

THOMAS JOSEPH MALIGA,  
S. L. P 384,  
GEITA

12/11/2024

Email: maligaThomas13@gmail.com  
0763370940/0621313390

MBAJIRI wa BORAZO LA FARMASI

S. L. P 1277

DODOMA.

YAH: MAOMBI YA KUFUNGA FARMASI MOJA  
KWA MOJA.

Husika na kichwa chachani hapo juu. Mimi Thomas Joseph Maliga mmiliki wa pharmacy iitwayo MALITHO J PHARMACY naomba kufunga farmasi moja kwa moja kwa sababu zifuatazo

- (i) Mazingira yote salihid kwa huduma kubwa ya farmasi kwa sababu idadi haididhi matakwa ya kumapa huduma hio ya farmasi ni kijiini penye takwimu ndogo ya watari.
- (ii) Kutokana na ugonu wa bishara mawao hayo miyo itakua ygonu kwa kuhimili kutoa huduma salihid ya daw. pia statiko za watunishi nalo hudumu
- (iii) Kuhamishwa kitaro turyo kwa ugonu kuhimish beshudums kwa nakato

Naomba kutanguliza shukranu zangu za dhali natumini maombi yangu yakpokelewa na kufanywa kazi kwa manafaa ya Taifa na jamii mayotuzunguka wako kutika kera

Duka  
mfama hio na mmiliki wa MALITHO J PHARMACY,  
0763370940/0621313390



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01F/292

29 October, 2024

Director  
Malitho J Pharmacy  
P.O Box 384,  
Geita.

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 Ibondo street, Buseresere, Chato in Geita 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](http://www.pc.go.tz));

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

c) The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015 (available at [www.tmda.go.tz](http://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 having a pharmacist as a superintendent, and also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.

6. I anticipate your cooperation in this matter.

(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](http://www.pc.go.tz));

Copy: Pharmacy Council; Zonal Coordinator - Lake Zone Essential Medicine List of TMDA - Zone Manager- Western Lake Zone

Pharmacy Council - Headquarters Jakaya Kikwete Road NHIF Building, 1<sup>st</sup> Floor P.O. Box 1277 Dodoma - Tanzania

Pharmacy Log; Tel: +255 26 2963885; E-mail: [info@pc.go.tz](mailto:info@pc.go.tz)

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.

I anticipate your cooperation in this matter.