwenye nyumba tajwa hapo juu.
4. Shirika limerejea kipengele namba 4.1 (c), (d) na 7.2 cha Mkataba wa Upangaji kinachompa mamlaka mpangishaji kuvunja mkataba ndani ya siku tisini (90) pale anapohitaji jengo lake kwa ajili ya matumizi mengine.
5. Kwa maelezo hayo, unapewa NOTISI ya siku tisini (90) ya kutakiwa kuhama katika nyumba unayoishi ili kupisha uendelezaji unaokusudiwa kufanyika katika kiwanja hicho.

NATIONAL HOUSING CORPORATION
RUVUMA REGIONAL OFFICE| P.O. BOX 65, RUVUMA TANZANIA| PHONE: +255 25 2602215
EMAIL: dg@nhc.co.tz| WEBSITE: www.nhc.co.tz
ALL CORRESPONDENCE SHOULD BE ADDRESSED TO THE REGIONAL MANAGER

6. Unaruhusiwa kuomba upangaji upya baada ya jengo jipya kukamilika kulingana na masharti ya kipindi hicho.

Wako,

SHIRIKA LA NYUMBA LA TAIFA


MENEJA WA MKOA

NAKALA KWA: MKURUGENZI MKUU,
SHIRIKA LA NYUMBA LA TAIFA,
S.L.P. 2422,
DODOMA



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



PCF. 17

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 Kuvuma pharmacy Facility Identification Number (FIN) 0100595
Physical address: Sokoine Road Ward nyini Ward District/Municipal Songea MC Region Pwani
Street

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Timothy Daniel PIN 0101879 Phone 0768698091
Address Daniel timothy@gmail.com Email

A.3. REASON(S) FOR CHANGE

The business is temporary closed because the building shall be demolished and a new model house should be constructed by the plot owner.

Time frame of notification: (As per Contract) 40 days Signature [Signature] Date 01 October, 2015

A.4. OWNER'S DETAILS

Full Name Jabeer K. Rajan Phone Number 0765339687
Remarks okay
Signature [Signature] Date 02 October, 2015

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.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100595

This is to certify that the premises owned by M/S Ruvuma Pharmacy of P.O. BOX 350 Songea located at Plot No. 3/4B, Sokoine Road, Songea Municipality/District in Ruvuma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100595

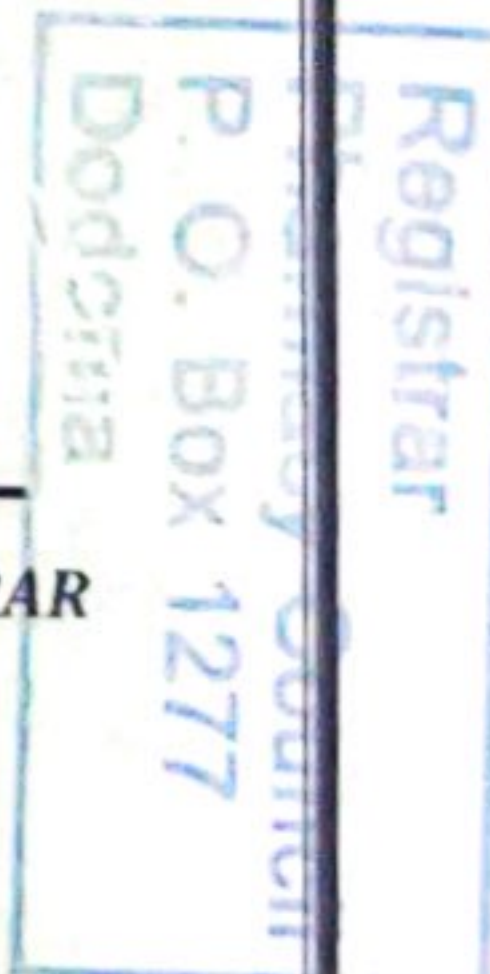
Issued in: April 2015

Expires on: 30 June 2030

27-05-2025

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

