P.O. BOX 35472
DAR ES SALAAM.
11 MARCH 2024

MSAJILI BARAZA LA PHARMACY,

P.O BOX 1277

Dar es salaam Tanzania.

Ndugu,

### YAH; KUFUNGA BIA: HARA YA PHARMACY.

Husika na kichwa cha Habari hapo ju , Mimi Vanieth S Mrashani mfamasia mwenye namba ya usajili 0102987 ya mwaka 2022 ms amamizi wa famasi ya Grand Health Pharmacy iliyopo wilaya ya Kinondoni kata ya wazo Mtaa wa madale yenye namba ya usajili 0102644 nawasilisha maombi ya kufunga bia shara baada ya majadiliano na mmiliki yaliyofanyika 10 March 2024 kutokana na hali ngumu ya biashara. Naambatanisha kibali cha biashara.

Wako katika ujenzi wa biashara.

Vanieth S Mrasheni.



### THE UNITED REPUBLIC OF TANZANIA

#### MINISTRY OF HEALTH





In reply please quote:

Ref. No.BC.43/311/01C/42

15th June, 2023

Director, Grand Health Pharmacy, P.O. Box 70212, DAR ES SALAAM.

## Re: APPLICATION FOR REGISTICATION OF PREMISES AND PERMIT TO RUN A BUSINE: S OF A PHARMACIST

The heading above is concerned.

- 2. I wish to inform you that, your application for Wazo Kinondoni in Dar es salaam to conduct a Reper Section 37 (1)(a) of the Pharmacy Act, Cap. 3:
- 3. You are hereby directed to comply with the st pulated conditions of a pharmacist business by doing the following: -
  - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical tech cian or pharmaceutical assistant or pharmaceutical dispenser.
  - (ii) In addition to (i) above, you shall be oblig: it to acquire the following documents;
    - a) Pharmacy Act, 2011 available at / ww.pc.go.tz
    - b) The Pharmacy (Pharmacy Pra: ice and the Conduct of Business of a Pharmacy) Regulations, 2020 available at www.pc.go.tz
    - c) Standard Treatment Guidelines ard National Essential Medicine List of 2021;
    - d) The Tanzania Food, Drug and Cometics (Scheduling of Medicines Regulations) of 2015;
    - e) Pharmacist Duty Business Register; and
    - f) Pharmacy Logo to be displayed at the entrance of the pharmacy.
- 4. Please be informed that, this letter does no represent the Premises Registration Certificate or a Business Permit.
- 5. You are required to collect the Certificate and 3usiness Permit within 21 working days from the date of this letter which shall be issued upon fulfillment to the stipulated conditions and shall be handled strictly to a superintendent pharmacist.
- I anticipate your cooperation in this matter.

Elizabeth Shekalaghe REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator –East rn Zone TMDA – Zone Manager- Eastern Zone

Pharmacy Council – Headquarters Jakaya Kikwete Rc ad NHIF Building, 1<sup>st</sup> Floor P.O. Box 1277 Dodoma – Tanzania Tel: +255 26 2963885, E-mei: registrar@pc.go.tz/msajili@pc.go.tz

### PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No <u>02644-2023</u>

This Permit is hereby granted to M/S Grand Health Plantage of P.O. Box 70212, Dar es salaam to operate a Retail Only Business at the premises situated/lying be ween Madale Street, Wazo, Kinondoni Municipality/District in **Dar es Salaam** Region with Facility Identification Number (FIN) **0102644** under a superintendent Pharmacist Vanieth S Mrashani with Presonal Identification Number (PIN) 0102987

Issued in: June 2023

Expires on: 30 June 2024

SIGNATURE OF REGISTRAR

10-07-2023

DATE:

#### CONDITIONS

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

1. This Permit shall have and continue to have effect from and necluding the day when it is issued and does not authorize the holder to operate business in unregistered premises or during the per including the day when it is issued and does not authorize the horozoperate business in unregistered premises or during the per including the day when it is issued and does not authorize the horozoperate business in unregistered premises shall conform to the cat; or of pharmacist business registered or or or cancellation or cancellation or cancellation or cancellation or cancellation or cancellation or or cancellation or cancellation



## PHARMACY COUNCIL



# PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102644

This is to certify that the premises owned by M/S **Grand <sup>1</sup> ealth Pharmacy** of **P.O. Box 70212 ,Dar es salaam** located at *Madale Street, Wazo, Kinondoni* Municipality/Distric n *Dar es Salaam* Region has been registered for *Retail Only* to sell pharmaceutical and related products with Facility entification Number (FIN) **0102644** 

Issued in: June 2023

Expires on: 29 June 2028

03-08-2022

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 nedicines, medical devices and diagnostics illegally to unlicensed.
- Any changes such as ownership, superintendent pharmacist, siness name, physical address and location of the registered premises
- This certificate is non transferable to other premises or to any other person
- Both certificate and business permit shall be displayed conspict tously in the registered premises

