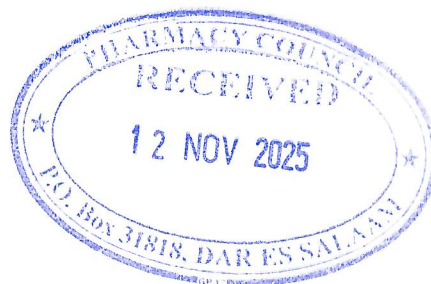


**The Leads Pharmacy**

**P.O.BOX 8227**

**DAR ES SALAAM- NDOVU STREET**

**10/NOV/2025**



**To:**

**Registrar**

**Pharmacy Council of Tanzania**

**P.O.BOX 31818, DAR ES SALAAM.**

**RE: NOTIFICATION OF CLOSURE OF RETAIL PHARMACY – THE LEADS PHARMACY, NDOVU STREET**

**Dear Sir/Madam,**

I hereby formally notify the Pharmacy Council that **The Leads Pharmacy**, located at **Ndovu Street**, has ceased operations due to business challenges that have made it difficult to sustain the pharmacy's activities.

At present, there are no medicines or pharmaceutical products remaining on the premises, as the stock has been fully cleared to ensure compliance with regulatory requirements.

Kindly note that I have attached the **original premises permit** issued by the Pharmacy Council for your reference and appropriate action.

I therefore request the Council to acknowledge the closure and update your records accordingly. Should there be any further steps or requirements to finalize this process, please advise.

Thank you for your guidance and cooperation.

Yours faithfully,

**ABRAHAM MSECHU**

**Owner**

**0712498634**



## MINISTRY OF HEALTH

## PHARMACY COUNCIL

## NOTICE 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... THE LEADS PHARMACY Facility Identification Number (FIN)... 0103678  
Physical address: Street... NDovu Ward... JANGWANI District/Municipal... ILALA Region... DAR-ES-SALAAM

## A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name... ARAPHAT YUSUPH JOHN PIN... 0103947 Phone... 0617821015  
Address... DAR-ES-SALAAM Email... yusupharaphat255@gmail.com

## A.3. REASON(S) FOR CHANGE

Closure of the premiseTime, frame of notification: (As per Contract) Immediate Signature... [Signature] Date... 6/11/2025

## A.4. OWNER'S DETAILS

Full Name... AB RATHAN MBEITA Phone Number... 0724986341  
Remarks... Closure of premise  
Signature... [Signature] Date... 5/11/2025

## B. TO BE COMPLETED BY THE OWNER ONLY

## B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name... DR. RAFAEL MBEITA PIN... 0724986341 Phone Number... 0724986341 Email... mbeita2010@gmail.com  
Physical address: Street... NDovu Ward... JANGWANI District/Municipal... ILALA Region... Dsm.  
Details of Previous pharmacy: Name of Pharmacy... LEADS PHARMACY FIN... 0103678 District/Municipal... ILALA Region... Dsm.

## 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: 0103678

This is to certify that the premises owned by M/S The Lead's Pharmacy of P.O Box 8127, Dar es Salaam located at Plot No.32, Ndovu street, Kariakoo Ward, Ilala Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0103678

Issued in: June 2025

Expires on: 30 June 2030

05-07-2025

DATE:

  
SIGNATURE OF REGISTRAR  
AND STAMP

### 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 premises
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





WIZARA YA AFYA  
BARAZA LA FAMAASI

POENI YA UKAGUZI WA WENDESHAWA WA FAMAASI

(Imeendelewa chini ya Kiungu cha 52 (1) cha Sheria ya Famaasi, 2011)

1. MUYITAMARI WA MATOKEO YA UWAJILI (Pamu ya matokeo ya ukaguzi iliywa katika nafasi mbihi na  
hukumu hili mmiliki wazi)

Jina la famaasi... **THE LEADS PHARMACY**  
Jina la mmiliki... **ABRAHAM MSECHU**  
Mkoa... **DSM** Wilaya... **ILALA** Kata... **KARIAKOO** Mtaa/Kiji... **NDUVU**  
Anasili... **DSM** Simu... **0712498634**

Kwenye ya ukaguzi



Maelekezo/ Hatua zilizochukuliwa

**UKAGUZI HAKIKI UMEFANYIKA TUNAPENDEKEZA  
NA KUBAINI FAMAASI  
IMEFUNGWA**

**TARATIBU ZA KUIFUNGA  
KWEENYE MFUMO ZI  
NDELEE.**

A: Endapo huduma yimeaitishwa, mmiliki anaelekezwa kuika Ofisi ya Msaaji/Mganga Mkuu wa Halmeshauri husika kwa  
balo, zaidi.

B: Endapo famaasi halijafungwa, mmiliki anaelekezwa kuendelea kutoa huduma kwa kufuata Sheria, Kanuni na Taratibu  
zilizowekwa.

Jina la Msaaji/Mganga Mkuu	Sahihi	Jina la mkaaguliwa	Sahihi
<b>Joseph Mshay</b>			
<b>TUMAINI J. MAKOLE</b>			

Tarehe ya ukaguzi

**24/11/2025**