GREENLEAF PHARMACY, S.L.P 68, TARIME. 11/07/2025.

GREENLEAF PHARMACY

P O. BOX 16 TARIME NYAMONGO

BARAZA LA PHARMACY, S.L.P 1277. DODOMA.

YAH: KUOMBA KUSITOSHA KIBALI CHA GREENLEAF PHARMACY.

Husika na kichwa tajwa hapo juu .Mimi SIMON SILAS KISIGIRO mmiliki wa Greenleaf PHARMACY.

Fin 0102672.

Naomba kusitisha kibari cha GREENLEAF PHARMACY kutokana na gharama za uendashaji Kuwa kubwa.

Hivyo naomba kusitisha kibari cha uendeshaji wa pharmacy na kukirudisha kibali cha uendeshaji Wa pharmacy baraza la pharmacy kupitia ofisi ya mganga mkuu wa wilaya ya Tarime DC.

Pia naomba kutoa taarifa ya dawa zilizobaki nimeziuza pharmacy ya DMRX Pharmacy iliyopo Mwanza. Nimeambatanisha orodha ya dawa na risti ya malipo ya dawa.

Nimatumaini yangu kuwa ombi langu litakubaliwa.

Wako katika ujenzi wa taifa,

SIMON SILAS KISIGIRO

SIMU +255758081747

Nakala kwa

- Pharmacy council zone cordinater; lake zone.
- TMDA manager; lake zone
- District medical officer; Tarime DC



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02672-2024

This Permit is hereby granted to M/S Green Leaf Pharmacy of P.O BOX 68, Tarime to operate a Retail Only Business at the premises situated/lying between Plot No. 145, Mjini Kati Street, Matongo, Tarime DC Municipality/District in Mara Region with Facility Identification Number (FIN) 0102672 under a superintendent Pharmacist Fatuma Ismail Aden with Personal Identification Number (PIN) 0103581

Issued in: June 2023

Expires on: 30 June 2025

05-08-2024

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

 The nature of conducting business shall conform to the category of pharmacist business registered

 This permit does not authorize the holder to sell or supply medicines illegally to unlicensed premises.

 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



PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102672

This is to certify that the premises owned by M/S Green Leaf Pharmacy of P.O BOX 68, Tarime located at Plot No. 145, Mjini Kati Street, Matongo, Tarime DC Municipality/District in Mara Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102672

Issued in: June 2023

Expires on: 29 June 2028

20-07-2023

DATE:

AND STAMP

CONDITIONS

- The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed
- Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
- This certificate is non transferable to other premises or to any other person

 Both certificate and business permit shall be displayed conspicuously in the registered premises



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iterm name	quantity	1@	Total
medivine oint	2	1228	2456
persol 5 gel	7	4042	28294
pesol forte cream	7	4042	28294
calamine lotion	5	924	4620
clo trimazol powder	4	3843	15372
clotrimazole cream canestal	43	498	21414
mg cosmag	3 boxes	1837	5511
elycort ointment	2	1837	3674
fluconazole flucoz	110pices	330	36300
p2 Levoke 2	6	1470	8820
ors	60pic	236	14160
phenobabitol	1 box	3570	3570
cotton wool 100mg	36	1470	52920
cotton wool 500mg	11	3412	37532
artesunate inj	3pic	6217	6217
flexp	6 pic	924	5544
latex surgical gloves	3boxes	443	64950
syringe 10cc	2boxes	173	34600
bisacodyl tabs	1box	9849	9849
cannula green	10	220	2200
cannula blue	12	222	2664
cannula white	11	222	2442
			391403



RECEIPT VERIFICATION CODE
43896C70



SEND OF LEGAL RECEIPTS