

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: MVANO PHARMACY-RUANDA BRANCH PIN: 0102875

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

PHYSICAL ADDRESS:

Plot No. Street: MAHENGGE Ward: MTINI
 District/Municipal: SONGEEA MC Region: RUVUMA
 POSTAL ADDRESS: 14 Contact. No. 0755861326
 E-mail:

OWNERSHIP:

Directors (Names): 1. Qualification:
 2. Qualification:
 3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: WARREN WILSON PIN: 0103106
 Residential Address: MSAMALA Tel: 0684200623 Email:
 Contract commencement date: 20-12-2023 Cessation date:

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: MVANO PHARMACY-RUANDA BRANCH

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

PHYSICAL ADDRESS:

Plot No. Street: MAHENGGE Ward: MTINI
 District/Municipal: SONGEEA MC Region: RUVUMA
 POSTAL ADDRESS: 14 CONTACT. No. 0755861326

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

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

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: WARREN WILSON PIN: 0103106
 Residential Address: MSAMALA Tel: 0684200623 Email: warren9779@gmail.com
 Contract commencement date: 8th NOV 2024 Cessation date 8th NOV 2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. change of business location from Mbinga to Songea Municipal
 2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: SEILIA MTAMAKAYA
 (Contact/email if different from the above)
 Address: Box 14 Tel: 0755861326 E-mail:
 Signature of Applicant: Kaya Date: 18/12/2024

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: Kaya Date: 18/12/2024

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)



NMB
SONGEA BRANCH

DATE TIME TERMINAL ID
12/12/2024 13:51 6185469366579

AGENT ID: 61824991
TRAN NUM: 101AGG2243471428
REF NO: EC102394544137
RELATED REF: EC102394544137

BILL PAYMENT

GEPIG PAYMENT SUCCESSFUL
Name: MVANO PHARMACY
Control No : 991620284141
Provider:Pharmacy Council
Bill Desc:CHANGE OF PREMISES
LOCATION
Bill Paid(Principal):
200,000.00
Total Amount Paid:Tsh
200,000.00
Served by:THADEI JAROME KIMARIO

THANK YOU FOR USING NMB WAKALA
AGENCY HELPDESK: 0800002001



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SONGEA BRANCH

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Bill Paid(Principal):
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Total Amount Paid:Tsh
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THANK YOU FOR USING NMB WAKALA
AGENCY HELPDESK: 0800002001

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 02875-2024

This Permit is hereby granted to M/S Mvano Pharmacy - Ruanda Branch of P.o.Box 14, Songea to operate a Retail Only Business at the premises situated/lying between Plot No. 40 Centre B Street, Ruanda ward, Mbinga Dc, Ruvuma Region. Municipality/District in Ruvuma Region with Facility Identification Number (FIN) 0102875 under a superintendent Pharmacist Warren Wilson with Personal Identification Number (PIN) 0103106

Issued in: December 2023

Expires on: 30 June 2025

04-09-2024

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





THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH
PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01E/303


18th December, 2023

Director,
Mvano Pharmacy,
Ruanda Branch
Ruvuma.

**Re: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN
A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of your premises located Plot No. 40 Centre B Street, Ruanda ward, Mbinga Dc in Ruvuma region to conduct a **Retail business of a pharmacist**, has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.
3. You are hereby directed to comply with the stipulated conditions as follows: -
 - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
 - (ii) In addition to (i) above, you shall be obliged to acquire the following documents:
 - a) Pharmacy Act, 2011, Pharmacy Practice Regulations, 2020 and Pharmacy Prescription Handling and Control Regulations, 2020 (available at www.pc.go.tz);
 - b) Standard Treatment Guidelines and National Essential Medicine List of 2021 (available at www.moh.go.tz);
 - c) *The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015* (available at www.tmda.go.tz);
 - d) Pharmacist Duty Business Register; and
 - e) Pharmacy Logo to be displayed at the entrance of the pharmacy.
4. Your premises registration certificate and business permit shall be issued to superintended pharmacist upon fulfillment of the above stipulated conditions.
5. This letter does not represent either the Premises Registration Certificate or a Business Permit.
6. I anticipate your cooperation in this matter.


Elizabeth Shekalaghe
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Western Zone
TMDA – Zone Manager- Western Zone

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102875

This is to certify that the premises owned by M/S Mvano Pharmacy - Ruanda Branch of Po.Box 14, Songea located at Plot No. 40 Centre B Street, Ruanda ward, Mbinga Dc, Ruvuma Region. Municipality/District in Ruvuma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102875

Issued in: December 2023

Expires on: 30 June 2029

09-01-2024

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



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 SESILIA MARKO MTAMAKAYA
2. Physical Address of the Applicant 14
3. Contacts (mobile phone) 0755 8613 26
4. Email address (if any) _____

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

5. Physical address of the proposed location. Street MAHENGGE Plot No. _____
Ward MIJINI District SONGEEA MC Region RUVUMA
6. Name and distance from the Public Health Facility in metres
2000m FROM RUVUMA REGION HOSPITAL
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres
1000m FROM FET PHARMACY
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
5000m FROM MOGAS STATION
9. Proposed Business Name (BRELA Certificates if any) MYANO PHARMACY
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)
RETAIL

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.

SESILIA MARKO MTAMAKAYA Bayu
Name and Signature of the Applicant Date of Application 11.12.2024

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) 12.12.2024 and I/We have found that the said premises location does not/does meet the required standards.

Reasons for rejection _____

Joseph A. Marandu
Name, Signature of Inspector (1)

Keneth Mtega
Name, Signature of Inspector (2)

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



NMB
SONGEA BRANCH

DATE TIME TERMINAL ID
12/12/2024 13:51 6185469366579

AGENT ID: 61824991
TRAN NUM: 101AGG124347A6JJ
REF NO: EC102394545091
RELATED REF: EC102394545091

BILL PAYMENT

GEPIG PAYMENT SUCCESSFUL
Name: SESILIA MAIKO MTAMAKAYA
Control No : 991620284138
Provider:Pharmacy Council
Bill Desc:INSPECTION OF THE
PREMISES
Bill Paid(Principal):
100,000.00
Total Amount Paid:Tsh
100,000.00
Served by:THADEI JAROME KIMARIO

THANK YOU FOR USING NMB WAKALA
AGENCY HELPDESK: 0800002001



NMB
SONGEA BRANCH

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THANK YOU FOR USING NMB WAKALA
AGENCY HELPDESK: 0800002001



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: SESILIA MARKO MTAMAKAYA
- Physical Address of the Applicant: SONGEA MC
- Contacts (cell phone): _____
- Proposed Business name: MVANO PHARMACY
- Type of Business: eg: Retail, Wholesale: RETAIL PHARMACY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	MARANATHA PHARMACY	600MTS
Name and distance from unsuitable area	MOGAS F. STATION	500MTS
Name and distance from public health facility	RUVUMA R. HOSPITAL	700MTS

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	6.2	31 m ²
Width (W)	5	

SECTION C: GENERAL OBSERVATIONS

- The premises was previously registered as Mashujaa pharmacy.
- The height of the premises is 3mts from the floor
- The building has been divided into three parts 1. Display 4x3=12m²
2. Dispensing 3x3=9m² 3. Store room 3.3x3=9.9m²

(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

- Make sure in the premises there is DDA box, FAN and AC, refrigerator, waiting chair, working desk, shelves with glasses and superintendent desk.
- Wall, roof and floor must be repaired, smoothen and well painted

SECTION E: INSPECTOR'S DECLARATION

Names

(i) Musuph H. Marandu

Designation

MPHARM

Signatures

[Signature]

(ii) KENETH A. MTEGA

PHARM. TECHNICIAN

[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)

SESILIA MARKO MTAMAKAYA

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

Date

13.12.2024



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: SESILIA M. MTAMAKATA Type of Ownership: SOLE
2. Physical Address of the Applicant: SONGEA ML Geo Code: _____
3. Postal Address: 14 SONGEA ML
4. Contacts (Phone): 0755 8613 26 Email Address: _____
5. Proposed/Existing Business name: MVANO PHARMACY
6. Type of Business: RETAIL PHARMACY

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	MARANATHA PHARMACY	600 MTJ
2.	Name and distance from nearby health laboratory	NDWOKA LABORATORY	700 MTJ
3.	Name and distance from public health facility	RWUMA R. HOSPITAL	700 MTJ
4.	Name and distance from unsuitable or risky premises.	MOGAS F. STATION	500 MTJ

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

- i) Size of the Building in Square meters (M²) 31 m²
- ii) Number of rooms/compartments: 4

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	YES	

b) Dispensing & Store room 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	YES	
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		
Ceiling Fan		
Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Display cabinet with glasses		
Working room thermometer		

b) Display & Dispatch area

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

c) Sales/Record keeping

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

d) Storage room

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

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	YES	
Presence of only one main entrance door	YES	

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. - In the premises there is DDA box, FAN and AC, refrigerator for cold chain product, waiting chair, working desk, shelves with glasses, and superintendent desk.
- ii. - Wall, roof and floor have been repaired, smoothen and well painted
- iii. - There is strong window and Door
- iv. _____
- v. _____

(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)

Recommendations

- i. I recommend to continue with other registration process
- ii. _____
- iii. _____
- iv. _____

Inspector's declaration

Name	Designation	Signature	Date
(i) <u>Yusuf H. Marandu</u>	<u>MPHARM</u>	<u>[Signature]</u>	<u>16/12/2024</u>
(ii) <u>KASIAN M. NYAGAWA</u>	<u>PI TECH</u>	<u>[Signature]</u>	<u>16/12/2024</u>

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we 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) JESILIA MARKO NIAMAKAYA 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

[Signature]

Date

16-12-2024

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 : 110-698-399

SONGEA MUNICIPAL COUNCIL

SOKOINE ROAD

14

SONGEA

Tax Certificate Number:

291-0196-5471

Issuing Office: Ruvuma

Telephone: 025 2602140

Date of issue: 12 March 2024

Expiry Date: 31 December 2024

Taxpayer Name	SESILIA MICHAEL MTAMAKAYA		
Trading Name			
Taxpayer Identification Number	120-540-718	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : MBEZI MSUGURI

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	Undifferentiated goods-producing activities of private households for own use
2	PHARMACY
3	Other transportation support activities

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

12 March 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.



THE UNITED REPUBLIC OF TANZANIA

BUSINESS LICENCE

B.L. NO : BL01723902023-2400000680

The Business Licensing Act (Act No. 25 of 1972)

Issuing Office: MBINGA DISTRICT COUNCIL

Tax Identification
No: 120-540-718

License Issued To : SESILIA MICHAEL MTAMAKAYA

for the Business of : SELLING MEDICINES RETAIL (DUKA LA DAWA MUHIMU) -
PART II POISON SHOP

Business Location

Region : Ruvuma

Ward Ruanda

Street Ruanda

Principal/Branch : PRINCIPAL

Amount of Fee Paid : 100,000.00

Date Of Issue: 2024-04-25

Expiring Date : 2025-04-24



This is Digital Copy does not require a signature of authority

NOTE - This license must be kept in a conspicuous position at the place of business. Any change in the particulars originally registered must be notified to the license Issuer

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 SESILIA MARKO MTAMAKAYA
2. Physical Address of the Applicant 14
3. Contacts (mobile phone) 0755 8613 26
4. Email address (if any) _____

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

5. Physical address of the proposed location. Street MAHENGGE Plot No. _____
Ward MIJINI District SONGEA MC Region RUVUMA
6. Name and distance from the Public Health Facility in metres
2000m FROM RUVUMA REGION HOSPITAL
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres
1000m FROM FET PHARMACY
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
5000m FROM MOGAS STATION
9. Proposed Business Name (BRELA Certificates if any) MYANO PHARMACY
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)
RETAIL

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.

SESILIA MARKO MTAMAKAYA Bayu
Name and Signature of the Applicant Date of Application 11.12.2024

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) 12.12.2024 and I/We have found that the said premises location does not/does meet the required standards.

Reasons for rejection _____

Joseph A. Marandu
Name, Signature of Inspector (1)

Keneth Mtega
Name, Signature of Inspector (2)

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



NMB
SONGEA BRANCH

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Name: SESILIA MAIKO MTAMAKAYA
Control No : 991620284138
Provider:Pharmacy Council
Bill Desc:INSPECTION OF THE
PREMISES
Bill Paid(Principal):
100,000.00
Total Amount Paid:Tsh
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Served by:THADEI JAROME KIMARIO

THANK YOU FOR USING NMB WAKALA
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THANK YOU FOR USING NMB WAKALA
AGENCY HELPDESK: 0800002001



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(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: SESILIA MARKO MTAMAKAYA
- Physical Address of the Applicant: SONGEA MC
- Contacts (cell phone): _____
- Proposed Business name MVANO PHARMACY
- Type of Business: eg: Retail, Wholesale: RETAIL PHARMACY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	MARANATHA PHARMACY	600MTS
Name and distance from unsuitable area	MOGAS F. STATION	500MTS
Name and distance from public health facility	RUVUMA R. HOSPITAL	700MTS

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	6.2	31 m ²
Width (W)	5	

SECTION C: GENERAL OBSERVATIONS

- The premises was previously registered as Mashujaa pharmacy.
- The height of the premises is 3mts from the floor
- The building has been divided into three parts 1. Display 4x3=12m²
2. Dispensing 3x3=9m² 3. Store room 3.3x3=9.9m²

(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

- Make sure in the premises there is DDA box, FAN and AC, refrigerator, waiting chair, working desk, shelves with glasses and superintendent desk.
- Wall, roof and floor must be repaired, smoothen and well painted

SECTION E: INSPECTOR'S DECLARATION

Names

(i) Musuph H. Marandu

Designation

MPHARM

Signatures

[Signature]

(ii) KENETH A. MTEGA

PHARM. TECHNICIAN

[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)

SESILIA MARKO MTAMAKAYA

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

Date

13.12.2024



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: SESILIA M. MTAMAKATA Type of Ownership: SOLE
2. Physical Address of the Applicant: SONGEA ML Geo Code: _____
3. Postal Address: 14 SONGEA ML
4. Contacts (Phone): 0755 8613 26 Email Address: _____
5. Proposed/Existing Business name: MVANO PHARMACY
6. Type of Business: RETAIL PHARMACY

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	<u>MARANATHA PHARMACY</u>	<u>600 MTJ</u>
2.	Name and distance from nearby health laboratory	<u>NDWOKA LABORATORY</u>	<u>700 MTJ</u>
3.	Name and distance from public health facility	<u>RWUMA R. HOSPITAL</u>	<u>700 MTJ</u>
4.	Name and distance from unsuitable or risky premises.	<u>MOGAS F. STATION</u>	<u>500 MTJ</u>

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

- i) Size of the Building in Square meters (M²) 31 m²
- ii) Number of rooms/compartments: 4

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	<u>YES</u>	
Fan	<u>YES</u>	
Air Condition	<u>YES</u>	
Waiting chair(s) for customers	<u>YES</u>	
Table and chairs in consultation room	<u>YES</u>	
Cupboard for files storage	<u>YES</u>	
Installed Fire Extinguisher	<u>YES</u>	

b) Dispensing & Store room YES/NO

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

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		
Ceiling Fan		
Air Condition		
Waiting chair(s) for customers		
Reception Desk		
Display cabinet with glasses		
Working room thermometer		

b) Display & Dispatch area

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

c) Sales/Record keeping

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

d) Storage room

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

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	YES	
Presence of only one main entrance door	YES	

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. - In the premises there is DDA box, FAN and AC, refrigerator for cold chain product, waiting chair, working desk, shelves with glasses, and superintendent desk.
- ii. - Wall, roof and floor have been repaired, smoothen and well painted
- iii. - There is strong window and Door
- iv. _____
- v. _____

(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)

Recommendations

- i. I recommend to continue with other registration process
- ii. _____
- iii. _____
- iv. _____

Inspector's declaration

Name	Designation	Signature	Date
(i) <u>Yusuf H. Marandu</u>	<u>MPHARM</u>	<u>[Signature]</u>	<u>16/12/2024</u>
(ii) <u>KASIAN M. NYAGAWA</u>	<u>PI TECH</u>	<u>[Signature]</u>	<u>16/12/2024</u>

Have inspected the above mentioned proposed site/premises/plan and to the best of our knowledge, we hereby admit that the information we 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) JESILIA MARKO NIAMAKAYA 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

[Signature]

Date

16-12-2024

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.

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

- The proposed name of the premises is MYANO PHARMACY
 - Have you registered your Business name with BRELA? YES / NO provide registration No. 514056
 - Type of ownership: Sole proprietorship ☒ / Partnerships ☐
/ Corporations ☐ / Joint Ventures ☐
 - Name of contact person SESILIA MARKO MIAMAKAYA
 - Postal address 14 Tel, No 0755861316 Fax email
 - Full name(s) of Partner(s) and Directors(s)
- Name: Qualification: I.D No.
- Name: Qualification: I.D No.
- Name: Qualification: I.D No.
- Physical address of the proposed area: Street MAHENCE Ward MINI
District SONGHA MC Region RUVUMA Plot No.
 - Premises to be registered for the business of RETAIL PHARMACY

9. The business will be under the supervision of a registered superintendent
(Full Name) WARREN WILSON

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

PIN 0103106 of Year 2024

(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) VENANCIA AUGUSTINE MANGA

Whose qualification is PHARMACEUTICAL TECHNICIAN And his / her

Enroll/List.No./PIN 0408887 of Year 2024

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

11. Business Commencement Date 15 JAN 2025

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 18/12/2024

Signed Kaya
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. KENETH MIEGA District/Municipal/Regional/PC
Inspector of Postal address 14 SONGEA 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. KENETH MIEGA
2. KASIAN M. NYAGAWA

Signatures & stamp

Keneth Miega
Municipal Medical Officer of Health
SONGEA

Date

18.12.2024
18/12/2024

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.