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: ANGELICA PHARMACY FIN.....

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

PHYSICAL ADDRESS:

Plot No. 202 Street: GRANTS Ward BUNDA

District/Municipal BUNDA TC Region: MARA

POSTAL ADDRESS: 72 Contact. No. 0757428608

E-mail: James WanKuryames20@gmail.com

OWNERSHIP:

Directors (Names): 1. JAMES M WANKURU Qualification: DOCTOR

2. ..... Qualification: .....

3. ..... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: EMANUEL NJARUKI PIN: 0101886

Residential Address: BUNDA Tel: ..... Email: .....

Contract commencement date: ..... Cessation date.....

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. Adding for wholesale
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: JAMES M WANJIRU

(Contact/email if different from the above)

Address: BUNDA Tel: 0757428608 E-mail: wankuryjames2@gmail.com

Signature of Applicant.....Date.....

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..... Date .....

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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924314289418513**
Received from	: ANGELICA PHARMACY
Amount	: 1,250,000.00
Amount in Words	: One Million Two Hundred Fifty Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142201410174 - Registration of Permit - Permit*		**150,000.00**
: *142202540103 - Application for change of premises - Change of Location*		**200,000.00**
: *142201410182 - Registration Whole sale Pharmacy - Premise registration*		**400,000.00**
: *142202460247 - Professiona Fee Whole sale Pharmacy - Professional fee*		**500,000.00**
	Total Billed Amount :	**1,250,000.00 (TZS)**

Bill Reference	: 16213305242606240642
Payment Control Number	**: *991620279213***
Payment Date	**: 2024-11-09 10:42:25**
Issued by	: Beatus Mpogoza
Date Issued	: 2024-11-14 08:19:15
Signature	: .....

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102582

This is to certify that the premises owned by M/S ***Angelica Pharmacy*** of ***P.O Box 219, Bunda*** located at ***Plot No. 204, Nyerere Road Street, Bunda Mjini, Bunda TC*** Municipality/District in ***Mara*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102582***

Issued in: ***May 2023***

Expires on: ***29 June 2028***

06-06-2023

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***