STEVEN F VEGULA, 0655512179

Stevenfanuel80@gmail.com

DAR ES SALAAM.

11/06/2025

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

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 Munic*ipality/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

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



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. TOKYO PHARMACY Physical address: Facility Identification Number (FIN). 0103534 Street. Bunit Sokoni Ward. Buniu B. District/Municipal. Kinondon/ Paging Dad Follows. |
| | Full Name DANIEL LA MAINDOURD PIN 2038 40 Phone 0718 498948 Address DIALAM Final Americal Personnel |
| | A.3. REASON(s) FOR CHANGE TEMPORARY CLOSURE. |
| | |
| | Time frame of notification: (As per Contract) |
| | A.4. OWNER'S DETAILS Full Name STEVEN FANGEL VEGULA Phone Number C655512179 Remarks Good Date 11/06/2025 |
| E | 3. TO BE COMPLETED BY THE OWNER ONLY |
| | B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name |
| | B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL (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 |
| 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 pharmacoutical paragraph |

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. <u>03534-2025</u>

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

- 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.
- 4. When vacating the registered premises, the superintendent pharmacist shall surrender to the Council the original Premises
- 5. The permit is non transferable and Council res<mark>erves the right to suspend, revoke</mark> or cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated