



PCF. 17



THE UNITED REPUBLIC OF TANZANIA

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) ON No. 257)

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 KILIMITHWA PHARMACY Facility Identification Number (FIN) 0102437  
Physical address:  
Street BURARE Ward BUTHURUWA District/Municipal NYAMAGARA Region MWANZA

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

Full Name DORICE PROSPER PIN 0102171 Phone 0758212174  
Address SOZI, MWANZA Email doriceprosper7@gmail.com

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

Closer of the pharmacy by  
management.

Time frame of notification: (As per Contract) ..... Signature ..... Date .....

## A.4. OWNER'S DETAILS

Full Name FRANCISCO CHIBUNDA Phone Number 0767457809  
Remarks .....  
Signature ..... Date 29/8/2024

## 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 ..... FIN ..... 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 KILIMAEWA PHARMACY,  
P.O.BOX 5020,  
**MWANZA.**  
**04/09/2024**

TO. REGISTRAR PHARMACY COUNCIL,  
P.O.BOX 1277,  
**DODOMA**

**RE: CLOSER OF THE KILIMAEWA PHARMACY.**

The caption above refers,

The above-named pharmacy was closed on 31<sup>st</sup> June 2024 due to management failure; all the drugs were transferred to the existing Kilimahewa Pharmacy located at Kilimahewa street, Ilemela -Mwanza town under the supervision of a registered pharmacist "DORICE PROSPER".

Therefore, I hereby allow Pharm. Dorice Prosper to look for new challenges in other premises.

The list of drugs is attached for your reference.

I wish to remain,

A handwritten signature in black ink, appearing to read "Francisco M. Chibunda".

Francisco M. Chibunda

**DIRECTOR**

TRANSFERRED DRUG FROM THE KILIMAHEWA PHARMACY TO KILIMAHEWA PHARMACY

1. Flucamox caps P/16	24
2. Tranexamic acid caps p/30	10
3. Fluconazole caps 150 mg P/30	16
4. Benylin syrup	20
5. Benylin 4FLU syrup	24
6. Benylin ped syrup	26
7. Prigabalin 150mg P/30	8
8. Metiformin 500mg P/100	12
9. Glucored forte tabs P/50	8
10. Diclopar tabs P/100	15
11. Osteomin tabs P/30	5
12. Repace H tabs P/30	8
13. Clopindogel 75mg P/3	5
14. Mucolyn syrup	30 bottles
15. Clomifen tabs 50mg P/10	6
16. Amoxyclav 625mg P/14	12
17. Diclofenac tabs P/100	25
18. Paracetamol tabs P/100	30
19. Mupirocin oint	12
20. Mebo oint	7
21. Nifedipine tabs 20mg P/100	9
22. Aceclofenac tabs P/100	13
23. Pedzinc tabs P/100	5
24. Neuroton tabs P/30	15
25. Levothyroxine tabs P/30	6
26. Muscle plus tabs P/100	5
27. Lumerax tabs	8
28. Duo cortexin tabs 40/320	16
29. Meloxicam 15mg P/100	6
30. Recer gel 180mls	45
31. Action tabs P/100	6
32. V2plus P/24	10
33. Omeprazole caps 20mg P/100	7
34. Tinidazole tabs 500mg P/25	12
35. Ibuprofen tabs P/100	14
36. Malafin tabs	3
37. Mefenamic acid 500mg P/100	3
38. Cefalexin caps P/100	5
39. Meloxicam caps 7.5mg P/100	4
40. Montelukast 10mg P/30	2
41. Ceftriaxone Injection	70

42. Doxycycline caps P/100	3
43. Gentamycine injection	24
44. Tramadol injection	10
45. Metronidazole injection	20
46. Metronidazole tabs P/100	15
47. Norfloxacin tabs P/100	4
48. Secnidazole tabs P/2	20
49. Ciproxacin tabs 500mg P/100	12
50. Metoprolol tabs P/100	6



# PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02437-2023

This Permit is hereby granted to M/S The Kilimahewa Pharmacy of P.O.Box 5020, Mwanza to operate a Retail Only Business at the premises situated/lying between Burare Centre, Buhongwa, Nyamagana Municipality/District in Mwanza Region with Facility Identification Number (FIN) 0102437 under a superintendent Pharmacist Dorice Prosper with Personal Identification Number (PIN) 0102171

Issued in: December 2022

Expires on: 30 June 2024

29-08-2023

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*





# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102437

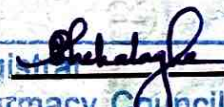
This is to certify that the premises owned by M/S The Kilimahewa Pharmacy of P.O.Box 5020, Mwanza located at Burare Centre, Buhongwa, Nyamagana Municipality/District in Mwanza Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102437

Issued in: December 2022

Expires on: 29 June 2028

10-01-2023

DATE:

  
Registrar  
Pharmacy Council  
P. O. Box 5020  
Dodoma  
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
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

