THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL

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

1. Name of Applicant: SOSPETER MGUNGA
2. Physical Address of the Applicant: Plot No.09 KONA YA MTINDO, MISUNGWI
3. Contacts (Phone): 0768 44 5926 Email Address: ____________
4. Proposed Business name: MGUNGA PHARMACY Type of Business: RETAIL PHARMACY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

Date of inspection:

	Criteria: Name and Distance from nearby:	Name of premises/facility/area	Distance (Meters)
a)	Name and distance in meters from a nearby Pharmacy	CHENIA PHARMACY	74m
b)	Name and distance in meters from nearby public health facility	MITINDO HEALTH CENTER	~~1~~ 500M
c)	Name and distance in meters from unsuitable or risky premises	NDINGA FUEL STATION	600m

SIZE OF THE BUILDING (IF AVAILABLE)

Criteria	Measurement in metres	Area of the building(LxW)
Length (L)	9.449 metres	80.64 m²
Width (W)	8.5344 metres	

SECTION C: OTHER OBSERVATIONS

Jengo linaendelea na biashara ya Jumla na rejareja (FIN:030454) limeomba kibali cha biashara ya rejareja tu

SECTION D: INSPECTOR'S RECOMMENDATIONS

Kwa mujibu wa Kanuni na 4-(1)(a)(d) e) na 5-(a)(d)(e) ya Kanuni ya majengo ya mwaka 2020 amekwisha kaguliwa [illegible] jengo limekidhi vigezo vya kutoa huduma ya famasi ya rejareja. Tunashauri jengo lithibitishwe na [illegible] maelekezo za mmiliki kwa [illegible] maelekezo [illegible] ya mujibu [illegible]

SECTION E: INSPECTOR'S DECLARATION

	Name	Designation	Signature
i.	HASSAN S. MTORO	PHARMACIST	[signature]
ii.	RASHID MKENZI	PHARMACIST	[signature]
iii.			

I, 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 that the information I have given it false, fictitious, fraudulent or based on inadequately verified information, may result in disciplinary or legal action.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) ESTHER JACOB NDAMANYILU, Certify that my proposed site/premises/plan has been inspected by above named inspectors and I agree with the information provided.

E. Jacob ____________ 25/7/2025

Signature of Owner/ In charge Date

PCF 5(a)

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 MGUNGA PHARMACY - (SOSPETER MGUNGA)
2. Physical Address of the Applicant Plot No 04 KONA YA MITINDO, MISUNGWI
3. Contacts **(mobile phone)** 0768 445926
4. Email address *(if any)* -

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

5. Physical address of the proposed location. Street KONA YA MITINDO Plot No 04
   Ward MISUNGWI District MISUNGWI Region MWANZA
6. Name and distance from the **Public Health Facility** in metres
   KONA MITINDO HOSPITAL (FORMER DDH) - 500M
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
   CHEMA PHARMACY - 744M
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
   FUEL STATION - 600M
9. Proposed Business Name (BRELA Certificates if any) -
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.

SOSPETER MGUNGA — 23rd July 2025

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)**

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

MGUNGA PHARMACY,
P.O BOX 08
MWANZA.

MSAJILI,
BARAZA LA FAMASI,
P.O BOX 12277,
DODOMA.

YAH: **KUBADILISHA USAJILI KUTOKA FAMASI YA JUMLA NA REJAREJA KWENDA FAMASI YA REJAREJA KWA MWAKA 2025/26.**

Husika na kichwa hapo juu. Mgunga pharmacy yenye usajili (FIN 0300454) iliyopo Misungwi, Mwanza inaomba kubadili kibali kuwa Famasi ya rejareja.

Maombi yamabadiliko haya yanatokana na kupungua sana kwa mauzo ya jumla kwa kipindi cha mwaka 24/25.

Natanguliza shukrani.

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SOSPETER MGUNGA
MMILIKI