



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council


Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924156254054646
Received from : Olotu 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		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16214156242705701240
Payment Control Number : 991620247010
Payment Date : 2024-06-04 15:43:36
Issued by : Mohammed Ulombe
Date Issued : 2024-06-14 09:03:17
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **924159254713167**

Received from : **OLOTU PHARMACY**

Amount : **50,000.00**

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

Outstanding Balance : **0.00**

In respect of	Item Description(s)	Item Amount
: 142201611404 - Duplicates Certificate - DUPLICATE OF CERTIFICATE	50,000.00	

Total Billed Amount :

50,000.00 (TZS)

Bill Reference : **16210159242021321539**

Payment Control Number : **991620247457**

Payment Date : **2024-06-07 12:08:44**

Issued by : **Mohammed Ulornbe**

Date Issued : **2024-06-14 09:01:24**

Signature

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

- Name of Applicant NEEMA AWICHI MASSAWE
- Physical Address of the Applicant P.O. BOX 223. SANYA JULY.
- Contacts (mobile phone) 0755889019
- Email address (if any) kelhardwere@gmail.com

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

- Physical address of the proposed location. Street SANYA JULY Plot No. 33 BLOCK C
Ward SANYA JULY District SIHA Region KILIMANJARO
- Name and distance from the Public Health Facility in metres
600M, SIHA DISTRICT HOSPITAL
- Name and distance from the nearby outlets (Pharmacy, DLD, LABS) in metres
250M, EMMA PHARMACY
- Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
200M
- Proposed Business Name (BRELA Certificates if any) OLOTU PHARMACY
- Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)
A - RETAIL B. 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.

NEEMA AWICHI MASSAWE
Name and Signature of the Applicant

04/06/2024
Date of Application

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid 100,000/- Received date 04/06/2024
Pay slip/Receipt No. 415615041964 Signature [Signature]

Inspection Section

I/We inspected the area/building of the proposed premises on (date) 05/06/2024 and I/We have found that the said premises location ~~does not~~ does meet the required standards.

Reasons for rejection

Jonathan J. Karisa
Name, Signature of Inspector (1)

MATIAS A. LUZABIKU
Name, Signature of Inspector (2)

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



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 PARTS IN CAPITAL LETTERS

SECTION A: APPLICANT INFORMATION

- Name of the Applicant: NEEMA AUCHI MASSAWE
- Physical Address of the Applicant: P.O. Box 223 SANTA JUU
- Contacts (cell phone): 0755889019
- Proposed Business name: OLITU PHARMACY
- Type of Business: eg: Retail, Wholesale: RETAIL

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	EMMA PHARMACY	250M.
Name and distance from unsuitable area	MASHA STELL	200M.
Name and distance from public health facility	SIHA DISTRICT HOSPITAL	600M.

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L):	27m	97m ² 162m ²
Width (W)	6m.	

SECTION C: GENERAL OBSERVATIONS

The premise is in good condition; it has adequate air circulation; cleanable walls and floor; it is not leaking. The distance from nearby facilities, hospital and outlet is reasonable and fits in the required specifications; the size of the building qualifies 162m² for the premise to operate as a retail pharmacy.

(NB: Size of the building should not be less than 30m² for community pharmacy and not less than 60m² 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

We recommend the premise to be permitted to operate as a retail pharmacy since it qualified all the requirements for operating as a retail pharmacy.

SECTION E: INSPECTOR'S DECLARATION

Names

(i) Jovitha Kaiza

Designation

District Pharmacist

Signatures

(ii) MATHIAS LUZABIKU

DISTRICT ZAB TECH.

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, 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)

NEEMA AUCHI MASSAWE

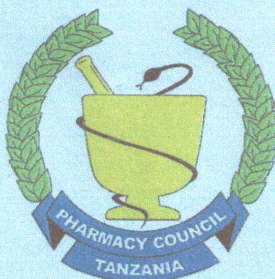
I Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

Signature of Owner/ In charge

05/06/2024.

Date

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300401

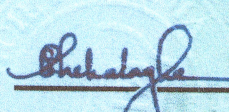
This is to certify that the premises owned by M/S Olotu Pharmacy of P.O. Box 223, Sanya Juu located at Plot No. 33 Block C, Sanya Juu, Siha Municipality/District in Kilimanjaro Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300401

Issued in: October 2021

Expires on: 30 June 2027

13-01-2022

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





PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00401

This Permit is hereby granted to M/S Olotu Pharmacy of to operate a **Retail and Wholesale Business** at the premises situated/lying between Plot No. 33, Block C, Sanya Juu, Siha Municipality/District in Kilimanjaro Region with Facility Identification Number (FIN) 0300401 under a superintendent Pharmacist GOODLUCK S MRUSHA with Personal Identification Number (PIN) 0102438

Issued in: October 2021

Expires on: 30 June 2024

09-08-2023

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 cancel any certificate or permit issued under this Act if satisfied terms and conditions have been violated*

