EDGAR YERALD TWEVE

P.O.BOX 1073

IRINGA

29/07/2024

MSAJILI BARAZA LA,

FAMASI TANZANIA,

S.L.P 31818

DODOMA

Ndg

YAH: <u>MAOMBI YA KUSITISHA HUDUMA YA FAMASI</u>

Kichwa cha barua cha husika.

Mimi EDGAR YERALD TWEVE ambaye ni mmiliki wa **IPOGORO FAMASI** yenye usajili Namba **00524** na FID namba **0300524.** Ninaomba kusitisha kutoa huduma kutokana na sababu ambazo zipo nje ya uwezo wangu. Mpaka kuandika barua hii stock kubwa ya Dawa imeisha kwa Dawa chache ambazo zimebaki tumezihamishia kwenye duka letu la Dawa Muhimu (IPOGORO DLDM).

Kwa barua hii nimeambatanisha vibali vyote orijino ambavyo nilipewa na Msajili wa Famasi.

Ni matumaini yangu ombi langu litakubaliwa.

Wako Katika Huduma

Etweve

.....

IPOGORO PHARMACY P.O.BOX 1073 IPOGORO-IRINGA

Edgar Yerald Tweve

255759881407 / 255765303129

Nakala

Mfamasia Manispaa.

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300524

This is to certify that the premises owned by M/S ***Ipogoro Pharmacy*** of ***P.O Box 1073, Iringa*** located at ***Ipogoro Street, Ruaha, Iringa Mjini*** Municipality/District in ***Iringa*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300524***

Issued in: ***February 2023***

Expires on: ***29 June 2028***

16-03-2023

DATE:

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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***

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00524

This Permit is hereby granted to M/S ***Ipogoro Pharmacy*** of to operate a ***Retail and Wholesale Business*** at the premises situated/lying between ***Ipogoro Street, Ruaha, Iringa Mjini*** Municipality/District in ***Iringa*** Region with Facility Identification Number (FIN) ***0300524*** under a superintendent Pharmacist ***Alma O. Damasy*** with Personal Identification Number (PIN) ***0101917***

Issued in: ***February 2023***

Expires on: ***30 June 2023***

16-03-2023

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***

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..IPOGORO PHARMACY..Facility Identification Number (FIN)..0300524

Physical address:

Street..IPOGOLO..Ward..RUAHA..District/Municipal..IRINGA MJINI..Region..IRINGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..HELEN JOHN BARNABAS..PIN..Phone..0756718499

Address..IRINGA P.O BOX 162-IRINGA..Email..hbarnabas12@gmail.com..

A.3. REASON(s) FOR CHANGE:

- business is closed.

Time frame of notification: (As per Contract) ~~31/July/2024~~ Immediately. Signature..HBarnabas..Date..31/July/2024

A.4. OWNER'S DETAILS

Full Name..EDGAR JERALD TWEVE..Phone Number..0759881407

Remarks.....

Signature..Etweve..Date..29/07/2024

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.

PCF. 17

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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..IPOGORO PHARMACY.....Facility Identification Number (FIN).0300524

Physical address:

Street..IPOGORO.....Ward..KIHANA.....District/Municipal..IRINGA MJINI..Region..IRINGA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..ALLA JOHN MTWEVE.....PIN 0402913..Phone..0759 494 726

Address.....162 IRINGA.....Email....allamtweve@gmail.com.....

A.3. REASON(s) FOR CHANGE Business is closed

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Time frame of notification: (As per Contract) .....—.....Signature..Mtweve..Date..31/07/2024

A.4. OWNER'S DETAILS

Full Name..EDGAR GERALD TWEVE.....Phone Number..0759 881407

Remarks.....BIASHARA NIMEFUNGA

Signature..Mtweve.. Date..31/07/2024

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 .....

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.

ORODHA YA DAWA TULIZOHAMIDHA KUTOKA IPOGOLO PHARMACY KWENDA DLDM				
SN	**BRAND**	**GENERIC**	**QUANITY**	**EXPIRED DATE**
1	ROYAMOL TABLET	PARACETAMOL 500mg	1000	Sept 2026
2	GESI C ADL	IBUPROFEN TABLET 200mg	750	Dec 2026
3	MAGNOMINT	MAGNESIUM TRISILICATE 250mg	1050	Feb 2028
4	SAVE	ORAL REHYDRATION SALT(ORS)	100	Feb 2025
5	WHITE FIELD OINTMENT BP	WHITE FIELD OINTMENT 40g	20	Oct 2026
6	HYDROGEN PEROXIDE	HDROGEN PEROXIDE MOUTH WASH 3%W/W	25	Aug 2025
7	IODINE TINCTURE	IODINE TINCTURE 50mils	10	Apr 2027
8	HYDROGEN PEROXIDE	HYDROGEN PEROXIDE 6%W/V	15	Aug 2025
9	CALAMINE LOTION	CALAMINE LOTION 100ml	20	Jan 2026
10	POTASIUM PAMANGANET SOLUTION	POTASIUM PAMANGANET SOLUTION 0.1% ANTISEPTIC ANTIFUNGAL	20	Sept 2026
11	ADCOCIN	AMOXICILLIN TABLET 250mg	1000	Sept 2026
12	ZEN-B -PLEX	VITAMIN B COMPLEX TABLET	2000	March 2027
13	BHANJI	EUSAL 100mil	15	Apr 2025
14	RELCER GEL	ALUMINIUM HYDROXIDE+MAGNESIUM HYDROXIDE+DEGLYCYRRHIZINATED LIGUORICE 100ML,180ML	25	Oct2027
15	ALUGEL	ALUMINIUM HYDROXIDE+MAGESIUM TRISILICATE,100ml	5	Oct2025

16	MUCOGEL	ALUINIUM HYDROXIDE+MAGNESIUM HYDROXIDE+OXETHAZAINE 125ml	5	March2025
17	MUCOLYN	MUCOLYN ADULT 1OOml	40	Jan2027
18	MUCOLYIN	MUCOLYN PAEDIATRIC 100ml	15	Sept2026
19	NYSKA -P	NYSTATIN ORAL SUNSPENSION BP 30ml	10	April2025
20	RACYCLINE	TETRACYCLINE OINTMENT 1%W/W	15	march2027
21	RHEUMAC GEL	DICLOFENAC GEL 1%W/W	20	Feb2027
22	HYCORUM CREME	HYDROCORTISONE CRÈME 1% W/W	10	March2027
23	MENTHODOX	LOZENGES	25	OCT2024
24	VISKING	LOZENGES	100	May2027
25	ZENKOF	DIPHENHYDRAMINE HYDROCHLORIDE ORAL SOLUTION 100ml	25	Jun2026
26	COLDRIL	COLDRIL100ml	15	Mar2027
27	DAYVIT	MULTIVITAMIN SYRUP100ml	10	Sept2025
28	GOODMORNING	GOOD MORNING SYRUP	15	SEP2026
29	BABY GRIPE WATER	BABY GRIPE WATER	5	SEP2026
30	PRILLADONA	BELLADONA TINCTURE	3	APR2025
31	LECOTRIM	CO- TRIMOXAZOLE PAEDIATRIC SUNSPENSION	15	SEPT2025
32	COPHYDEX SYRUP	COPHYDEX SYRUP 100ML	8	OCT2025
33	ZECUF	ZECUF HERBAL COUGH SYRUP	15	DEC 2026

34	CHEST COF	CHECT COF SYRUP	15	NOV2025
35	DR COLD	DR COLD SYRUP	10	JUNE 2026
36	KOFLYIN	DIPHENHYDRAMINE ORAL SOLUTION	25	MAR 2025
37	CACHCET	CETRIZINE HYDROCHLORIDE TAB 10MG	300	NOV 2025
38	SULPHATRIM	CO TRIMOXAZOLE TAB 480MG	500	FEB 2026
39	LACILLIN	AMPICILLIN TAB250MG	600	MAR 2026
40	PROMETHAZINE	PROMETHAZINE HYDROCHLORIDE TAB 25MG	350	JUN2026
41	DICLOKANT	DICLOFENAC TAB 50MG	1000	SEPT 2026
42	LACILLIN	AMPICILLIN ORAL SUSPENSION	20	JUL 2027
43	SEDITON	CHLORPHENIRAMINE TAB 4MG	500	FEB 2026
44	PREDILONE	PREDNISELONE TAB 5MG	200	JAN 2028