07th Aug, 2024

The Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma,
Tanzania.

RE:NOTIFICATION OF CLOSURE OF PHARMACY BUSINESS FOR ABACUS PHARMA (A) AFRICA - TAZARA BRANCH

We, Abacus Pharma (A) Ltd - Tazara Branch, FIN 0200276, hereby formally notify your esteemed office of the closure of our pharmacy operations at this location, effective on 9th August 2024. Consequently, all stock will be transferred to our Abacus Pharma (A) Ltd - Head Office Warehouse, also located at Tazara, under registration FIN 0200176.

Please find enclosed the premise registration certificate, renewed permit, and change of management forms for the superintendent pharmacist and pharmaceutical technician.

Thank you for your attention to this matter.

Yours Truly,

For Abacus Pharma (A) Ltd

Authorized Signatory

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0200276

This is to certify that the premises owned by M/S ***Abacus Pharma (A) Limited Tazara Branch*** of ***P.O. Box 12294, Dar es Salaam*** located at ***Nyerere road, Chang'ombe*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Wholesale Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0200276***

Issued in: ***December 2023***

Expires on: ***30 June 2029***

09-01-2024

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar Pharmacy Council 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. 00276-2024

This Permit is hereby granted to M/S ***Abacus Pharma (A) Limited Tazara Branch*** of ***P.O. Box 12294, Dar es Salaam*** to operate a ***Wholesale Only Business*** at the premises situated/lying between ***Nyerere road, Chang'ombe*** Municipality/District in ***Dar es Salaam*** Region with Facility Identification Number (FIN) ***0200276*** under a superintendent Pharmacist ***Gasto Ignas Mtei*** with Personal Identification Number (PIN) ***0101154***

Issued in: ***December 2023***

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

05-07-2024

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***
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***

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..ABACUS PHARMA(A) LTD - TAZARA BRANCH..Facility Identification Number (FIN)..0200276

Physical address:

Street..MYERERE RD.....Ward..CHANG'OMBE.....District/Municipal..TEMEKE.....Region..DAR-ES-SALA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..GASTO IGNAS MUFI.....PIN..0101154.....Phone..0658092088

Address..DSM.....Email..gastognas@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....

.....Closure of Pharmacy.....

Time frame of notification: (As per Contract) .....Signature.....Date..07/08/2024

A.4. OWNER'S DETAILS

Full Name..ABACUS PHARMA (A) LTD.....Phone Number..0699600919

Remarks.....

Signature..~~AS~~..... Date..07/08/2024

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.....PIN..... 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.

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..ABAKUR PHARMA (A) LTD - TAZARA BRANCH.....Facility Identification Number (FIN).0200276

Physical address:

Street..NYERERE RD.....Ward..CHANG'OMBE.....District/Municipal..TEMEKE.....Region..DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name..MARIAM J. MANGU.....PIN..C402100.....Phone..0714847922

Address..Dar es salaam.....Email..mirryjay2@gmail.com.....

A.3. REASON(s) FOR CHANGE

.....

.....CLOSURE OF BUSINESS.....

Time frame of notification: (As per Contract) .....Signature..Mangu.....Date..07/08/2024

A.4. OWNER'S DETAILS

Full Name..ABAKUR PHARMA (A) LTD.....Phone Number..0699600919

Remarks.....

Signature..~~.....~~ Date..07/08/2024

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.....PIN..... District/Municipal..... Region.....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

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Recommendations.....

Full Name..... Designation.....Signature.....Date .....

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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.