

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: SAMAE PHARMACY FIN. 0102541

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

PHYSICAL ADDRESS:

Plot No. 23 Street: VIWANDANI Ward: LYELA

District/Municipal: MBEYA URBAN Region: MBEYA

POSTAL ADDRESS: 1104, MBEYA Contact No. 0679269584

E-mail: mhagama.sarah99@gmail.com

OWNERSHIP:

Directors (Names): 1. SARAH MHAGAMA Qualification: PHARMACEUTICAL TECHNICIAN

2. Qualification:

3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: JESICA RICHARD MUKAMA PIN: 0102882

Residential Address: Tel: 0758001368 Email: Jesright4@gmail.com

Contract commencement date: 09/01/2024 Cessation date: 09/01/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: SAMAE PHARMACY

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

PHYSICAL ADDRESS:

Plot No. 133 Street: IGOMA B Ward: ISANGA

District/Municipal: MBEYA URBAN Region: MBEYA

POSTAL ADDRESS: 1104, MBEYA CONTACT No. 0679269584

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

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


SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: GODFREY JOSEPH KILAWIE PIN: 0103439
 Residential Address: MBEYA Tel: 0655084691 Email: Kilawiegodfrey150@gmail.com
 Contract commencement date: 02/12/2024 Cessation date: 02/12/2025

SECTION C: REASON(S) FOR PARTICULAR ALTERATION


1. Mmiliwa wa Jengo amelhiqaji jengo lake
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: SARAH MUKAMAT
 (Contact/email if different from the above)
 Address: 1104, MBEYA Tel: 0679269584 E-mail: mhagamasaarah99@gmail.com
 Signature of Applicant:  Date: 03/12/2024

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:  Date: 03/12/2024

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)

MKATABA WA KUJENGA CHUMBA CHA BIASHARA

Mkataba huu unafanywa leo tarehe 21 Mwezi 03 mwaka 2024

KATI YA

Hosea Tam-Muris S.L.P, Chuo Na Joyce T.MVAMBWASA

Ambao ni wa miliki wa Ardhi iliyopo Mkoani Mbeya kata ya ISANGA mtaa wa IGOMA B

NA

SARAH RICHARD MHAUTAMA S.L.P. 1104, MBEYA

Ambaye katika mkataba huu atajulikana kama atakayejenga chumba cha Biashara katika Ardhi hiyo

Na kwa kuwa wamiliki wana nia ya kukubali ombi la Bi. SARAH RICHARD MHAUTAMA katika Ardhi hiyo iliyoko mkoani Mbeya kata ya Isanga mtaa wa Igoma B, sisi kwa pamoja tunakubaliana kukatana kodi kutoka kwenye thamani ya jengo hilo kwa asilimia 66.67 ambapo ni sawa na shilingi Elfu Sitini ya kitanzania (Tsh 60,000/=) mpaka thamani ya jengo itakapokwisha na kulipa keshi asilimia 33.33 ambayo ni sawa na Shilingi Elfu Thelathini (30) ya kitanzania mpaka hapo thamani yake itakapo kwisha.

Baada ya makato kuisha tumekubaliana kulipana kodi ya shilingi Laki moja kila mwezi. Kwa pamoja tumekubaliana na makubaliano haya mbele ya mashahidi wa pande zote mbili, Mwenyekiti wa mtaa pamoja na Mwanasheria.

MASHAHIDI UPANDE WA WAMILIKI

1. Jina CLEMENT EDWIN MUMUKU Sahihi CE Tarehe 21/03/2024
2. Jina RAFAEL ANANIAS MANGA Sahihi Rafa Tarehe 21/03/2024

MASHAHIDI UPANDE WA BI SARAH RICHARD MHAGAMA

1. Jina ESTHER REUBEN MINIMUKU Sahihi ER Minimuku Tarehe 21/03/2024
2. Jina RAFAEL J. BABUTIA Sahihi Babuta Tarehe 21/03/2024

MWENYEKITI WA MTA:

1. Jina KENETH SHAM NDELEME Sahihi Ndeleme Tarehe 21/03/2024

KWA KUTHIBITISHA HAYO IMETIWA SAHIHI KAMA IFUATAVYO:

Imetolewa na kuthibitishwa hapa

Mbeya na SARAH RICHARD MHAUTAMA

Ambaye namfahamu

Binafsi imethibitishwa na MJENGAJI

Mbele yangu leo tarehe 21/03/2024 Mwezi Attijam

MWENYEKITI WA SERIKALIZAMITA
MTAA WA IGOMA (B)
KATA YA ISANGA
MBEYA

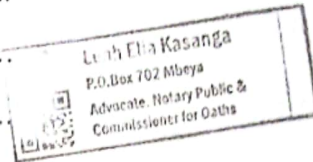
MBELE YANGU

Jina... LEAH ELIA KASANGA

Anuani... P.O. Box 702, MBeya

Saini... L. Kasanga

Wadhifa... WAKILI



IMETOLEWA NA KUTHIBITISHWA HAPA

Mbeya na... JOYCE THOMAS MUMBUNGA

Ambaye namfahamu...

Binafsi imethibitishwa na... WAMILIKI

Mbele yangu leo tarehe... 21/03/2024 Mwezi... J. THOMAS

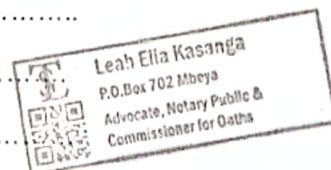
MBELE YANGU

Jina... LEAH ELIA KASANGA

Anuani... P.O. Box 702, MBeya

Saini... L. Kasanga

Wadhifa... WAKILI





TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 101-903-478

MBEYA CITY COUNCIL

UHINDINI-SISIMBA

149

MBEYA

Tax Certificate Number:

231-0206-3585

Issuing Office: Mbeya

Telephone: 025 2502165

Date of issue: 07 June 2024

Expiry Date: 31 December 2024

Taxpayer Name	SARAH RICHARD MHAGAMA		
Trading Name			
Taxpayer Identification Number	162-620-940	Vat Registration Number	
Company Registration Number			

Business Premises located at :

REGION : MBEYA,

DISTRICT : MBEYA,

STREET : Block T

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 Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

07 June 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.

PHARMACY COUNCIL

PCF 5(a)

991620259179
100,0807-

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 SARAH MHAHAMA
2. Physical Address of the Applicant 1104, MBEYA
3. Contacts (mobile phone) 0699269584 / 0743269584
4. Email address (if any) mhaahamasarah99@gmail.com

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

5. Physical address of the proposed location. Street IGOMA B Plot No. 133
Ward IGOMA District MBEYA Region MBEYA
6. Name and distance from the Public Health Facility in metres
BECA PHARMACY 300M
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
9. Proposed Business Name (BRELA Certificates if any)
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)
DETAIL

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.

SARAH MHAHAMA [Signature] 11/09/2024
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) 20/12/2024 and I/We have found that the said premises location does not/does meet the required standards.

Reasons for rejection _____

CHANKO ALEX [Signature] AMBWENE GILWA [Signature]
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



THE UNITED REPUBLIC OF TANZANIA

PCF.5(b)

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: SARAH MHAGAMA
2. Physical Address of the Applicant: 1104 MBEYA
3. Contacts (Phone): 0679269584
4. Email Address: mhagamasarah99@gmail.com
5. Proposed Business name: SAME PHARMACY
6. Type of Business: RETAIL

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

Date of inspection: 20/12/2024

	Criteria	Name of premises/Facility/Area	Distance (Meters)
a)	Name and distance from a nearby Pharmacy.	BECKA PHARMACY	170 KM M
b)	Name and distance from nearby public health facility.	RWANDA HEALTH FACILITY	2.5 KM
c)	Name and distance from nearby health laboratory.	AFYM CARE LABORATORY	1 KM
d)	Name and distance from unsuitable or risky premises.	N.F.S (PETROL STATION)	1 KM

SECTION C: GENERAL OBSERVATIONS

Tengo kimekidi vigezo vya umbali kutoka maeneo hayo juu.

SECTION D: RECOMMENDATIONS

Afikiriwa kwa hatare inayofuate.

SECTION E: INSPECTOR'S DECLARATION

Names

- (i) Daniel John
- (ii) Chanku Alex
- (iii) Ambwene Gideon

Designation

- Inspector
Inspector
Inspector

Signatures

[Signature]
[Signature]
[Signature]

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 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) SARAH MHAGAMA, 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

20/12/2024
Date

Monday, 2 December

Utambulisho wa
muamala: 2460610950.
Umelipa TSH 100,000.00
kumbukumbu namba
991620259179 kwenda
Government Services.

19:33



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL

PCF. 6



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

- Name of Applicant/Owner: SARAH MHAGAMX. Type of Ownership Sole proprietor
- Physical Address of the Applicant: 1104, MBEYA Geo Code: _____
- Postal Address: _____
- Contacts (Phone): 0679 269534 Email Address: mhagamasarah97@gmail.com
- Proposed/Existing Business name SAMAF PHARMACY.
- Type of Business: RETAIL.

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	BECKA PHARMACY	170M.
2.	Name and distance from nearby Medical laboratory	ADYACARE LABORATORY	1 km.
3.	Name and distance from nearby public health facility	RWANDA HEALTH FACILITY	2.5 km.
4.	Name and distance from unsuitable or risky premises.	N.F.S PETROL STATION	1 km.

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M²) 30.75 (At least 30M² with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)

a) Display area: Size (M²) 14.5

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	YES	
Ceiling Fan & Air Condition	YES	
Waiting chair(s) for customers	YES	
Presence of source of water and a hand- washing basin/sink	YES	
Installed Fire Extinguisher	YES.	

b) Consultation room (Superintendent Office): (Available/Not available) AVAILABLE. Size (M²) 6.6

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Table and chairs in consultation/Record keeping room	YES	
Cupboard for files storage	YES	

c) Dispensing room: (Available/Not available) 4.37 AVAILABLE Size (M²) 4.37

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Lockable shelves for Prescription drugs and controlled substances	YES	
Dispensing window with sliding glasses	YES	
Open shelves	YES	
Working room thermometer	YES.	

d) Store room: (Available/Not available) AVAILABLE Size (M²) 5.28

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Open shelves/pallets	YES	
Strong and secured windows	YES	
Refrigerator	NO	
Working room thermometer	YES	

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M²) _____. (At least 60M² with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) Display&Dispatch area: Size (M²) _____

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

b) Sales/Record keeping: (Available/Not available) _____ Size (M²) _____

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		

c) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition		
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Provision for a special cupboard for storage of controlled drugs		
Confined area for recalled and expired drugs		
Refrigerator		
Working room thermometer		

SECTION E: PRESCRIBED STANDARDS FOR RETAIL & WHOLESALE PHARMACY

Size of the Building in Square meters (M²) _____. (At least 90M² with five rooms i.e. Separate Display&Dispatch area, dispensing room for retail section, Consultation/Sales Record keeping room and Store room)

a) Display for Retail Section: Available/Not available) _____ Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses		
Fan & Air Condition		
Presence of source of water and a hand washing basin/sink		
Waiting chair(s) for customers		
Installed Fire Extinguisher		

b) Display & Dispatch area for Wholesale Section: Available/Not available) _____

Size (M2) _____

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

c) Dispensing room: (Available/Not available) _____

Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition	/	
Lockable shelves for Prescription drugs and controlled substances		
Presence of source of water and a hand washing basin/sink		
Dispensing window with sliding glasses		
Open shelves		
Working room thermometer		

d) Consultation (Superintendent Office): /Record Keeping room: (Available/Not available) _____

Size (M2) _____

Description of standard	Availability (YES/NO)	Comment
Fan & Air Condition	/	
Table and chairs in consultation/Record keeping room		
Cupboard for files storage		

e) Storage room: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	/	
Strong door toward storeroom		
Strong grilled window		
Open shelves/pallets		
Provision for a special cupboard for storage of controlled drugs		
Confined area for recalled and expired drugs		
Refrigerator		
Working room thermometer		

SECTION F: SECURITY OF PREMISES

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	

SECTION G: RECORD BOOKS (TO BE PROVIDED DURING OPERATION).

Description of standard	Availability (YES/NO)	Comment
Ledger book or an appropriate inventory control system & Bin Cards	YES	
Prescription only Medicines Register & Dispensing register	YES	
Controlled drugs Ledger and /or Register	YES	
General dispensing register	YES	
Expired drugs Book (Unserviceable Goods Ledger)	YES	
Complaints Handling Book	YES	
Visitors Book	YES	
Inspection Reports Register	NO	
Written procedures for maintenance of cold chain products	NO	



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. - Jengo limekidhi mata kwa na mahitaji muhimu kwa ajili ya wendechaji wa huduma ya
- ii. - famasi kwa rejareja
- iii. - Ukubwa wa jengo ni mita za mraba 30.75 na umekidhi kwa famasi ya rejareja.
- 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. - Nashauri jengo linuhusiwe kutoa huduma ya famasi kwa rejareja.
- ii. /
- iii. /
- iv. /

Inspector's declaration

Name	Designation	Signature	Date
(i) Stephen Hema	Inspector		16/01/2025
(ii) Edna John Leonard	Inspector		16/01/2025

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) SARAH MUKAGAMU 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

Date
16/01/2025

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.

Today 12:01

Malipo yamepokelewa kwenda

BARAZA FAMASIA

Ankara: 991620296882

Kiasi: 150000 TZS

Risiti: 925018304597040

2025-01-18T09:42:18

Kupitia: EC102436973332

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0102541

This is to certify that the premises owned by M/S Samae Pharmacy of P.O.Box 1104, Mbeya located at Viwandani Street, Iyela, Mbeya Urban Municipality/District in Mbeya Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0102541

Issued in: March 2023

Expires on: 29 June 2028

15-04-2023

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

