PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300353

This is to certify that the premises owned by M/S ***Simime Pharmacy*** of ***P.O.Box 565,Njombe*** located at ***Mjimwema, Njombe Mjini*** Municipality/District in ***Njombe*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300353***

Issued in: ***May 2021***

Expires on: ***30 June 2026***

24-08-2021

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***

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00353-2022

This Permit is hereby granted to M/S ***Simime Pharmacy*** of ***P.O.Box 565,Njombe*** to operate a ***Retail and Wholesale Business*** at the premises situated/lying between ***Mjimwema, Njombe Mjini*** Municipality/District in ***Njombe*** Region with Facility Identification Number (FIN) ***0300353*** under a superintendent Pharmacist ***Abasi Uwesu Katundu*** with Personal Identification Number (PIN) ***0102291***

Issued in: ***May 2021***

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

02-08-2022

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***

BEATA ALEX SIMIME
SIMIME PHARMACY
SLP 565
NJOMBE.
01/07/2025

YAH: **OMBI LA KUFUNGA DUKA LA DAWA PHARMACY**

Husika na kichwa cha habari cha hapo juu. Mimi ni mmiliki wa duka la dawa Simime Pharmacy lililopo mjini Njombe. Ninaomba kufunga duka hilo kwa sababu nimeshindwa kuliendesha. Naambatanisha na orodha ya dawa zilizopo humu dukani, na nitazipeleka kwa NEGI PHARMACY wa Njombe mjini.

Natanguliza shukrani

Ndimi

Kny wenzie wa Taifa

B. Simime

SIMIME PHARMACY.

DAWA ZILIZOMO DUKANI

ITEM	PACK	QUANTITY
ATENOLOL TBS	P/28	03
SPINOROLACIONE	P/50	02
METFORMIN	P/100	03
ILET B Z	P/30	01
GEMMA 1	P/30	03
LOSARTAN H	P/30	02
LOSARTAN K	P/30	04
AZUMA	P/30	08
FLUCONAZOLE	P/10	03
AMOXCLAV TBS	P/05	05
CIFRAN CT	P/10	03
CEFADROXIL TBS	P/10	01
ERYTHROMYCIN	P/100	02
TINIDAZOLE	P/04	20
CEPHALEXIN CAPSULE	P/100	01
DUOCOTEXIN	P/09	01
EXPEN INJ	vial	08
PENADUR	vial	10
PANTOPRAZOLE INJ	vial	04
ASPRIN JUMOR	P/30	04
PROPRANOLOL	P/100	01
BENDROFLUMETHIAZIDE	P/100	02
CARVEDILOR 6.25mg	P/30	01
FUROSEMIDE	P/100	03
IBERSATAN H	P/30	01
TERMISATAN 80mg	P/30	02
TERMISARTAN 40mg	P/30	03
TIZANIDINE	P/30	01
CEFTRIAXONE INJ	vial	10
HYDROCORTISONE INJ	vial	10
GENTAMYCIN INJ	Ampoule	20
HALOPERIDOL	P/100	02
CARBAMAZEPINE	P/100	01

DAWA ZILIZOPO DUKANI

ITEM	PACK	QUANTITY
MISOPROSTOL	P/04	03
LIGNOCAINE	Bottle	05
GLIBENCLAMIDE	P/30	15
TRANEXAMIC ACID	P/10	01
ARTOVASTATIN 20mg	P/30	06
AMLODIPINE 5mg	P/30	02
AMLODIPINE 10mg	P/30	01
EREGO 50 & 100mg	P/01	04
AMOXCLAV SYP	Bottle	05
ERYTHROMYCIN SYP	Bottle	03
CEPHALEXIN SYP	Bottle	05
CASTOR OIL	Bottle	03
LACTULOSE SYP	Bottle	02
SCOTT's EMULSION	Bottle	03
COUGH MIXTURE	Bottle	01
GOFEN	P/10	90
PREDIMSOLONE ED	Bottle	02
DEXA-NEO	Bottle	04
VASOTRAINE	P/10	10
MEFENAMIC ACID	P/100	03
ACICLOVIR CREAM	Tube	01
MUPIROCIN OINTMENT	Tube	01
Benzoyl Peroxide gel	Tube	03

SIMIME PHARMACY

Whole sales and Retail dealers of Pharmaceuticals and related product

Street Adress	MJI MWEMA
City	NJOMBE REGION
P.o.box	565
Phone	753284594
Website	pharmacysimime@yahoo.com

INVOICE 011

DATE	18/07/2025
INVOICE #	011
CUSTOMER ID	

BILL TO:	
[Name]	NEKI PHARMACY
[Company Name]	
[Street Address]	
[City]	
[Phone]	

SHIP TO:	
[Name]	NEKI PHARMACY
[Company Name]	
[Street Address]	
[City]	
[Phone]	

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL
Gliberclamide	P/30	15	4000	60000
Mefenamic Acid	P/100	02	4000	8000
Artorvastatin 20	P/30	06	7000	42000
Amlodipine 5mg	P/30	02	2500	5000
Amlodipine 10mg	P/30	01	8000	8000
Electro	P/10	04	2000	8000
Amoxclav syp	Bottle	05	5000	25000
Erythromycin syp	Bottle	03	2500	7500
Cephalexin syp	Bottle	05	2500	12500
Castor oil	Bottle	03	3500	10500
Lactulose	Bottle	02	5000	10000
Scott's emulsion	Bottle	03	5000	15000
Neurotone	P/30	01	15000	15000
Prednisolone EO	Bottle	01	4500	4500
Benzoyl peroxide	Tube	03	3500	10500
Vasogrine tbs	P/100	40	5000	5000

SUBTOTAL	
DISCOUNT	
TAX AMOUNT	
TOTAL AMOUNT	
Witholding Tax %	

SIMIME PHARMACY

Whole sales and Retail dealers of Pharmaceuticals and related product

Street Adress	MJI MWEMA
City	NJOMBE REGION
P.o.box	565
Phone	753284594
Website	pharmacysimime@yahoo.com

INVOICE 009

DATE	18/07/2025
INVOICE #	009
CUSTOMER ID	

BILL TO:	
[Name]	NEW PHARMACY
[Company Name]	
[Street Address]	
[City]	
[Phone]	

SHIP TO:	
[Name]	NEW PHARMACY
[Company Name]	
[Street Address]	
[City]	
[Phone]	

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL
Atenolol tabs	P/28	03	3500	10500
Spinolactone tabs	P/90	01	8000	8000
Metformin tabs	P/100	03	3500	10500
GEMMA 2	P/50	03	20000	60000
GEMMA 1	P/30	03	11500	34500
Losartan H	P/30	02	3500	7000
Losartan Pottasium	P/30	04	2500	10000
Azithromycin 500mg	P/30	10	2500	25000
Fluconazole tbs	P/50	30	400	12000
Amoxclav tbs	P/05	01	5000	5000
Ciprax CT	P/10	05	5500	27500
Erythromycin tbs	P/100	02	8500	17000
Cephalexin Caps	P/100	01	8500	8500
Duocotexin	P/09	01	8500	8500
Expen	VIAL	10	1000	10000
Pantoprazole inj	VIAL	04	6500	26000

SUBTOTAL	
DISCOUNT	
TAX AMOUNT	
TOTAL AMOUNT	
Witholding Tax %	
TOTAL	

If you have any questions about this invoice, please contact
[753284594, pharmacysimime@yahoo.com]

Thank You For Your Business!

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SIMIME PHARMACY

Whole sales and Retail dealers of Pharmaceuticals and related product

INVOICE 010

Street Adress	MJI MWEMA
City	NJOMBE REGION
P.o.box	565
Phone	753284594
Website	pharmacysimime@yahoo.com

DATE	13	07	2025
INVOICE #	010		
CUSTOMER ID			

BILL TO:	
[Name]	
[Company Name]	
[Street Address]	
[City]	
[Phone]	

SHIP TO:	
[Name]	
[Company Name]	
[Street Address]	13/07/2025
[City]	004
[Phone]	

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL
Aspirin Junior	P/30	04	3000	12000
Propranolol	P/100	01	4500	4500
Benzohydrochlorothiazide	P/100	02	8500	17000
Carvedilol 6.25mg	P/30	02	2500	5000
Furosemide	P/100	03	3500	10500
Lisinopril H	P/30	01	5500	5500
Telmisartan 80	P/30	02	10500	21000
Telmisartan 40	P/30	03	10000	20000
Tizanidine	P/10	01	5000	5000
Ceftriaxone inj	Vial	20	1000	20000
Hydrocortisone inj	Vial	20	1000	20000
Metronidazole inj	Ampule	20	500	10000
Haloperidol	P/100	02	7500	15000
Amitriptyline	P/1000	01	3500	3500
Carbamazepine	P/100	02	8500	17000
Lignocaine	Bottle	04	2000	8000

SUBTOTAL	
DISCOUNT	
TAX AMOUNT	
TOTAL AMOUNT	
Witholding Tax %	
TOTAL	298200

If you have any questions about this invoice, please contact
[753284594, pharmacysimime@yahoo.com]

Thank You For Your Business!

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