PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100896

This is to certify that the premises owned by M/S ***Mkuyuni Pharmacy*** of ***P.O. Box 11864, Mwanza*** located at ***Plot No 167.Mkuyuni, Nyamagana*** Municipality/District in ***Mwanza*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0100896***

Issued in: ***July 2012***

Expires on: ***30 June 2030***

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

11-04-2025

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***

MKUYUNI PHARMACEUTICAL COMPANY (LTD),
P.O.BOX 11864,
MWANZA.
TANZANIA.

30th JULY, 2025.

PHARMACY COUNCIL
PO BOX
MWANZA.

Ndugu,

YAH: KUSITISHA HUDUMA YA FAMASI MKUYUNI

Husika na kichwa cha habari hapo juu,

Mimi, **EVANGELISTA FRANCIS MALIGA** kwa niaba ya kampuni natoa taarifa ya kuisitisha MKUYUNI PHARMACY.

Sababu ya kusitisha biashara ni kutokana na kupisha mradi wa soko katita ploti husika, ambao utaanza muda wowote kuanzia sasa. naambatanisha (copy) Permit Namba 00896-2024 ya tarehe 29/07/2025 na TIN No. 117-753-158.

Wako katika kazi.

.....

EVANGELISTA F. MALIGA,
MANAGING DIRECTOR.
+255672633342
+255786997299

PHARMACY COUNCIL

BUSINESS PERMIT

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 010016 - 2017

Permit is hereby granted to M/S ***Mkuyuni Pharmacy*** of P.O.Box ***11864, Mwanza*** to operate a ***Retail Pharmaceutical Business*** at the premises situated/lying between ***Mkuyuni Sokoni, Nyamagana*** Municipality/District in ***Mwanza*** region with Facility Identification Number *(FIN)* ***1903010016***

Issued on: ***February, 2017***

Expires on: ***30th June, 2017***

20th February 2017
DATE:

SIGNATURE OF REGISTRAR AND STAMP

CONDITIONS

1. ***This Permit shall have and continue to have effect from and including the day when it is issued***
2. ***The council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act***
3. ***This Permit does not authorize the holder to operate business in unregistered premises or during the period of suspension, revocation or cancellation of registration of the premises in respect of which it was issued.***
4. ***This Permit is non transferable .***
5. ***This Permit shall be conspicuously displayed in the registered premises***

CTIN: 416429

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION
FOR
TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

MKUYUNI PHARMACEUTICAL COMPANY LIMITED

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

117-753-158

WITH EFFECT FROM: **05 JULY 2012**

TRA LOCATION: **MWANZA** TAX OFFICE: **MKOLANI**

PHYSICAL LOCATION:

STREET / AREA: **MKUYUNI**

HERBERT M.T KABYEMELA
COMMISSIONER FOR DOMESTIC REVENUE

QUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

MEDICINE SHIFTED FROM MKUYUNI PHARMACY TO NYASAKA PHARMACY

SAME COMPANY

S/N	NAME OF ITEM	UOM	EXPIRE DATE	NUMBER OF ITEM	AMOUNT COST
1	Vitamin B Complex Syrup	Bottle	01/2027	6	7200/=
2	Carpool Syrup 60Mls	Bottle	10/2027	2	10,000/=
3	Calpol Syrup 100Mls	Bottle	06/2027	2	12,000/=
4	Metodopramide syrup 100Mls	Bottle	05/2027	3	10,000/=
5	Zenlyn syrup 100Mls	Bottle	08/2026	6	13,000/=
6	Dr. cold syrup 100Mls	Bottle	05/2026	7	13,000/=
7	Sediton Syrup 100Mls	Bottle	10/2026	8	17,000/=
8	Delased Syrup 100Mls	Bottle	09/2026	8	10,400/=
9	Ampiclox Syrup 100Mls	Bottle	05/2026	6	9,600/=
10	Untrim syrup 100Mls	Bottle	02/2027	2	1,800/=
11	Prometherzine syrup 100Mls	Bottle	11/2026	2	3,000/=
12	Felous and Folic acid	Tbs	02/2027	230	6,000/=
13	Duo-colexcin adult	Tbs	02/2026	2	14,000/=
14	Trust lity tabe	Tbs	02/2026	6	6,000/=
15	Microgynon pills	Tbs	11/2025	1	2,500/=
16	Solvinsyrup 100Mls	Bottle	05/2027	4	9,200/=
17	Alu 4	Tbs	02/2028	5	4,500/=
18	Alu 2	Tbs	09/2026	2	1,600/=
19	Belladona syrup 10Mls	Bottle	09/2026	6	7,800/=
20	Coldril syrup 100Mls	Bottle	07/2027	6	13,200/=
21	Ascoril-D syrup 100Mls	Bottle	12/2026	2	6,000/=
22	Emdelyn syrup 100Mls	Bottle	10/2026	4	8,800/=
23	Koflyn Junior syrup 100Mls	Bottle	05/2026	5	7,500/=
24	Kofyln adult syrup 100Mls	Bottle	05/2026	5	7,500/=
25	Grip water syrup 100Mls	Bottle	11/2026	16	36,800/=
26	Relcer gel syrup 180Mls	Bottle	08/2028	4	14,000/=

27	Relcer gel syrup 100Mls	Bottle	08/2028	5	7,500/=
28	Salbulamol Syrup	Bottle	06/2027	6	9,000/=
29	Erecto tab 50Mg	Tbs	06/2026	10	15,000/=
30	Nystin Syrup 30Mls	Bottle	10/2027	2	3,200/=
31	Dume condom	Each	09/2029	16	6000/=
32	Hemouit capsule	Capsule	09/2027	16	4000/=
33	Domperidone 10Mls	Tbs	10/2027	30	6,000/=
34	Meloxicam 15Mg	Tbs	07/2027	10	1100
35	Montelukast 10Mls	Tbs	09/2027	5	2,400/=
36	Prednisolone 5Mg	Tbs	10/2028	20	400/==
37	Salbulamol 4Mg	Tbs	10/2027	60	1,500/=
38	Ampiclox 500Mg	Capsule	12/2027	80	8000/=
39	Amoxyclave 625 Mg	Tbs	02/2027	14	4,000/=
40	Tetracycline ointement	Tube	11/2027	10	7,000/=
41	Bisacodyl 10Mg	Tbs	01/2027	20	800/=
42	Dettol junior soap	Each	09/2026	10	15,000/=
43	Vigor doctor tooth paste	Each	11/2027	5	10,000/=
44	Miconazole oral gel	Tube	10/2027	2	5,000/=
45	Fatum gel	Tube	07/2029	1	9,000/=
46	Pantoprozole 40Mg	Tbs	06/2027	20	2,600/=
47	Glucored forte	Tbs	08/2027	50	15,000/=
48	Gemer -2	Tbs	12/2025	4	1,500/=
49	Esomeprozole 20Mg	Capsule	10/2027		
50	Kiss condom	Each	12/2029	20	7000/=
51	Hydrogen mouthwash	Bottle	02/2027	10	10,000/=
52	Hemoit Syrup 200Mls	Bottle	05/2026	5	17,500/=
53	Nifedipine 20Mg	Tbs	08/2027	50	2300/=
54	APDHL-h syrup 100Mls	Bottle	05/2027	3	6,000/=
55	Iodine lincture	Bottle	01/2027	2	2,000/=
56	Alerid syrup 60Mls	Bottle	07/2026	10	15,000/=

TOTAL AMOUNT Tsh. 458,650/=

PHYARMASIST INCHARGE

NAME: DONATITA L. OLLOMY

DATE..05/08/25 **SIGNATURE** .....