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..... TOKTO PHARMACY ..... Facility Identification Number (FIN). 0103534

Physical address:

Street... BUNJU SOKONI Ward... BUNJU B ..... District/Municipal... KINONDONI ..... Region. DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name. DANIEL K. MRINDOKO ..... PIN 0103840 Phone. 0718 498948

Address..... D'SALAAM ..... Email... dmrindoko@gmail.com.....

A.3. REASON(s) FOR CHANGE

..... TEMPORARY CLOSURE. .....

.....

Time frame of notification: (As per Contract) ..... Signature Mrindoko Date. 11/06/2025.

A.4. OWNER'S DETAILS

Full Name... STEVEN FANUEL VEGULA ..... Phone Number..... 0655512179

Remarks..... GOOD .....

Signature... Fanuel ... Date... 11/06/2025

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: 0103534

This is to certify that the premises owned by M/S ***Tokyo Pharmacy*** of ***P.O.Box 16104, Dar es Salaam*** located at ***Plot No.96, Block 21,Bunju B sokoni,Bunju*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0103534***

Issued in: ***February 2025***

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

17-04-2025

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar
P. O. Box 1277
Dodoma

CONDITIONS

1. *The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises*
2. *This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed*
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. 03534-2025

This Permit is hereby granted to M/S ***Tokyo Pharmacy*** of ***P.O.Box 16104, Dar es Salaam*** to operate a ***Retail Only Business*** at the premises situated/lying between ***Plot No.96, Block 21,Bunju B sokoni,Bunju*** Municipality/ District in ***Dar es Salaam*** Region with Facility Identification Number (FIN) ***0103534*** under a superintendent Pharmacist ***Daniel K Mrindoko*** with Personal Identification Number (PIN) ***0103840***

Issued in: ***February 2025***

Expires on: ***30 June 2025***

18-03-2025

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***

STEVEN F VEGULA,
0655512179
Stevenfanuel80@gmail.com
DAR ES SALAAM.

11/06/2025

PHARMACY COUNCIL
RECEIVED
13 MAY 2025
P.O. Box 31818, DAR ES SALAAM

MSAJILI,
BARAZA LA FAMASI,
S.L.P 1277.
DODOMA.

YAH: KUFUNGA KWA MUDA BIASHARA YA FAMASI (TEMPORARY CLOSURE)

Tafadhali rejea kichwa cha Habari hapo juu.

Mimi **Steven F Vegula**, mmiliki na mtoa huduma mwenye **PIN: 0404514** wa **Tokyo Pharmacy, FIN: 0103534** iliyopo **Bunju B Sokoni**, kata ya **Bunju**, wilaya ya **Kinondoni Dar Es Salaam**; nimeamua kusitisha biashara kwa muda kutokana kumtunza mzazi wangu hivo kupelekea kushindwa kuiendesha.

Kwa barua hii naomba kufunga kwa muda (*temporary closure*) famasi tajwa hapo juu mpaka pale afya ya mzazi wangu itakapo kuwa sawa

Aidha, naambatanisha orodha ya dawa na famasi nitakapozihamishia kwa ajili ya uhifadhi salama.

Wako

.....

STEVEN F. VEGULA