Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924197263083887**
Received from	: NAIRO BE PHARMACY
Amount	: 100,000.00
Amount in Words	: One Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142201270421 - Inspection of Premises - MALIPO YA UKAGUZI WA JENGO*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16209197245328382134
Payment Control Number	: ***991620260723***
Payment Date	: **2024-07-15 10:37:58**
Issued by	: Mohammed Ulombe
Date Issued	: 2024-08-16 11:51:40
Signature	:

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924197263084416**
Received from	: NAIRO BE PHARMACY
Amount	: 200,000.00
Amount in Words	: Two Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	Item Description(s)	Item Amount
: *142202540317 - Application for change of premises-Location - CHANGE OF LOCATION FEE*		**200,000.00**

Total Billed Amount : **200,000.00 (TZS)**

Bill Reference	: 16209197244117381910
Payment Control Number	: ***991620260673***
Payment Date	: **2024-07-15 10:39:06**
Issued by	: Mohammed Ulombe
Date Issued	: 2024-08-16 11:52:34
Signature	:

PCF.14

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION [✓]
2. BUSINESS NAME [ ]
3. BUSINESS OWNERSHIP [ ]

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: VAIRO BE' PHARMACY FIN 0300615

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [✓] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 549 Street: MJENGI STREET Ward BAGARA

District/Municipal BABATI Region: MANYARA

POSTAL ADDRESS: 76 Contact. No. 0785247500

E-mail: mwalemif@gmail.com

OWNERSHIP:

Directors (Names): 1. FRED MAYUNGA Qualification: DIRECTOR

2. ..... Qualification: .....

3. ..... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: SENORINA CLETUS MWAYA PIN: 010432

Residential Address: P.O.Box 10, MANYARA Tel: 0689142042 Email: senorinamwaya@gmail.com

Contract commencement date: 15TH/JUNE/2024 Cessation date 15TH/JUNE/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: VAIRO BE' PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [✓] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 1561 Street: ~~B~~ GIDBAQAR Ward DONGOBESH

District/Municipal MBULU DC Region MANYARA

POSTAL ADDRESS: 74, MBULU CONTACT. No. 0785247500

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. ..... Qualification: .....
2. ..... Qualification: .....
3. ..... Qualification: .....

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: .....PIN:.....

Residential Address: .....Tel: .....Email: .....

Contract commencement date: ..... Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Flocculation of the LandLord premise's rent leading to inability to handle the Operation cost.

2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: FRED MAYUNGA MWELEMI

(Contact/email if different from the above)

Address: 761 Babati, Manyara Tel: 0785247500 E-mail: mwelemif@gmail.com.

Signature of Applicant..... Date 15/July/2024.

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties

Signature of Applicant..... Date 15/July/2024.

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

PCF 5(a)

PHARMACY COUNCIL

APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

SECTION A: APPLICANT INFORMATION

1. Name of Applicant: FRED MAYUNGA
2. Physical Address of the Applicant: DONGOBESH
3. Contacts **(mobile phone)**: 0785 247500
4. Email address (if any): Mwelemif@gmail.com

SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)

5. Physical address of the proposed location, Street: DONGOBESH Plot No
   Ward: DONGOBESH District: MBULU DC Region: MANYARA
6. Name and distance from the **Public Health Facility** in metres
   DONGOBESH HEALTH CENTER 1100 m
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
   JOMO PHARMACY 48 km
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
   PETROL STATION 1000 m
9. Proposed Business Name (BRELA Certificates if any): NAIMO BE PHARMACY
10. Type of Business: A. Retail B. Wholesale C. Storage Facilities D. Any other (mention.)
    RETAIL AND WHOLESALE

SECTION C: DECLARATION

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

FRED MAYUNGA MWELEMI 05/07/2024

Name and Signature of the Applicant **Date of Application**

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid: 100,000/= Received date: 29/07/2024

Pay slip/Receipt No.: _____ Signature: _____

Inspection Section

I/We inspected the area/building of the proposed premises on (date) 05/07/2024 and I/We have found that the said premises location ~~does not~~ does meet the required standards.

Reasons for rejection _____

WITNESS KAFAIINI Hussein. ZUBERI. HUSSEIN.

Name, Signature of Inspector (1) **Name, Signature of Inspector (2)**

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION

MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF.5(b)

OBSERVATION FORM FOR NEW PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)
(Made under Regulation 4 & 5 of the Pharmacy (Premises Registration) Regulations GN 260, 2020)

FILL ALL PARTS IN CAPITAL LETTERS

SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: FRED MAYUNGA
2. Physical Address of the Applicant: LONGOBESH
3. Contacts (cell phone): 0785 24 7500
4. Proposed Business name: BAIRO BE PHARMACY
5. Type of Business: eg: Retail, Wholesale: RETAIL AND WHOLESALE

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	SOMO PHARMACY	48km
Name and distance from unsuitable area	PETROL STATION	1000M
Name and distance from public health facility	LONGOBESH HC	1100 M

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	R1=15x5=75, R2=10x6=60	171 M²
Width (W)	R2=4x3=12	
	R3=8x3=24	

SECTION C: GENERAL OBSERVATIONS

Room no 1 Display (15m x 5m) = 75m²
Room no 2 office (4m x 3m) = 12m²
Room no 3 Store room 1 (8m x 3m) = 24m²
Room no 4 Store room 2 (10m x 6m) = 60m²

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² for wholesale pharmacy, distance from the community pharmacy to another should not be less than 50m)

SECTION D: RECOMMENDATIONS

The premise complied with the requirement of the pharmacy premises However installation of fans and A/C should be done
Installation of area for washing hands should be done before moving in the premises

SECTION E: INSPECTOR'S DECLARATION

Names	Designation	Signatures
(i) WITNESS KASAINI	Pharmacist	
(ii) RUBERI M. HUSSEIN	Pharm. Technician	

I Declare that, the information provided here is true and correct to the best of my knowledge, I also know that if eventually it is proved by the Council that the information I have given it false, fictitiousor fraudulent or based on inadequately verified information, may result in appropriate legal action by the Council

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) FRED MAYUNGA MWELEMI

Certify that the proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

05/07/2024
Date

PCF. 6

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

CHECKLIST FORM FOR NEW/EXISTING PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4,5 &6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: FRED MAYUNGA Type of Ownership SOLE PROPRIETOR
2. Physical Address of the Applicant: DONGOBESH Geo Code:
3. Postal Address: P.O.Box 76 BABATI MANYARA
4. Contacts (Phone): 0785 247500 Email Address: mwelemif@gmail.com
5. Proposed/Existing Business name NAIRO BE PHARMACY
6. Type of Business: RETAIL AND WHOLESALE

SECTION B: DETAILS OF THE PREMISES LOCATION

	Criteria	Name of premises/facility/area	Distance (Meters)
1.	Name and distance from a nearby Pharmacy and category	JOMO PHARMACY	48 KM
2.	Name and distance from nearby health laboratory	UPENDO MAABARA	500M
3.	Name and distance from public health facility	DONGOBESH HC	1100M
4.	Name and distance from unsuitable or risky premises.	PETROL STATION	1000M

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

i) Size of the Building in Square meters (M²) Dispensing/Display (15m x 5m) = 75m² Stage room 1 & 8m x 3m = 24m
ii) **Number of rooms/compartments:** 5 store room 2 (10m x 6m) = 60m² office = 4m x 3m = 12m²

At least four (4) rooms (*i.e. Consultation room, Display, Dispensing & Store*)

a) **Display Room & Consultation room**

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	YES	
Fan	YES	
Air Condition	YES	
Waiting chair(s) for customers	YES	
Table and chairs in consultation room	YES	
Cupboard for files storage	YES	
Installed Fire Extinguisher	NO	In process of acquiring fire extinguisher.

b) **Dispensing & Store room** YES YES /NO

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	
Fan	YES	
Lockable shelves for Prescription drugs and controlled substances	YES	
Presence of source of water and a hand washing basin/sink	YES	
Provision for sitting desk for superintendent	YES	
Dispensing window with sliding glasses	NO	Open dispensing area available.
Open shelves/pallets	YES	
Strong and secured windows	YES	
Refrigerator	YES	
Working room thermometer	YES	

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

At least three rooms (*i.e. Display & Dispatch area, Sales/Record keeping room and Store room*)

a) **Display & Dispatch room**

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink	YES	
Ceiling Fan	YES	
Air Condition	YES	
Waiting chair(s) for customers	YES	
Reception Desk	YES	
Display cabinet with glasses	YES	
Working room thermometer	YES	

b) **Display & Dispatch area**

Description of standard	Availability (YES/NO)	Comment
Presence of source of water and a hand- washing basin/sink	YES	
Ceiling Fan	YES	
Air Condition	YES	
Waiting chair(s) for customers	YES	
Reception Desk	YES	
Display cabinet with glasses	YES	
Working room thermometer	YES	

c) **Sales/Record keeping**

Description of standard	Availability (YES/NO)	Comment
Ceiling fan	YES	
Air Condition	YES	
Provision for sitting desk and working table for superintendent	YES	
Lockable shelves for keeping document	YES	

d) **Storage room**

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	
Strong door toward storeroom	YES	
Strong grilled window	YES	
Open shelves/pallets	YES	
Confined area for recalled and expired drugs	YES	

SECTION E: SECURITY OF PREMISES

a) **External**

Description of standard	Availability (YES/NO)	Comment
Provision of adequate barrier	YES	
Presence of strong grilled windows	YES	
Provision of main entrance double doors; Grilled door outside and glass door inside	NO	Open double door available but not grilled
Presence of only one main entrance door	YE	

a) **External.**

Description of standard	Availability (YES/NO)	Comment
Provision of suitable lockable storage poisons	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Presence of water supply and hand wash basin/ Sink in dispensing room	YES	
Presence of weigh balance and weights	YES	

SECTION F: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system	YES	
Prescription only Medicines Book (Dispensing Book)	YES	
Controlled drugs Book	YES	
General sales drugs Book (Both)	YES	
Expired drugs Book	YES	
Complaints Handling Book	YES	
Visitors Book	YES	
Inspection Reports Register	YES	
Written procedures for maintenance of cold chain products	YES	

NB: For both retail & wholesale pharmacy entrance for each service should use a separate entrance/reception

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

OBSERVATION FORM FOR NEW/EXISTING PREMISES
(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 & 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

General observations

i. fans have been installed

ii. All have been installed

iii. Washing hands bucket has been used to improvise installation of standard washing hand sink.

iv.

v

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² forwholesale pharmacy distance from one community pharmacy to another should not be less than 150m)

Recommendations

i. We recommend pharmacy council to proceed with registration of the premises since the premise complied with the standards set.

ii.

iii.

iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) WITNESS HASAIN	PHARMACIST		12/07/2024
(ii) ZUBERI. M. HUSSEIN	Pharm. Technician.		12/07/2024

have inspected the above mentioned proposed site/ premises/plan and the information provided, and I certify that the information I have given is **true** and **correct**. We understand that any given false information may lead the Registrar, Pharmacy Council to take disciplinary action against us.

Owners /Incharge Certification

I (Full Name of Owner) FREDY MAYUNGA MWELEMY Certify that my proposed site/premises/plan has been pre-inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge _____ **Date** 12/07/2024

This form must be correctly filled in capital letters and sent to the Registrar, Pharmacy Council together with application form for consideration on registration of a new premises. Any false information entered in here by inspector(s) may lead the Registrar, Pharmacy Council to take disciplinary action against the Inspector. Only Inspectors as recognized by the Pharmacy Act, 2011 shall fill in this form

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 105-135-920
BABATI TOWN COUNCIL
BAGARA MIOMBONI
383
BABATI

Tax Certificate Number:
411-0211-8372

Issuing Office: Manyara
Telephone: 027 2531006
Date of Issue: 31 July 2024
Expiry Date: 31 December 2024

Taxpayer Name	**FRED MAYUNGA MWELEMI**		
Trading Name			
Taxpayer Identification Number	**137-744-260**	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : MANYARA,
DISTRICT : BABATI,
STREET : MJI MPYA

This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
31 July 2024

Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

PHARMACY COUNCIL

PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00615-2024

This Permit is hereby granted to M/S ***Nairo BE' Pharmacy*** of ***P.O BOX 76 Babati*** to operate a ***Retail and Wholesale Business*** at the premises situated/lying between ***Plot 549, Mjengi street, Bagara, Babati Manyara*** Municipality/District in ***Manyara*** Region with Facility Identification Number (FIN) ***0300615*** under a superintendent Pharmacist ***Senorina Cletus Mwaya*** with Personal Identification Number (PIN) ***0101432***

Issued in: ***February 2024***

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

10-07-2024

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 cançel 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: 0300615

This is to certify that the premises owned by M/S ***Nairo BE' Pharmacy*** of ***P.O BOX 76 Babati*** located at ***Plot 549, Mjengi street, Bagara, Babati Manyara*** Municipality/District in ***Manyara*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300615***

Issued in: ***February 2024***

Expires on: ***30 June 2029***

22-03-2024

DATE:

SIGNATURE OF REGISTRAR AND STAMP

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

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***

JAMHURI YA MUUNGANO WA TANZANIA

KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

CITIZEN IDENTITY CARD

19941106-27103-00001-23

JINA : FRED MAYUNGA
Given Name

JINA LA MWISHO : MWELEMI
Last Name

TAREHE YA KUZALIWA : 06 NOV 1994
Date of Birth

JINSI : M
Sex

SAINI :
Signature