

Mundleo Pharmacy,

P.O. Box,

Morogoro.

28 June 2024.

0716 966258.

Pharmacy Council,

P.O. Box 1277,

NHIF Building, 1st Floor, UDOM Road,

Dodoma.



Dear Registrar,

REF: NOTIFICATION ON CLUSURE OF PHARMACY BUSINESS

Kindly, refer to the heading above,

I Edmund Damas Kayombo owner of MUNDLEO PHARMACY which was located at Kihonda, Morogoro. I hereby notifying your good office my decision of closing down the business with immediate effect. The existing inventory has been sold.

Yours

Edmund Damas Kayombo

Owner

Mundleo Pharmacy



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01F/150

29th April, 2024

Director,
Mundleo Pharmacy,
P.O.Box 166,
Morogoro.

Re: **APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN
A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of the premises located at Plot No 1, Block P Kihonda Amer Salmin Islam, Kihonda street, Mafisa ward in Morogoro region to conduct a **Retail Business of a Pharmacist** has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.

3. You are hereby directed to comply with the stipulated conditions as follows:-

(i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.

(ii) In addition to (i) above, you shall be obliged to acquire the following documents;

a) Pharmacy Act, 2011, Pharmacy Practice Regulations, 2020 and Pharmacy Prescription Handling and Control Regulations, 2020 (available at www.pc.go.tz);

b) Standard Treatment Guidelines and National Essential Medicine List of 2021 (available at www.moh.go.tz);

c) The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015 (available at www.tmda.go.tz);

d) Pharmacist Duty Business Register; and

e) Pharmacy Logo to be displayed at the entrance of the pharmacy.

4. Your premises registration certificate and business permit shall be issued to superintendent pharmacist upon fulfillment of the above stipulated conditions.

5. This letter does not represent either the Premises Registration Certificate or a Business Permit.

6. I anticipate your cooperation in this matter.


Boniface Magige
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Central Zone
TMDA – Zone Manager-Central Zone



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924150252797531

Received from : MUNDLEO PHARMACY

Amount : 30,000.00

Amount in Words : Thirty Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of

Item Description(s)

Item Amount

: 142101040072 - Pharmacy/ADDO

30,000.00

Logo - LOGO

Total Billed Amount :

30,000.00 (TZS)

Bill Reference : 16213150245943636577

Payment Control Number : 991620246272

Payment Date : 2024-05-29 14:05:48

Issued by : Zena Mango

Date Issued : 2024-05-29 14:07:16

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)



