

991620335817

PCF.14

## 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: Gobrothers Pharmacy FIN. 0101713TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. 01 Street: JAMAL Ward MADUKANI  
District/Municipal DODOMA Region: DODOMA  
POSTAL ADDRESS: P.O. box 1249-DOM Contact No. 0620-280939  
E-mail: .....

## OWNERSHIP:

Directors (Names): 1. Vitus Charles Qualification: Pharm - tech  
2. William Manda Qualification: Pharm - tech  
3. Michael Prosper Qualification: Pharm - tech

## SUPERINTENDANT INFORMATION:

Full Name: ABEL ALPHONSE NDORO PIN: 0102337  
Residential Address: P.O. box 981-DOM Tel: 0757-861188 Email: ndorobel16@gmail.com  
Contract commencement date: 01/07/2025 Cessation date: 30/06/2026

## SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: Gobrot PharmacyTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

## PHYSICAL ADDRESS:

Plot No. 01 Street MADUKANI Ward MADUKANI  
District/Municipal DODOMA Region DODOMA  
POSTAL ADDRESS: P.O. box 1249-DOM CONTACT No. 0620-280939

**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. Adherence to similarity of the Name between the registered name in Brela Certificate and registered name in Pharmacy Council
2. (Premise registration certificate)

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: ABEL ALPHONSE YDOR

(Contact/email if different from the above)

Address: ..... Tel: ..... E-mail: .....

Signature of Applicant: Ador Date: 29/09/2025

**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: Ador Date: 29/09/2025

**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 : **925273370668931**

Received from : COBROTHER PHARMACY

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
: 142202540104 - Application for change of name/ ownership - CHANGE OF NAME	100,000.00	
: 142201270421 - Inspection of Premises - INSPECTION FEE	100,000.00	
Total Billed Amount :		200,000.00 (TZS)

Bill Reference : 16213272252200728230

Payment Control Number : **991620335817**

Payment Date : **2025-09-30 09:25:41**

Issued by : Zena Mango

Date Issued : 2025-10-01 15:08:02

Signature : 



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

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

**FIN: 0101713**

This is to certify that the premises owned by M/S Cobrothers Pharmacy of P.O.Box, Dodoma located at Plot No 01, Madukani, Dodoma Mjini Municipality/District in Dodoma Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0101713

Issued in: July 2021

Expires on: 30 June 2026

08-11-2021

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







TANZANIA



Extract date and time: 15/07/2021 15:08:09

Registration date and time: 15/07/2021 15:06:49

The Business Names (Registration) Act (Cap 213)

## Extract from Register

1. **Name of Business:** COBROT PHARMACY
2. **Registration number:** 495845
3. **Principale Place of Business:** Region Dodoma, District Dodoma CBD, Ward Madukani, Postal code 41103, Street JAMAL, Road 11TH, Plot number 1, Block number 20, House number 11
4. **Contacts:** Email cobrotherspharmacy@yahoo.com, Phone 255654663880, P.O.Box 1249
5. **Business activity:** 7490 - Other professional, scientific and technical activities n.e.c., Main activity
6. **Propriator/Partners:** MICHAEL PROSPER SALVATORY  
WILLIAM MAURICE MANDIA  
VITUS RUGALABAMU MWERA
7. **Authorized to Operate Bank Account etc:** MICHAEL PROSPER SALVATORY  
WILLIAM MAURICE MANDIA  
VITUS RUGALABAMU MWERA

*Deputy Registrar Business Names*

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA ([ors.brela.go.tz](https://ors.brela.go.tz)) for an up-to-date information regarding given Business Name.



TANZANIA

Form 5



No. 495845

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **COBROT PHARMACY** this 15<sup>th</sup> day of **JULY** year **2021** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **495845** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 15<sup>th</sup> day of **JULY TWO THOUSAND AND TWENTY ONE**.



*Deputy Registrar Business Names*

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.





## **TANZANIA REVENUE AUTHORITY**

**ISO 9001: 2015 CERTIFIED**

# **TAX CLEARANCE CERTIFICATE**

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

Licencing Authority; TIN : 101-221-490

MKURUGENZI WA JIJI DODOMA

MTAA WA CDA

1249

DODOMA

Tax Certificate Number:

**161-0236-8930**

Issuing Office: Dodoma

Telephone: 026 23222912

Date of issue: 23 April 2025

Expiry Date: 31 December 2025

Taxpayer Name	<b>COBROT PHARMACY</b>		
Trading Name			
Taxpayer Identification Number	<b>153-001-197</b>	Vat Registration Number	
Company Registration Number	<b>495845</b>		

Business Premises located at :

REGION : DODOMA,

DISTRICT : DODOMA,

STREET : BARABARA YA 11

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**

23 April 2025



### **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.

JAMHURIYA YA KENYA  
DIRECTION GENERALE  
NATIONAL IDENTIFICATION AUTHORITY

*Handwritten Signature*

The identity card is the property of the Government of Kenya. It shall not be transferred, sold, or otherwise disposed of without the written consent of the Director General of the National Identification Authority. Any person who is found in possession of a stolen or lost identity card shall be liable to a fine of KSh. 10,000 or imprisonment for a term not exceeding six months, or both.

**19970113411080000225**



THE UNITED REPUBLIC OF KENYA  
CITIZEN IDENTITY CARD

JAMHURIYA YA KENYA  
DIRECTION GENERALE  
NATIONAL IDENTIFICATION AUTHORITY

*Handwritten Signature*

**19970113-41108-00002-25**

CITIZEN IDENTITY CARD  
THE UNITED REPUBLIC OF KENYA  
KITAMBULISHO CHA TAIFA

**JINA : MTUS. RUOALABAMU**  
**JINA LA MWISHO : MWERA**  
**TARHEHE YA KUZALWA : 13 JAN 1997**  
**JINSI : M**  
**SAINI : *Handwritten***  
**MMISHO WA MATUMIZI : 15 JAN 2031**  
**EXP. DATE**





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



**19951227-41108-00001-23**

JINA : **WILLIAM MAURICE**  
*Given Name*

JINA LA MWISHO : **MANDIA**  
*Last Name*

TAREHE YA KUZALIWA : **27 DEC 1995**  
*Date of Birth*

JINSI : **M**  
*Sex*

SAINI :  
*Signature*

MWISHO WA MATUMIZI : **21 JAN 2031**  
*Expiry Date*



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



**19970113411080000225**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mauadiliko ya aina veyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalazi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

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 unauthorised 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  
**KITAMBULISHO CHA TAIFA**  
 THE UNITED REPUBLIC OF TANZANIA  
 CITIZEN IDENTITY CARD

**19950105-43421-00001-25**

**INA : MICHAEL PROSPER**  
*Given Name*

**JINA LA MWISHO : SALVATORY**  
*Last Name*

**TAREHE YA KUZALIWA : 05 JAN 1995**  
*Date of Birth*

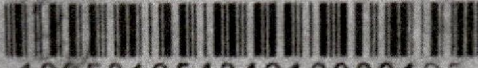
**JINSHI : M**  
*Sex*

**SARIR:**  
*Signature*

**MWISHO WA MATUMIZI : 23 JAN 2027**  
*Expiry Date*



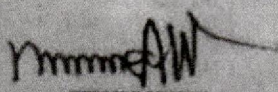
THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



**19950105434210000125**

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhihusian  
 kuhusiana mahaditho ya ena yoyote wala kumpatia mtu ambaye hanahusian kukituma. Kama  
 hukushtaki, au kuhambiwa taarifa kamili lazima iolewe Kituo cha Polisi na Ofisi  
 ya NIDA au Ofisi ya Ubalizi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

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 Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

  
 DIRECTOR GENERAL  
 NATIONAL IDENTIFICATION AUTHORITY



COBROT PHARMACY,  
P.O. BOX 1249,  
**DODOMA.**

14.10.2025

REGISTAR,  
PHARMACY COUNCIL,  
P. O. BOX 1277,  
**DODOMA.**

**REF: APPLICATION FOR CHANGE OF BUSINESS NAME**

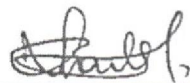
Refer to the heading above.

**Cobrothers Pharmacy**, located at Jamal Street in Madukani ward, is the retail Pharmacy registered on 2021 with file no. 0101713.

The Pharmacy seek to change name from **Cobrothers Pharmacy** to **Cobrot Pharmacy**. Reason for changes is to match the name with that appearing in the certificate of BRELA and TIN Number used to pay Tax since 2021.

Thank you for Assistance.

Your sincerely



---

**VITUS CHARLES**

Donawa PRC

## 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 VITUS-R. MWERA.
2. Physical Address of the Applicant DODOMA
3. Contacts (mobile phone) 0620 280939 / 0757940836
4. Email address (if any) vitushcharles213@gmail.com

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

5. Physical address of the proposed location. Street JAMAL Plot No. 01  
Ward NADUKANI District DODOMA Region DODOMA
6. Name and distance from the Public Health Facility in metres  
DODOMA REGIONAL REFERRAL HOSPITAL 800M
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres  
DECCA PHARMACY 500M
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres  
TOTAL FUEL STATION 1KM
9. Proposed Business Name (BRELA Certificates if any) COBROT 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.

VITUS-R. MWERA  
Name and Signature of the Applicant

29/09/2025  
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





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 925273370668931

Received from : COBROTHER PHARMACY

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
: 142202540104 - Application for change of name/ ownership - CHANGE OF NAME		100,000.00
: 142201270421 - Inspection of Premises - INSPECTION FEE		100,000.00

**Total Billed Amount : 200,000.00 (TZS)**

Bill Reference : 16213272252200728230

Payment Control Number : 991620335817

Payment Date : 2025-09-30 09:25:41

Issued by : Zena Mango

Date Issued : 2025-10-01 15:08:02

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)



## 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 &amp; 6 of the Pharmacy (Premises Registration) Regulations GN. No. 269, 2020)

## SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: VITUS R MWERA Type of Ownership \_\_\_\_\_
2. Physical Address of the Applicant: DODOMA Geo Code: \_\_\_\_\_
3. Postal Address: \_\_\_\_\_
4. Contacts (Phone): 0620280939 Email Address: vitushcharles13@gmail.com
5. Proposed/Existing Business name COBROTHERY
6. 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	<u>CORAYNE PHARMACY</u>	<u>36.48</u>
2.	Name and distance from nearby Medical laboratory	<u>MOEL MEDICAL LABORATORY</u>	<u>400</u>
3.	Name and distance from nearby public health facility	<u>DODOMA RRH</u>	<u>230</u>
4.	Name and distance from unsuitable or risky premises.	<u>GAPO FILING STATION</u>	<u>200</u>

## SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M<sup>2</sup>) 42.14 (At least 30M<sup>2</sup> with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)a) Display area: Size (M<sup>2</sup>) 20.4

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

b) Consultation room (Superintendent Office): (Available/Not available) AVAILABLE Size (M<sup>2</sup>) 5.2

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	<u>YES NO</u>	<u>AC &amp; FAN UNPO ENO LA</u>
Table and chairs in consultation/Record keeping room	<u>YES</u>	<u>MBELE UNASUPPLY ENO HLL</u>
Cupboard for files storage	<u>YES</u>	

c) Dispensing room: (Available/Not available) AVAILABLE Size (M<sup>2</sup>) 3.3

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	<u>NO</u>	<u>AC &amp; FAN UNPO ENO LA</u>
Lockable shelves for Prescription drugs and controlled substances	<u>NO</u>	<u>MBELE UNAPOZA ENO</u>
Dispensing window with sliding glasses	<u>NO</u>	<u>HLL</u>
Open shelves	<u>NO</u>	<u>DDA IPO STORE ROOM</u>
Working room thermometer	<u>NO</u>	



d) Store room: (Available/Not available) AVAILABLE Size (M<sup>2</sup>) 10.76

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

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

Size of the Building in Square meters (M<sup>2</sup>) \_\_\_\_\_. (At least 60M<sup>2</sup> with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) Display&Dispatch area: Size (M<sup>2</sup>) \_\_\_\_\_

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 (M<sup>2</sup>) \_\_\_\_\_

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 (M<sup>2</sup>) \_\_\_\_\_

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 (M<sup>2</sup>) \_\_\_\_\_. (At least 90M<sup>2</sup> 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 (M<sup>2</sup>) \_\_\_\_\_

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 &amp; 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 (M<sup>2</sup>) \_\_\_\_\_

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	N/A	
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	ELECTRONIC SYSTEM
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	NO	
Visitors Book	NO	
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 &amp; 6 of the Pharmacy (Premises Registration) Regulations GN.269, 2020)

## General observations

- i. HAKUNA SHELVES ENEO LA DISPENSING
- ii. HAKUNA KIPIMA JOJO CHA CHUMBA KATIKA ENEO LA DISPENSING NA STORE
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_

(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)

## Recommendations

- i. MMIUKI ANAELEKEKWA KUFANYA MABORESHO/MATENGENEZO TALYOBAINIKA WAKATI WA UKAGUZI WA KUKIDHI VIGEZO
- ii. VYA PAMALI YA REJAREJA KWA MUJIBU WA KANUNI NA 5 NA NA 6 YA WAJILI WA MAJENGO, 2020
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_

## Inspector's declaration

Name	Designation	Signature	Date
(i) <u>ERICA BISAYA</u>	<u>MKAGUZI</u>	<u>[Signature]</u>	<u>17/10/2025</u>
(ii) <u>DAUDI ASAPH</u>	<u>MKAGUZI</u>	<u>[Signature]</u>	<u>17/10/2025</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) Jazilah R. Ayubu 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

J. R. Ayubu17-10-2025

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.