VERTEX PHARMACY,

S.L.P 36009,

DAR ES SALAAM.

4/12/2024

MSAJILI BARAZA LA PHARMACY

S.L.P 31818

DAR ES SALAAM

4/12/2024

**YAH: KUFUNGA PHARMACY – VERTEX PHARMACY**

Mimi HAPPINESS BULUNJA nikiwa kama mmiliki wa Vertex Pharmacy yenye. FIN : 0200311, Napenda kutoa taarifa kwa msajili baraza la famasi kwamba ,tunaifunga Vertex Pharmacy Pamoja na huduma zake zote hii ni kutokana na changamoto mbali mbali zilizojitokeza katika uendeshaji. Dawa zilizokuwepo zimeuzwa na kupelekwa BAHAMME POLYCLINIC iliyopo Morogoro

Asanteni

H.Bulunja

Happiness Bulunja

0744557615/0760929225

# PHARMACY COUNCIL

# PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

***Made under Section 37 of the Pharmacy Act Cap. 311***

***Permit No. 00311-2024***

This Permit is hereby granted to M/S ***Vertex Pharmacy*** of ***P.O.Box 36009 , Dar es Salaam*** to operate a ***Wholesale Only Business*** at the premises situated/lying between ***Plot No.598A, Kalenga street, Upanga Magharibi, Ilala*** Municipality/District in ***Dar es Salaam*** Region with Facility Identification Number (FIN) ***0200311*** under a superintendent Pharmacist ***Happiness Timothy Bulunja*** with Personal Identification Number (PIN) ***0103477***

Issued in: ***May 2024***

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

***SIGNATURE OF REGISTRAR***

**20-08-2024**

***DATE:***

**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***

PCF. 17

# 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 VERTEX PHARMACY Facility Identification Number (FIN) 0200311

Physical address:

Street KALENGA STREET Ward UPANGA WEST District/Municipal ILALA Region DAR ES SALAAM

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

Full Name HAPPINESS TIMOTHY BULUNJA PIN 0103477 Phone 0744557615 | 0760929225

Address P.O BOX 36009, KIGAMBONI Email hbulunja@gmail.com

**A.3. REASON(s) FOR CHANGE**

THE PHARMACY HAS STOPPED PROVIDING SERVICES.

Time frame of notification: (As per Contract) ..... Signature H.Bulunja Date 4/12/2024

**A.4. OWNER'S DETAILS**

Full Name HAPPINESS T. BULUNJA Phone Number 0744557615 | 0760929225

Remarks.....

Signature H.Bulunja Date 4/12/2024.

**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.

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## MINISTRY OF HEALTH

## PHARMACY COUNCIL

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**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 VERTEX PHARMACY Facility Identification Number (FIN) 0200311

Physical address:

Street KALENGA STREET Ward UPANGA WEST District/Municipal ILALA Region DAR ES SALAAM

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

Full Name HAPPINESS TIMOTHY BULUNJA PIN 0103477 Phone 0744557615 | 0760929225

Address P.O BOX 36009, KIGAMBONI Email hbulunja@gmail.com

**A.3. REASON(s) FOR CHANGE**

THE PHARMACY HAS STOPPED PROVIDING SERVICES.

Time frame of notification: (As per Contract) ..... Signature H.Bulunja Date 4/12/2024

**A.4. OWNER'S DETAILS**

Full Name HAPPINESS T. BULUNJA Phone Number 0744557615 | 0760929225

Remarks.....

Signature H.Bulunja Date 4/12/2024.

**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.....

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**NB:** Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

PCF. 17

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**MINISTRY OF HEALTH**

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**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: VERTEX PHARMACY Facility Identification Number (FIN): 0200311

Physical address:
Street: KALENGA STREET Ward: UPANGA WEST District/Municipal: ILALA Region: DAR ES SALAAM

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

Full Name: MESHACK JEROME MUNUO PIN: 0407637 Phone: 0652107525
Address: KIBAMBA - DAR ES SALAAM Email:

**A.3. REASON(s) FOR CHANGE**

THE PHARMACY HAS STOPPED PROVIDING SERVICES.

Time frame of notification: (As per Contract) Signature: M.J.Munuo Date: 4/12/2024

**A.4. OWNER'S DETAILS**

Full Name: HAPPINESS T. BULUNJA Phone Number: 0744557615 | 0760929225
Remarks:
Signature: H.Bulunja Date: 4/12/2024

**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.....

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