



## 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 LINDA E. ITUWE
2. Physical Address of the Applicant ARUSHA
3. Contacts (mobile phone) 0689522905
4. Email address (if any) lindaelinda@gmail.com

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

5. Physical address of the proposed location. Street BARAA Plot No. GG52  
Ward KIMANDOLU District ARUSHA III Region ARUSHA
6. Name and distance from the Public Health Facility in meters  
TENGERRU HOSPITAL - 1500M
7. Name and distance from the nearby outlets (Pharmacy) in meters  
VATICAN PHARMACY - 155M
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp, laboratory) in meters  
PUMA FUEL STATION
9. Proposed Business Name (BRELA Certificates if any) DECIMA GROUP LIMITED
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.

LINDA E. ITUWE  
Name and Signature of the Applicant

18/01/2024  
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 \_\_\_\_\_

ELICE W. SHOO  
Name, Signature of Inspector (1)

EMMANUEL JAWB  
Name, Signature of Inspector (2)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

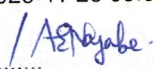
Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 923331217005169  
Received from : DECIMA GROUP LIMITED  
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 : 16215327232302584160  
Payment Control Number : 991620224766  
Payment Date : 2023-11-27 13:23:38  
Issued by : Mohammed Ulombe  
Date Issued : 2023-11-28 09:35:27  
Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



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: LINDA E ITUWE
- Physical Address of the Applicant: BARAA NGULELE
- Contacts (cell phone): 0689-522905
- Proposed Business name: DECIMAL GROUP LIMITED
- Type of Business: eg: Retail, Wholesale: WHOLESALE

**SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA**

**PART 1:**

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	<u>NATION PHARMACY</u>	<u>155M</u>
Name and distance from unsuitable area	<u>PUMA FUEL STATION</u>	<u>150M</u>
Name and distance from public health facility	<u>TENGERU HOSPITAL</u>	<u>1500M</u>

**PART 2: Size of the building**

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	<u>21</u> <u>L<sub>1</sub>-3.4m, L<sub>2</sub>-2.2, L<sub>3</sub>-3.3, L<sub>4</sub>-3.7, L<sub>5</sub>-4.6, L<sub>6</sub>-3.6</u>	<u>= 69m<sup>2</sup></u>
Width (W)	<u>W<sub>1</sub>-2.4m, W<sub>2</sub>-2.9, W<sub>3</sub>-2.7, W<sub>4</sub>-3.2, W<sub>5</sub>-3.4, W<sub>6</sub>-3.7</u>	

**SECTION C: GENERAL OBSERVATIONS**

JENGO LINA UKUBWA WA MITA ZA MRABA 69m<sup>2</sup>  
JENGO LIKO UMBAJI WA MITA 150M KUTOKA ORYX FUEL STATION  
JENGO LIKO UMBAJI WA MITA 155M KUTOKA  
NATION PHARMACY  
JENGO LIKO UMBAJI WA MITA 150M KUTOKA KITHO CHA  
PPA CHA JERIKOH

(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**

- MMIWIKI ANAELEKEZWA KUFLINGA MLANGU  
WA NYUMA KULINGANA NA VIGEZO NYA PAMA  
SI YA JUMLA 14
- AFANJE MAREKEBHU MENGINE KULINGANA  
NA VIGEZO NYA PAMASI YA JUMLA 14

**SECTION E: INSPECTOR'S DECLARATION**

Names  
(i) CRISTO MTEI Designation INSPECTOR Signatures [Signature]  
(ii) EMMANUEL JOSEPH Designation INSPECTOR Signatures [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 is 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)

LINDA E ITUWE

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

28/11/2023



## THE UNITED REPUBLIC OF TANZANIA



## MINISTRY OF HEALTH

## PHARMACY COUNCIL

## CHECKLIST FORM FOR NEW PREMISES

(FOR COMMUNITY PHARMACY, WHOLESALE AND STORAGE FACILITIES)

(Made under Regulation 4, 5 &amp; 6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020)

## SECTION A: APPLICANT INFORMATION

1. Name of the Applicant: LINDA IYUWE
2. Physical Address of the Applicant: BARAA NGULELO
3. Contacts (Phone): 0689-522906
4. Email Address: \_\_\_\_\_
5. Proposed Business name BEUMAL GROUP LIMITED
6. Type of Business: WHOLESALE

## SECTION B: DETAILS OF THE PREMISES LOCATION;

	Criteria	Name of premises/facility/area	Distance (Meters)
a)	Name and distance from a nearby Pharmacy		
	Category:		
	Retail	VATICAN PHARMACY	155M
	Wholesale		
	Wholesale and Retail		
	Warehouse		
b)	Name and distance from public health facility	TENGEDI HOSPITAL	1500M
c)	Name and distance from unsuitable or risky premises.	PUMA RUEL STATION	150M

## SECTION C: PRESCRIBED STANDARDS FOR RETAIL PHARMACY

- a) Size of the Building in Square meters (M<sup>2</sup>) \_\_\_\_\_
- Number of rooms/compartments: \_\_\_\_\_
- At least four (4) rooms (i.e. Consultation room, Display Dispensing & Store ) \_\_\_\_\_ YES/NO
- b) Display Room \_\_\_\_\_ YES/NO
- Smooth Shelves with sliding glasses \_\_\_\_\_ YES/NO
- Fan \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Waiting chair(s) for customers \_\_\_\_\_ YES/NO
- Any other (mention) \_\_\_\_\_
- Installed Fire Extinguisher \_\_\_\_\_ YES/NO



- c) **Dispensing & Store room** \_\_\_\_\_ YES / NO
- Air Condition \_\_\_\_\_ YES/NO
- Fan \_\_\_\_\_ YES/ NO
- Lockable shelves for Prescription drugs and controlled substances \_\_\_\_\_ YES/NO
- Presence of source of water and a hand washing basin/sink \_\_\_\_\_ YES/NO
- Provision for sitting desk for superintendent \_\_\_\_\_ YES/NO
- Dispensing window with sliding glasses \_\_\_\_\_ YES/NO
- Open shelves/pallets \_\_\_\_\_ YES/NO
- Strong and secured windows \_\_\_\_\_ YES/NO
- Refrigerator \_\_\_\_\_ YES/NO
- Working room thermometer \_\_\_\_\_ YES/NO

#### SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M<sup>2</sup>) 69M<sup>2</sup>

At least three rooms (i.e. Display/Dispatch room, Sales/Record keeping room and Store room)

- a) **Display/Dispatch room** \_\_\_\_\_ YES/NO
- Presence of source of water and a hand- washing basin/sink \_\_\_\_\_ YES/NO
- Ceiling Fan \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Waiting chair(s) for customers \_\_\_\_\_ YES/NO
- Reception Desk \_\_\_\_\_ YES/NO
- Display cabinet with glasses \_\_\_\_\_ YES/NO
- Working room thermometer \_\_\_\_\_ YES/NO
- Any other \_\_\_\_\_
- b) **Sales/Record keeping room** \_\_\_\_\_ YES/NO
- Ceiling fan \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Provision for sitting desk for superintendent \_\_\_\_\_ YES/NO
- Lockable shelves for keeping document \_\_\_\_\_ YES/NO
- c) **Storage room** \_\_\_\_\_ YES/NO
- Air Condition \_\_\_\_\_ YES/NO
- Strong door toward storeroom \_\_\_\_\_ YES/NO
- Strong grilled window \_\_\_\_\_ YES/NO
- Open shelves/pallets \_\_\_\_\_ YES/NO
- Confined area for recalled and expired drugs \_\_\_\_\_ YES/NO

#### SECTION D: SECURITY OF THE PREMISES

##### External.

- Provision of adequate barrier \_\_\_\_\_ YES/NO
- Presence of strong grilled windows \_\_\_\_\_ YES/NO
- Provision of main entrance double doors; Grilled door outside and glass door inside \_\_\_\_\_ YES/NO
- Presence of only one main entrance door \_\_\_\_\_ YES/NO

##### Internal.

- Provision of suitable lockable storage poisons \_\_\_\_\_ YES/NO
- Provision for a special cupboard for storage of controlled drugs \_\_\_\_\_ YES/NO
- Presence of water supply and hand wash basin/ Sink in dispensing room \_\_\_\_\_ YES/NO
- Presence of weigh balance and weights \_\_\_\_\_ YES/NO

#### SECTION E: RECORD BOOKS (To be provided during operation).

- Ledger book or an appropriate inventory control system. \_\_\_\_\_ YES/NO
- Prescription only Medicines Book (Dispensing Book) \_\_\_\_\_ YES/NO
- Controlled drugs Book \_\_\_\_\_ YES/NO

To be completed

General sales drugs Book (Both) \_\_\_\_\_ YES/NO  
 Expired drugs Book \_\_\_\_\_ YES/NO  
 Complaints Handling Book \_\_\_\_\_ YES/NO  
 Visitors Book \_\_\_\_\_ YES/NO  
 Written procedures for maintenance of cold chain products \_\_\_\_\_ YES/NO

To be completed

**SECTION E: GENERAL OBSERVATIONS**

MATENGEOZO YAMEFANYIKA KUFIKIA VIWANGU VYA  
 FAMAII YA JUMLA

**SECTION F: RECOMMENDATIONS**

MMILIKI ANAELEKEZWA KUWASILISHA NYARAKA  
 ZA KUBABILI ENEU LA BASHARA

**SECTION G: DECLARATION**

First Inspector:

I, EMMANUEL JACOB 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.

Date: 04/01/2024 Designation: INSPECTOR Signature: [Signature]

Second Inspector:

I, EMILY W. SHOO 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.

Date: 04/01/2024 Designation: INSPECTOR Signature: [Signature]

**OWNERS /INCHARGE CERTIFICATION**

I (Full Name of Owner)

LINDA E. TUWE

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

[Signature]

23/02/2024.

Signature of Owner/ In charge

Date

**NOTE:**

- For both retail & wholesale pharmacy entrance for retail clients should be separated from entrance of wholesale clients (Clients should use separate entrance)
- Unsuitable or risky premises means the premises or activities that emit obnoxious materials wastes like fuel fumes, contaminants, open sewerage, petrol stations, retail business that serve alcoholic beverages (bar), areas prone to floods, medical laboratories or any other place as the Council may declare unfit for the business of a pharmacy to be carried out.
- 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



JAMHURI YA MUUNGANO WA TANZANIA  
**KITAMBULISHO CHA TAIFA**  
 THE UNITED REPUBLIC OF TANZANIA  
 CITIZEN IDENTITY CARD

**19950630-11101-00002-29**

**JINA : SUDDEYS ABDULBASAT**  
 Given Name


**JINA LA MNYISHO : HATIBU**  
 Last Name

**TAREHE YA KUZALIWA : 30 JUN 1995**  
 Date of Birth

**JINSI : M**  
 Sex

**SAINI:**  
 Signature

**MWISHO WA MATUMIZI : 27 SEP 2028**  
 Expiry Date

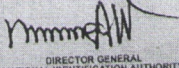


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19950630111010000229

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhiwa  
 kukufanya mabadiko ya aina yoyote wala kumpata mtu ambaye hauhuswe kukubama. Kama  
 kikipotea, au kuharibiwa taarifa kama ilivyo Kilio cha Polisi na Ofisi  
 ya NIDA au Ofisi ya Ubalizi ya Jamhuri ya Muungano wa Tanzania kutoa kati.

The Identity Card is the property of the Government of The United Republic of Tanzania.  
 It should not be tampered with or allowed to pass into the possession of unauthorized person.  
 If lost or destroyed the fact and circumstances should immediately be reported to the Local  
 Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

  
 DIRECTOR GENERAL  
 NATIONAL IDENTIFICATION AUTHORITY





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924054234385552

Received from : DECIMA GROUP LIMITED

Amount : 200,000.00

Amount in Words : Two Hundred Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142202540317 - Application for change of premises-Location - CHANGE OF PREMISE LOCATION FEE		200,000.00

Total Billed Amount : 200,000.00 (TZS)


Bill Reference : 16210054242816915508

Payment Control Number : 991620240748

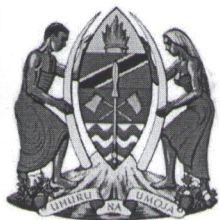
Payment Date : 2024-02-23 10:34:12

Issued by : Mohammed Ulombe

Date Issued : 2024-02-23 10:59:34

Signature : 





TANZANIA

C.1



# Certificate of Incorporation of a Company

Section 15

**No: 139470664**

I HEREBY CERTIFY THAT

**DECIMA GROUP LIMITED**

is this day incorporated under the Companies Act, 2002  
and that the Company is Limited.

**GIVEN** under my hand at Dar es Salaam this **10<sup>th</sup>** day of **JULY**  
**TWO THOUSAND AND NINETEEN.**



*Princ. Asst. Registrar of Companies*

# 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: DECIMA GROUP LIMITED FIN. 0200231

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

### PHYSICAL ADDRESS:

Plot No. \_\_\_\_\_ Street: DARAJATI Ward: NGAREKARO

District/Municipal: ARUSHA JIJ Region: ARUSHA

POSTAL ADDRESS: \_\_\_\_\_ Contact No. 0689522905

E-mail: ltwelinda@gmail.com

### OWNERSHIP:

Directors (Names): 1. SUDEYS ABDULABASI Qualification: DOCTOR

2. \_\_\_\_\_ Qualification: \_\_\_\_\_

3. \_\_\_\_\_ Qualification: \_\_\_\_\_

### SUPERINTENDANT INFORMATION:

Full Name: LINDA ITUWE PIN: 0102862

Residential Address: ARUSHA Tel: 0689522905 Email: ltwelinda@gmail.com

Contract commencement date: 01/08/2022 Cessation date: 01/08/2023

### SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: \_\_\_\_\_

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

### PHYSICAL ADDRESS:

Plot No. G652 Street: BARAA Ward: BARAA KIMANDOLU

District/Municipal: ARUSHA JIJ Region: ARUSHA

POSTAL ADDRESS: P.O. BOX 6104 CONTACT No. 0689522905



**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. *change of better location* .....
- .....
2. ....
- .....
- .....

**SECTION D: APPLICANT INFORMATION**Name of Applicant: *LINDA E. ITUWE* .....

(Contact/email if different from the above)

Address: *ARUSA* ..... Tel: *0689522907* ..... E-mail: *lituwe@linda@gmail.com* .....Signature of Applicant: *L. Ituwe* ..... Date: *28/11/2023* .....**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: *L. Ituwe* ..... Date: *28/11/2023* .....**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)





ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

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

Licencing Authority; TIN : 101-916-995  
ARUSHA CITY COUNCIL  
MANISPAA  
3013  
ARUSHA

Tax Certificate Number:

**131-0159-3032**

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 23 March 2023


Expiry Date: 31 December 2023

Taxpayer Name	DECIMA GROUP LIMITED		
Trading Name			
Taxpayer Identification Number	139-470-664	Vat Registration Number	40-041670-X
Company Registration Number	1394706		

**Business Premises located at: Plot Number 20; Block Number ; Street MAGOMENI MAPIPA**

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	Non-specialized wholesale trade
2	Hospital activities

  
**HERBERT M.T. KABYEMELA**  
**COMMISSIONER FOR DOMESTIC REVENUE**  
23 March 2023



## 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



## PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00231-2024

This Permit is hereby granted to M/S Decima Group Limited of P.O. Box 10654, Arusha to operate a Wholesale Only Business at the premises situated/lying between Ngarenaro Nairobi Road, Darajani, Ngarenaro Municipality/District in Arusha Region with Facility Identification Number (FIN) 0200231 under a superintendent Pharmacist Linda Eliona Ituwe with Personal Identification Number (PIN) 0102862

Issued in: October 2022

Expires on: 30 June 2024

23-02-2024

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



## 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 DECIMA GROUP LIMITED
2. Physical Address of the Applicant 10654 ARUSHA
3. Contacts (mobile phone) 0689522905
4. Email address (if any) Ituwelinda@gmail.com

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

5. Physical address of the proposed location. Street NGULEL O/BARAA Plot No. BLACK CG52 (17442)  
Ward BARAA District ARUSHA MUNICIPAL Region ARUSHA
6. Name and distance from the Public Health Facility in meters  
TENGHERU HOSPITAL
7. Name and distance from the nearby outlets (Pharmacy) in meters  
VATICAN PHARMACY
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp, laboratory) in meters  
PUMA FUEL STATION
9. Proposed Business Name (BRELA Certificates if any) DECIMA GROUP LIMITED
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)  
WHOLESALE PHARMACY

## 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.

LINDA E. MUWE  
Name and Signature of the Applicant

27/11/2023  
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. SHOO  
Name, Signature of Inspector (1)

EMMANUEL JACOB  
Name, Signature of Inspector (2)





## THE UNITED REPUBLIC OF TANZANIA

## MINISTRY OF HEALTH

## PHARMACY COUNCIL



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6. Name and distance from the Public Health Facility in meters  
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7. Name and distance from the nearby outlets (Pharmacy) in meters  
VATICAN PHARMACY
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp, laboratory) in meters  
PUMA FUEL STATION
9. Proposed Business Name (BRELA Certificates if any) DECIMA GROUP LIMITED
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)  
WHOLESALE PHARMACY

## 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.

LINDA E. MUWE  
Name and Signature of the Applicant

27/11/2023  
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. SHOO  
Name, Signature of Inspector (1)

EMMANUEL JACOB  
Name, Signature of Inspector (2)