Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 923347220307035**
Received from	: TRIPLE B - 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 - 1*		**200,000.00**

Total Billed Amount : 200,000.00 (TZS)

Bill Reference	: 16215347233631644602
Payment Control Number	**: *991620228057***
Payment Date	**: 2023-12-13 15:41:52**
Issued by	: Zena Mango
Date Issued	: 2023-12-13 15:43:46
Signature	.....

99162022805 7

Alpie 200,000 kubadili location

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: TRIPLE - B PHARMACY FIN 01020047

TYPE OF BUSINESS: Retail Pharmacy ☑ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 201 Street: MKAUNI Ward

District/Municipal MWANAMYAMALA Region:

POSTAL ADDRESS: S.L.P 79512 Contact. No. 0658 550023

E-mail: joyceranga96@gmail.com

OWNERSHIP:

Directors (Names): 1. JOYCE SANGA Qualification: NURSE

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: DEVOTHA A. NDEMBUKE PIN:

Residential Address: KIMARA Tel: 0657921814 Email: devotheralbert@gmail.com

Contract commencement date: 12/02/2022 Cessation date 13/02/2023

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES:

TYPE OF BUSINESS: Retail Pharmacy ☐ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street Ward

District/Municipal Region

POSTAL ADDRESS: CONTACT. No.

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. Mwenye Jengo anabadilisha mpumo wa Jengo lake.
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: JOYCE SANGA

(Contact/email if different from the above)

Address: DAR-ES-SALAAM Tel: 07[illegible]752479 E-mail: joycesanga96@gmail.com

Signature of Applicant: JSanga Date: 13/12/2023

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: JSanga Date 13/12/2023

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)

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102004

This is to certify that the premises owned by M/S ***Triple E Pharmacy*** of ***P.O.Box 79512, Dar es Salaam*** located at ***Sekenke Street, Hananasif ward, Kinondoni*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102004***

Issued in: ***March 2022***

Expires on: ***30 June 2027***

02-05-2022

DATE:

SIGNATURE OF REGISTRAR AND STAMP

REGISTRAR
PHARMACY COUNCIL
P.O. BOX 31818 DAR ES SALAAM

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***

CTIN:

716385

TANZANIA REVENUE AUTHORITY

CERTIFICATE OF REGISTRATION
FOR
TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

THIS IS TO CERTIFY THAT

JOYCE FREDRICK SANGA

T/A TRIPPLE B PHARMACY

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

115-815-756

WITH EFFECT FROM: **02 January 2012**

TRA LOCATION: **KINONDONI** TAX OFFICE: **MWENGE**

PHYSICAL LOCATION:

STREET / AREA: **KINONDONI MANYANYA**

ABDUL Y. MAPEMBE

OFFICIAL SEAL

AG. COMMISSIONER FOR DOMESTIC REVENUE

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

PCE 54

00001358

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, Cap. 311)

Full Name Dorothy Albert Ndembwike

....

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration PIN	Registration Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0102711	11th February, 2022	7th March, 1992	Tanzanian	P.O. Box 968 Dar es Salaam	Bachelor of Pharmacy	Rajiv Gandhi University of Health Sciences India 2016

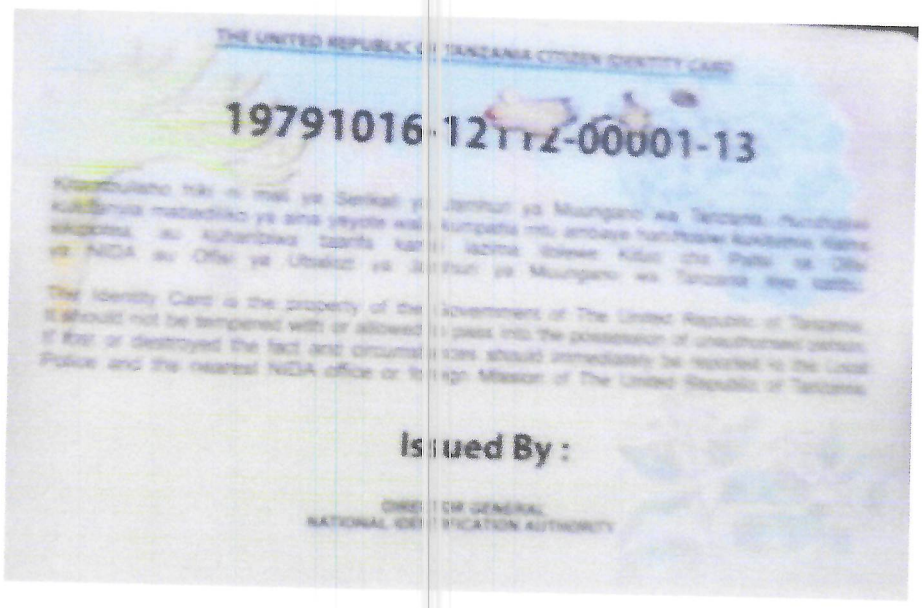
Date 24th February 2022

REGISTRAR

NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.

(2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

GPT-7/2002


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

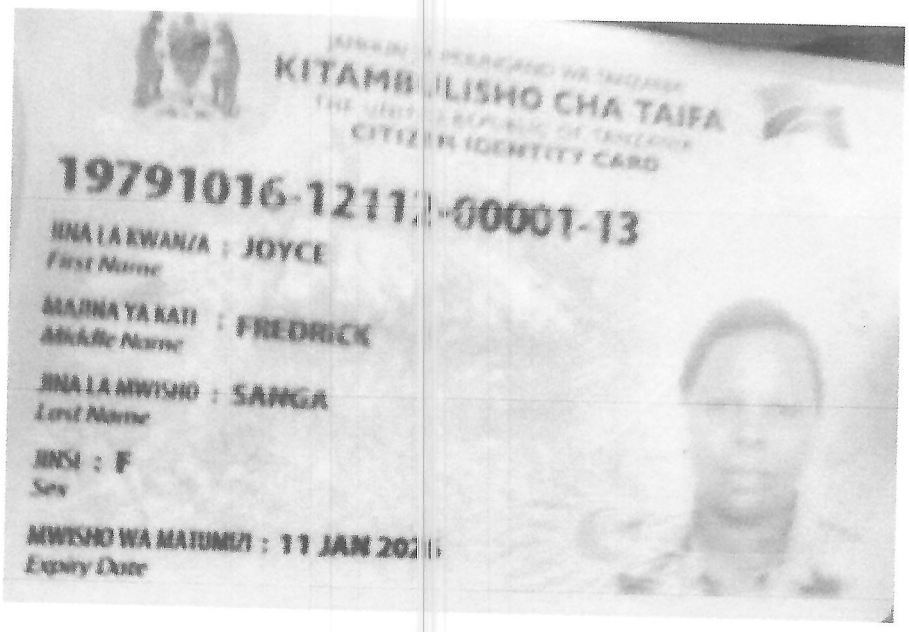
19791016-12112-00001-13

Kwambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Kuchukuliwa kuharibiwa matumizi ya ama yeyote wa kumpatia mtu ambaye hana haki kisheria, au kutambikwa taarifa kati... idara ... Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Uhamiaji ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or the Foreign Mission of The United Republic of Tanzania.

Issued By :

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY



KITAMBULISHO CHA TAIFA

CITIZEN IDENTITY CARD

19791016-12112-00001-13

JINA LA KWANZA : JOYCE
First Name

MAJINA YA KATI : FREDRICK
Middle Name

JINA LA MWISHO : SANGA
Last Name

JINSI : F
Sex

MWISHO WA MATUMIZI : 11 JAN 202
Expiry Date

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 923263203202676**
Received from	: TRIPLE B 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 - 0*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16210263234605883340
Payment Control Number	**: *991620217527***
Payment Date	**: 2023-09-20 11:41:43**
Issued by	: Zena Mango
Date Issued	: 2023-09-20 13:56:39
Signature	: .....

PHARMACY COUNCIL

9916202 17527

PCF 5(a)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

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 Joyce F. Sanga
2. Physical Address of the Applicant
3. Contacts (mobile phone) 0714752479
4. Email address (if any) Joycesanga96@gmail.com.

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

5. Physical address of the proposed location. Street Masauni Plot No. 201
   Ward M/Nyamala District KINONDONI Region DSM
6. Name and distance from the **Public Health Facility** in meters
7. Name and distance from the nearby outlets (**Pharmacy**) in meters
8. Name and distance from the unsuitable areas (**Fuel station, Bar, Damp, laboratory**) in meters
9. Proposed Business Name (BRELA Certificates if any) TRIPLE B PHARMACY
10. Type of Business: (A. Retail) B. Wholesale C. Storage Facilities D. Any other (mention)

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.

Joyce Sangg Sangg — 20/09/2023

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) and I/We have found that the said premises location does not/does meet the required standards.

Reasons for rejection

Name, Signature of Inspector (1)

Name, Signature of Inspector (2)

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la Serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: JOYCE SANGA
2. Anwani ya Makazi ya Mwombaji: MWANANYAMALA
3. Mawasiliano **(Simu):** 0714 72 2479
4. Jina la Biashara linalopendekezwa TRIPLE B PHARMACY
5. Aina ya Biashara: REJAREJA

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	CHIFAA PHARMACY	110M
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo kat ka Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	10.[illegible] m	39.59 m^2
b)	Upana (W)	3.[illegible] m	
c)	Kimo (H)	2.5m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

CHUMBA KIPO KWENYE JENGO LENYE VYUMBA VINNE, CHUMBA CHENYE UKUBWA WA MITA ZA MRABA 39.59

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

MMILIKI AMESHAURIWA KUTAFUTA ENEO LINGINE KUTOKANA NA KUKIDHI KIWANGO CHA UMBALI

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Erick Bokang	MKAGUZI	
2	KELVIN CHILONGANG	MKAGUZI	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi)

MWAJUMA HAMISI KALEGHEA

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

22/09/2023

Tarehe

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

2nd inspection

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: Joyce Sanga
2. Anwani ya Makazi ya Mwombaji: Mwananyamala
3. Mawasiliano (Simu): 0715859537
4. Jina la Biashara linalopendekezwa: Triple-R-pharmacy
5. Aina ya Biashara: Rejareja

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja		
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo kwa tika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)		
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Amekamilisha mateneneo afikilirile kupewa kibali cha rejareja.

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, matuo vya petroli, biashara ya rejareja inayotoa vileo (bar), maeneo yenye mafurika, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

Afikilie kupewa kibali baada ya maombi yq
uscjil.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Bwile Dickens	Mkaguzi	
2	Mwanham David	Mkaguzi	
3	Geofrey Lugoye	Mkaguzi	

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) MWAJUMA KALEGHELA

Nathibitisha kuwa eneo/jengo/langu lililoperekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

04/12/2023
Tarehe