



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania


**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924183260068944  
Received from : KAGUSA 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 - Inspection of premise (WHOLESALE)	100,000.00	
Total Billed Amount :		100,000.00 (TZS)

Bill Reference : 16208183242400032359  
Payment Control Number : 991620255231  
Payment Date : 2024-07-01 12:31:14  
Issued by : Musiba Maiga  
Date Issued : 2024-07-01 13:09:37  
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

# PHARMACY COUNCIL



## APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN 263, 2020)

### SECTION A: APPLICANT INFORMATION

1. Name of Applicant GEORGE LUCAS KASANSI
2. Physical Address of the Applicant INYONGA - KATAYI
3. Contacts (mobile phone) 0766101135
4. Email address (if any) \_\_\_\_\_

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

1. Physical address of the proposed location: Street KAYAMBA A Plot No. \_\_\_\_\_  
Ward INYONGA District MLELE Region KATAYI
2. Name and distance from the Public Health Facility in metres  
INYONGA B HIC (600)
3. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres  
INYONGA PHARMACY (166)
4. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres  
MLELE PUB (50)
5. Proposed Business Name (BRELA Certificates if any) KAGWA PHARMACY
6. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)  
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.

GEORGE LUCAS KASANSI J.L. Kasansi 27/06/2024  
Name and Signature of the Applicant Date of Application

### SECTION D: FOR OFFICIAL USE ONLY.

#### Accounts Section

Total fee paid \_\_\_\_\_ Received date \_\_\_\_\_

Pay slip/Receipt No. \_\_\_\_\_ Signature \_\_\_\_\_

#### Inspection Section

I/We inspected the area/building of the proposed premises on (date) 28/06/2024 and I/We have found that the said premises location ~~does not~~ does meet the required standards.

Reasons for rejection \_\_\_\_\_

Peter Mwita  
Name, Signature of Inspector (1)

MUSIBA MAIGA  
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.269, 2020)

(FILL ALL SECTIONS IN CAPITAL LETTERS)

SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: GEORGE LUCAS KASANSA
2. Physical Address of the Applicant: INYONGA - KATAM
3. Contacts (cell phone): 0766101135
4. Proposed Business name KAGUSA PHARMACY
5. Type of Business: eg: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	INYONGA PHARMACY	160
Name and distance from unsuitable area	MLELE PUB	600
Name and distance from public health facility	INYONGA B HC	650

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	9.3	91.14 Sqm
Width (W)	9.3	

SECTION C: GENERAL OBSERVATIONS

- The premise is legally licensed for provision of retail services.
- The owner renovated his building to meet criteria for offering both retail and wholesale services.
- There is no premise in the council which is registered and licensed to offer wholesale services.

(NB: Size of the building should not be less than 30m<sup>2</sup> for community pharmacy and not less than 60m<sup>2</sup> for wholesale pharmacy, distance from one community pharmacy to another should not be less than 150m and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

- The location and the building meets minimum criteria for registration as retail and wholesale Pharmacy.
- The premise may be considered for registration to offer the mentioned services.

SECTION E: INSPECTOR'S DECLARATION

(We) Names Peter Mwita Designation RPharm Signatures [Signature]  
(i) MUSIBA MATA Designation DPharm Signatures [Signature]  
(ii) MUSIBA MATA Designation DPharm Signatures [Signature]  
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, fictitious or 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)

GEORGE LUCAS KASANSA

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

J.L. KASANSA  
Signature of Owner/ In charge

27-6-2024  
Date





## THE UNITED REPUBLIC OF TANZANIA



## MINISTRY OF HEALTH

## PHARMACY COUNCIL

## CHECKLIST FORM FOR NEW PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

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

## SECTION A: APPLICANT INFORMATION

1. Name of Applicant: GEORGE LUCAS KASANSI
2. Physical Address of the Applicant: INYONGA - KATAVI
3. Contacts (Phone): 0766101135
4. Email Address: \_\_\_\_\_
5. Proposed Business name KAGUSA PHARMACY
6. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other mention; \_\_\_\_\_

## SECTION B: DETAILS OF THE PREMISES LOCATION;

	Criteria	Name of premises/facility/area	Distance (Meters)
a)	Name and distance from a nearby Pharmacy		
	Category:		
	Retail	INYONGA PHARMACY	160
	Wholesale		
	Wholesale and Retail		
	Warehouse		
b)	Name and distance from public health facility	INYONGA B HC	600
c)	Name and distance from unsuitable or risky premises.	MLELE PUB	50

## SECTION C: PRESCRIBED STANDARDS FOR RETAIL PHARMACY

- a) Size of the Building in Square meters (M<sup>2</sup>) 30.38  
 Number of rooms/compartments:  
 At least four (4) rooms (i.e. Consultation room, Display Dispensing & Store ) YES/NO
- b) Display Room YES/NO  
 Smooth Shelves YES/NO  
 Fan YES/NO  
 Air Condition YES/NO  
 Waiting chair(s) for customers YES/NO  
 Any other (mention) \_\_\_\_\_  
 Installed Fire Extinguisher YES/NO

- c) **Dispensing & Store room** \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Fan \_\_\_\_\_ YES/NO
- Lockable shelves for controlled substances \_\_\_\_\_ YES/NO
- Presence of source of water and a hand washing basin/sink \_\_\_\_\_ YES/NO
- Provision for sitting desk for superintendent \_\_\_\_\_ YES/NO
- Dispensing window with sliding glasses \_\_\_\_\_ YES/NO
- Open shelves/pallets \_\_\_\_\_ YES/NO
- Strong and secured windows \_\_\_\_\_ YES/NO
- Refrigerator \_\_\_\_\_ YES/NO
- Working room thermometer \_\_\_\_\_ YES/NO
- d) **Pharmacist Office**
- Presence of office table and chair for superintendent \_\_\_\_\_ YES/NO
- At least one chair for customer \_\_\_\_\_ YES/NO
- Lockable shelves/cupboard for office files/documents \_\_\_\_\_ YES/NO

#### CTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

- Size of the Building in Square meters (M<sup>2</sup>) \_\_\_\_\_
- At least three rooms (i.e. Display/Dispatch room, Sales/Record keeping room and Store room)
- a) **Display/Dispatch room** \_\_\_\_\_ YES/NO
- Presence of source of water and a hand- washing basin/sink \_\_\_\_\_ YES/NO
- Ceiling Fan \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Waiting chair(s) for customers \_\_\_\_\_ YES/NO
- Reception Desk \_\_\_\_\_ YES/NO
- Display cabinet with glasses \_\_\_\_\_ YES/NO
- Working room thermometer \_\_\_\_\_ YES/NO
- Any other \_\_\_\_\_
- b) **Sales/Record keeping room** \_\_\_\_\_ YES/NO
- Ceiling fan \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Provision for sitting desk for superintendent \_\_\_\_\_ YES/NO
- Lockable shelves for keeping document \_\_\_\_\_ YES/NO
- c) **Storage room** \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Strong door toward storeroom \_\_\_\_\_ YES/NO
- Strong grilled window \_\_\_\_\_ YES/NO
- Open shelves/pallets \_\_\_\_\_ YES/NO
- Confined area for recalled and expired drugs \_\_\_\_\_ YES/NO

#### TION D: SECURITY OF THE PREMISES

##### External.

- Provision of adequate barrier \_\_\_\_\_ YES/NO
- Presence of strong grilled windows \_\_\_\_\_ YES/NO
- Provision of main entrance double doors; Grilled door outside and glass door inside \_\_\_\_\_ YES/NO
- Presence of only one main entrance door \_\_\_\_\_ YES/NO

##### Internal.

- Provision of suitable lockable storage poisons \_\_\_\_\_ YES/NO
- Provision for a special cupboard for storage of controlled drugs \_\_\_\_\_ YES/NO
- Presence of water supply and hand wash basin/ Sink in dispensing room \_\_\_\_\_ YES/NO
- Presence of weigh balance and weights \_\_\_\_\_ YES/NO

#### SECTION E: RECORD BOOKS (To be provided during operation).



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

#### SECTION E: GENERAL OBSERVATIONS

- The premise meet minimum Criteria for registration of retail and wholesale Pharmacy.

#### SECTION F: RECOMMENDATIONS

- The premise may be considered for registration to offer both retail and wholesale services.

#### SECTION G: DECLARATION

First Inspector: Peter Mwita hereby 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, fictitious or fraudulent or based on inadequately verified information, may result in appropriate, legal action by the Council.

Date: 28/06/2024 Designation: RPharm Signature: [Signature]

Second Inspector: MUSIBA MAIGA hereby 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, fictitious or fraudulent or based on inadequately verified information, may result in appropriate, legal action by the Council.

Date: 28/06/2024 Designation: DPHARM Signature: [Signature]

#### OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) GEORGE LUCAS KASANSKA

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

J. L. KASANSKA 28-6-2024

Signature of Owner/ In charge

#### NOTE:

Date

For both retail & wholesale pharmacy entrance for retail clients should be separated from entrance of wholesale clients (Clients should use a separate entrance)

Unsuitable or risky premises means the premises or activities that emit obnoxious materials wastes like fuel fumes, contaminants, open sewerage, petrol stations, retail business that serve alcoholic beverages (bar), areas prone to floods, medical laboratories or any other place as the Council may declare unfit for the business of a pharmacy to be carried out.



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924183260069376

Received from : KAGUSA PHARMACY

Amount : 1,050,000.00

Amount in Words : One Million Fifty Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142201410182 - Registration Whole sale Pharmacy - Registration Wholesale Pharmacy		400,000.00
: 142202580050 - Permit Fees - Business Permit Wholesale Pharmacy		150,000.00
: 142202460247 - Professiona Fee Whole sale Pharmacy - Professional Fee Wholesale Pharmacy		500,000.00

**Total Billed Amount : 1,050,000.00 (TZS)**

Bill Reference : 16208183243040195643

Payment Control Number : 991620255247

Payment Date : 2024-07-01 12:33:08

Issued by : Musiba Maiga

Date Issued : 2024-07-01 13:06:50

Signature

.....

Government Payment Gateway © 2017 All Rights Reserved (GePG)

# PHARMACY COUNCIL



## APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,  
Pharmacy Council,  
P. O. Box 31818,  
Dar es Salaam.

### SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

1. The proposed name of the premises is..... KAGUSA PHARMACY .....

2. Have you registered your Business name with BRELA? YES / NO provide registration No. ....

3. Type of ownership: Sole proprietorship...../ Partnerships .....  
/ Corporations...../ Joint Ventures.....

4. Name of contact person ..... GEORGE LUCAS KASENCA .....

5. Postal address..... 68-MELE Tel, No. 0766 101131 Fax.....email.....

6. Full name(s) of Partner(s) and Directors(s) .....

Name: ..... Qualification: ..... I.D No. ....

Name: ..... Qualification: ..... I.D No. ....

Name: ..... Qualification: ..... I.D No. ....

7. Physical address of the proposed area: Street..... KAYAMBA 'A' ..... Ward.. IMYONGA .....  
District..... MLELE ..... Region..... KATOWI ..... Plot No.....

8. Premises to be registered for the business of ... RETAIL & WHOLESALE PHARMACY .....



9 The business will be under the supervision of a registered superintendent  
(Full Name) JOHN RICHARD MAGNAN

Whose qualification is REGISTERED PHARMACIST and his /her Reg.No./

PIN 0101687 of Year 2018

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10 The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name) MUSA YOHANA SAMSON

Whose qualification is PHARMACEUTICAL TECHNICIAN And his / her

Enroll/List.No./PIN 0405626 of Year 2022

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business Commencement Date.....

12. Required attachment to be submitted with this form are:

- Memorandum
- A copy of lease agreement/ title deed
- Certificate of Registration from BRELA (if available)
- Copy of contract agreement from superintendent pharmacist
- Copy of contract agreement from either enrolled/enlisted or dispenser
- Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

**N.B. False declaration constitutes an offence.**

Date 28-6-2024

Signed J. L. Kasansa  
Applicant

**SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS**

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof. Peter Mwita District/Municipal/Regional/PC  
 Inspector of Postal address 235 - Mpanda hereby certify that, I have inspected the  
 above mentioned premises in Section A as per attached inspection checklist and found that it  
**complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....  
 .....  
 .....

Name of Inspectors(s)

1. Peter Mwita  
 2. MUSIBA MAIGA

Signatures &amp; stamp

[Signature]  
[Signature]

Date

28/06/2024  
28/06/2024

**FOR OFFICIAL USE ONLY**

Fees TZS.....

Receipt No..... of.....

Registration granted/not granted because.....

Registration No..... Approved by Name: .....

Signature: .....

Designation: .....

I.D Number: .....

Date: .....

Date

Signature of Registrar and stamp.

# PHARMACY COUNCIL



## APPLICATION FOR PERMIT (Section 36 of the Pharmacy Act, 2011)

Registrar,  
Pharmacy Council,  
P. O. Box 31818,  
**DAR ES SALAAM.**

### PART A: APPLICANT INFORMATION

- Name of the contact person..... GEORGE LUCAS KASAPSA
- Postal Address of the owner..... 686, MLELE - KATAVI
- Tel./Mobile..... 0766 101135 ..... Email.....
- Full name(s) of Partner(s) and Director(s) and their profession.
 

Name .....	Qualification:.....	ID NO. : .....
Name:.....	Qualification:.....	ID NO. : .....
Name:.....	Qualification:.....	ID NO. : .....

I/We hereby apply for renewal/a new permit of selling the following: .....

Wholesale of pharmaceutical products

### PART B: PREMISES INFORMATION

- Name of the premises..... ISAKWA PHARMACY
- Premises situated at/lying between Plot No..... Street/Village/Ward..... INYONWA  
District/Municipality/City..... MLELE
- Premises category: retail pharmacy/wholesale pharmacy /retail and wholesale pharmacy/Godown
- Facility Identification Number (FIN)..... 01023 75 ..... Of (year)..... 2022
- Existing Permit No..... Dated..... Expiring on..... 30/06/2027



**PART C: SUPERINTENDANT INFORMATION**

1. Full Name: JOHN RICHARD MAMANGA Person Identification Number (PIN) 0101687.
2. Residential Address: INYONKA - MLELE  
Telephone/Mobile No 0679 718497 E-mail address: johnmamanga111@gmail.com.
3. Employment status: Employed/Self-employed
4. Designation & Address of present working place INYONKA H/C: 686 - MLELE
5. Date of last renewal of Pharmacist registration for the year.....and receipt No.....
6. Signature of Superintendent Pharmacist [Signature] Date 27/06/2024

**PART D: OTHER PHARMACEUTICAL PERSONNEL**

1. Full Name: MUSA YOHANA SAMON Person Identification Number (PIN) 0405626  
Residential Address: INYONKA 8 686 - MLELE Tel/Mobile No 0765 807141
2. Full Name:..... Person Identification Number (PIN).....  
Residential Address:..... Tel/Mobile No.....
3. Full Name:..... Person Identification Number (PIN).....  
Residential Address:..... Tel/Mobile No.....

**PART E: REQUIRED ATTACHMENT**

1. A copy of expired business permit
2. A copy of valid license to practice of superintendent pharmacist
3. A copy of valid license of either enrolled/enlisted or dispenser personnel
4. A copy of signed contract of agreement of superintendent pharmacist
5. A copy of signed contract of agreement of enrolled/enlisted or dispenser

**PART F: APPLICANT DECLARATIONS**

1. If my/our premises is registered and licensed I/we shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.
2. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have disqualified from holding a license/certificate and my/our license is/ is not suspended

**N.B. False declaration constitutes an offence**

J. L. Kasansa.  
**SIGNATURE OF APPLICANT**

27-6-2024  
**DATE**

**NOTE: INCOMPLETE FILLED APPLICATION SHALL NOT BE PROCESSED**

**PART F: FOR OFFICIAL USE ONLY**

Fees Tshs..... Receipt No.....of.....

Permit granted/not granted; Reason(s) for rejection.....

.....

Permit No..... Approved by Name: .....

Designation: .....

I.D Number: .....

Signature: .....

Date: .....