



## 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 PLANET PHARMACEUTICAL LTD
2. Physical Address of the Applicant PLOT NO. 4, SHOP NO. 1, NANE HOUSE, MARKET ST., ARUSHA.
3. Contacts (mobile phone) 0686111388
4. Email address (if any) doshisameer@yahoo.com

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

5. Physical address of the proposed location. Street MARKET STREET Plot No. 4  
Ward KATI District ARUSHA Region ARUSHA
6. Name and distance from the Public Health Facility in meters  
KALOLENI HEALTH CENTRE, 500M
7. Name and distance from the nearby outlets (Pharmacy) in meters  
GLOBAL PHARMACY, 50M
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp, laboratory) in meters  
PUMA PETROLS STATION, 400m
9. Proposed Business Name (BRELA Certificates if any) PLANET PHARMACEUTICAL LTD.
10. 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.

SAMEER M. DOCHI  
Name and Signature of the Applicant

19/12/2023  
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 \_\_\_\_\_

ELUCE W. SHOD  
Name, Signature of Inspector (1)

DANIEL K. MWINYOKO  
Name, Signature of Inspector (2)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 923354221598511

Received from : PLANET PHARMACEUTICAL LTD

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 - Change from wholesale and retail to WHOLESALE ONLY		50,000.00

**Total Billed Amount : 50,000.00 (TZS)**

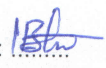
Bill Reference : 16208352231930234441

Payment Control Number : 991620228786

Payment Date : 2023-12-20 09:46:59

Issued by : Mohammed Ulombe

Date Issued : 2023-12-21 09:04:48

Signature : 





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 923354221598141

Received from : PLANET PHARMACEUTICAL LTD

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 fee		100,000.00

**Total Billed Amount : 100,000.00 (TZS)**

Bill Reference : 16208354232134761791

Payment Control Number : 991620229331

Payment Date : 2023-12-20 09:45:49

Issued by : Mohammed Ulombe

Date Issued : 2023-12-21 09:03:19

Signature : 

The Registrar,  
Pharmacy Council of Tanzania,  
P. O. Box 31818  
Dar es Salaam,  
Tanzania.  
December 18, 2023.



Dear Madam,

Re: **CLOSURE OF RETAIL SECTION 18 January 2024 – ARUSHA BRANCH**

Please refer to the heading above.

I am writing to inform the Pharmacy Council that we intend to close the retail section at the Planet Pharmaceutical Ltd. Arusha Branch (FIN: 0300056).

Enclosed please find copies of the registration certificate and business permit as per your requirements.

I request you to please consider our request above and do the needful.

Your sincerely,

Sameer M. Doshi.  
Pharmacist (PIN: 0100514)





# PHARMACY COUNCIL



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00056-2023

This Permit is hereby granted to M/S Planet Pharmaceutical LTD of P.O.Box 38328 to operate a Retail and Wholesale Business at the premises situated/lying between Plot No. 4, Ship No. 1, Nane House, Market Street Arusha Municipality/District in Arusha Region with Facility Identification Number (FIN) 0300056 under a superintendent Pharmacist Sameer Madhusudan Doshi with Personal Identification Number (PIN) 0100514

Issued in: September 2015

Expires on: 30 June 2024

03-07-2023

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





# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

**FIN: 0300056**

This is to certify that the premises owned by M/S Planet Pharmaceutical LTD of P.O.Box 38328 located at Plot No. 4, Ship No. 1, Nane House, Market Street Arusha Municipality/District in Arusha Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300056

Issued in: September 2015

13-09-2018

DATE:

  
SIGNATURE OF REGISTRAR  
AND STAMP

### 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





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)

SECTION A: APPLICANT INFORMATION

- Name of the Applicant: PLANET PHARMACEUTICAL LTD
- Physical Address of the Applicant: PLOT NO 4, SHOP NO 1, MANE HOUSE, MARKET STREET
- Contacts (cell phone): 0686111388
- Proposed Business name: PLANET PHARMACEUTICAL LTD
- Type of Business: eg: Retail, Wholesale: WHOLE SALE ONLY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	NOT APPLICABLE	
Name and distance from unsuitable area	BP PETROL STATION	500M
Name and distance from public health facility	KALOLENI HEALTH CENTRE	600M

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	$L_1=14.5, L_2=10.5, L_3=11.3$	$A_1=94.97, A_2=78.73, A_3=84.75$
Width (W)	$W_1=6.55, W_2=7.5, W_3=7.5$	$A_4=83.16$
	$R_4=L_4=10.8, W_4=7.7$	$= 341.63M^2$

SECTION C: GENERAL OBSERVATIONS

- JENGO LIHUKWA LIMESAJILIWA KAMA FAMAASI YA JUMLA NA REJAREJA FIN:0300056
- FAMAASI INAOMBA KUBADINSHA AINA YA BIASHARA NA KUWA YA JUMLA PEKEE.

(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

- JENGO UNAKIDHI KUENDELEA NA BIASHARA YA JUMLA PEKEE
- MMIWIKI ANAELEKEZWA KUWASINSHA BARUA YA KUSITISHA BIASHARA YA REJAREJA KATIKA OFISI YA BARAZA LA FAMAASI-ARUSHA

SECTION E: INSPECTOR'S DECLARATION

Names (i) ELICE W'SHOD Designation INSPECTOR Signatures [Signature]  
(ii) DANIEL K. MBINDOKO INSPECTOR [Signature]  
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)

SAMEER MADHUSUDAN DASHI

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

Signature of Owner/ In charge

21/12/2023  
Date