

991620257922

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

- Name of Applicant AGNESS M. JOSEPH
- Physical Address of the Applicant IRINJA
- Contacts (mobile phone) 0712376616
- Email address (if any) agnes.maz20@gmail.com

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

- Physical address of the proposed location. Street MAKORONGONI Plot No. 2 BLOCK 9
Ward MAKORONGONI District IRINJA Region IRINJA
- Name and distance from the Public Health Facility in metres
IRINJA REGIONAL HOSPITAL - 700METRES
- Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres
COSMOPOLITAN PHARMACY - 350METRES
- Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
LUXURY BAR - 300METERS
- Proposed Business Name (BRELA Certificates if any) BANEKI PHARMACY
- 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.

AGNESS M. JOSEPH [Signature] 08/07/2024
Name and Signature of the Applicant Date of Application

SECTION D: FOR OFFICIAL USE ONLY.

Accounts Section

Total fee paid 100,000/2 Received date 8/7/2024
Pay slip/Receipt No. 924190261675812 Signature [Signature]

Inspection Section

I/We inspected the area/building of the proposed premises on (date) 8/7/2024 and I/We have found that the said premises location does not/does meet the required standards.

Reasons for rejection

[Signature] Helen Bancha
Name, Signature of Inspector (1)

[Signature] DEO ANTONIUS MUEAT
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 : 924190261675812

Received from : BANEKI PHARMACY

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 FEE		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16211190244751896574

Payment Control Number : 991620257922

Payment Date : 2024-07-08 12:22:11

Issued by : Zena Mango

Date Issued : 2024-07-08 12:25:47

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

IF JINGA - MANGA
MANGA - MANGA

PHARMACY COUNCIL



APPLICATION FOR PERMIT (Section 36 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
DAR ES SALAAM.

PART A: APPLICANT INFORMATION

- Name of the contact person..... NEEMA MARTIN MLOWE
- Postal Address of the owner..... P.O. BOX 162 IRINGA
Tel./Mobile..... 0765269080 Email..... nmm Lowe@gmail.com
- Full name(s) of Partner(s) and Director(s) and their profession.
Name: NEEMA MARTIN MLOWE Qualification: Pharmtech ID NO. 0402578
Name:/..... Qualification:/..... ID NO. :/.....
Name:/..... Qualification:/..... ID NO. :/.....

I/We hereby apply for renewal/a new permit of selling the following: Medicines
and medical supplies and Cosmetics.

PART B: PREMISES INFORMATION

- Name of the premises..... BANEKI PHARMACY
- Premises situated at/lying between Plot No. 02 Street/Village/Ward..... MAKORONGONI
District/Municipality/City..... IRINGA MZINI
- Premises category: retail pharmacy/wholesale pharmacy /retail and wholesale pharmacy/Godown
- Facility Identification Number (FIN)..... 0100233 Of (year)..... 2013
- Existing Permit No. 002332024 Dated 24/10/2024 Expiring on..... 30/06/2025

PART C: SUPERINTENDANT INFORMATION

1. Full Name: AGNES J. MUGURU Person Identification Number (PIN) 0102657
2. Residential Address: Mwembotogwa / Makarongoni
Telephone/Mobile No. 0712376616 E-mail address: agnes.mase20@gmail.com
3. Employment status: Employed/Self-employed
4. Designation & Address of present working place: Kihesa Kilolo
5. Date of last renewal of Pharmacist registration for the year 2023 and receipt No. 923358222517682
6. Signature of Superintendent Pharmacist: A. muguru Date: 29/10/2024

PART D: OTHER PHARMACEUTICAL PERSONNEL

1. Full Name: NEEMA MARTIN MLOWE Person Identification Number (PIN) 0402578
Residential Address: Mahinga Tel/Mobile No. 0765269080
2. Full Name: Person Identification Number (PIN)
Residential Address: Tel/Mobile No.
3. Full Name: Person Identification Number (PIN)
Residential Address: Tel/Mobile No.

PART E: REQUIRED ATTACHMENT

1. A copy of expired business permit
2. A copy of valid license to practice of superintendent pharmacist
3. A copy of valid license of either enrolled/enlisted or dispenser personnel
4. A copy of signed contract of agreement of superintendent pharmacist
5. A copy of signed contract of agreement of enrolled/enlisted or dispenser

PART F: APPLICANT DECLARATIONS

1. If my/our premises is registered and licensed I/we shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.
2. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have disqualified from holding a license/certificate and my/our license is/ is not suspended

N.B. False declaration constitutes an offence

N. mlowe
SIGNATURE OF APPLICANT

29/10/2024
DATE

NOTE: INCOMPLETE FILLED APPLICATION SHALL NOT BE PROCESSED

PART F: FOR OFFICIAL USE ONLY

Fees Tshs..... Receipt No.....of.....

Permit granted/not granted; Reason(s) for rejection.....
.....
.....

Permit No..... Approved by Name:

Designation:

I.D Number:

Signature:

Date:

PHARMACY COUNCIL



APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
Dar es Salaam.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

1. The proposed name of the premises is..... BANEKI PHARMACY
2. Have you registered your Business name with BRELA? YES / NO provide registration No.
..... YES
3. Type of ownership: Sole proprietorship..... ✓ / Partnerships
/ Corporations..... / Joint Ventures.....
4. Name of contact person NEEMA MARTIN MLOWE
5. Postal address 162 Tel, No. 0765264188 Fax..... email mmmlowe@gmail.com
6. Full name(s) of Partner(s) and Directors(s) NEEMA MARTIN MLOWE
-
- Name: Neema m. Mlowe Qualification: Pharmtechnician I.D No. 0402578
- Name: Qualification: I.D No.
- Name: Qualification: I.D No.
7. Physical address of the proposed area: Street MAHIWA Ward MAKORONGOMI
District IRINGA MIM Region IRINGA Plot No. -
8. Premises to be registered for the business of PHARMACY

9. The business will be under the supervision of a registered superintendent
(Full Name) AGNESS JOSEPH MSUGURI

Whose qualification is PHARMACIST and his /her Reg.No./

PIN 0100233 of Year 2020

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name) NEEMA MARTIN MLOWE

Whose qualification is PHARMACEUTICAL PHARMACEUTICAL And his / her

Enroll/List.No./PIN 0402578 of Year 2019

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business Commencement Date JULY 2013

12. Required attachment to be submitted with this form are:

- Memorandum
- A copy of lease agreement/ title deed
- Certificate of Registration from BRELA (if available)
- Copy of contract agreement from superintendent pharmacist
- Copy of contract agreement from either enrolled/enlisted or dispenser
- Copy of Directors/ Partners ID

13. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

14. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date 29/10/2024

Signed N. Mlowe
Applicant

SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS

(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I, Mr./Mrs./Ms./Dr./Prof. HELEN J. BARHA GAS District/Municipal/Regional/PC
 Inspector of Postal address P. 162 IRINGA hereby certify that, I have inspected the
 above mentioned premises in Section A as per attached inspection checklist and found that it
complies/does not comply with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....

Name of Inspectors(s)

1. Helen Bambois
 2. Gerard Mwanambwa

Signatures & stamp

[Signature]
[Signature]
 MGANGA MKUU
 IFIRINGA - MANISP/A

Date

31/10/2024
31/10/2024

FOR OFFICIAL USE ONLYFees TZS 100,000 /2Receipt No. 9241902667872

Registration granted/not granted because.....

Registration No..... Approved by Name:

Signature:

Designation:

I.D Number:

Date:

Date

Signature of Registrar and stamp.



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

1. Name of Applicant/Owner: AGNESS M JOSEPH Type of Ownership: SOLE PROPRIETORSHIP
2. Physical Address of the Applicant: IRINGA M Geo Code: _____
3. Postal Address: 162 IRINGA
4. Contacts (Phone): 0712376616 Email Address: agnessmarzo@gmail.com
5. Proposed/Existing Business name: BAWEKI PHARMACY
6. Type of Business: RETAIL PHARMACY

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>COSMOPOLITAN PHARMACY</u>	<u>350 METERS</u>
2.	Name and distance from nearby health laboratory		
3.	Name and distance from public health facility	<u>IRINGA REGIONAL HOSPITAL</u>	<u>700 METERS</u>
4.	Name and distance from unsuitable or risky premises.	<u>LUXURY BAR -</u>	<u>300 METERS</u>

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

- i) Size of the Building in Square meters (M²) 30.1 MEER ZA MRABA
- ii) Number of rooms/compartments: 2

At least four (4) rooms (i.e. Consultation room, Display, Dispensing & Store)

a) Display Room & Consultation room

Description of standard	Availability (YES/NO)	Comment
Smooth Shelves with sliding glasses	<u>YES</u>	
Fan	<u>YES</u>	
Air Condition	<u>YES</u>	
Waiting chair(s) for customers	<u>YES</u>	
Table and chairs in consultation room	<u>NO</u>	
Cupboard for files storage	<u>YES</u>	
Installed Fire Extinguisher	<u>NO</u>	

b) Dispensing & Store room

YES /NO

Description of standard	Availability (YES/NO)	Comment
Air Condition	<u>YES</u>	
Fan	<u>YES</u>	
Lockable shelves for Prescription drugs and controlled substances	<u>YES</u>	
Presence of source of water and a hand washing basin/sink	<u>YES</u>	
Provision for sitting desk for superintendent	<u>YES</u>	
Dispensing window with sliding glasses	<u>YES</u>	
Open shelves/pallets	<u>YES</u>	
Strong and secured windows	<u>YES</u>	
Refrigerator	<u>NO</u>	
Working room thermometer	<u>YES</u>	

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

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

a) Display & Dispatch room

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

b) Display & Dispatch area

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

c) Sales/Record keeping

Description of standard	Availability (YES/NO)	Comment
Ceiling fan	YES	
Air Condition	YES	
Provision for sitting desk and working table for superintendent	YES	
Lockable shelves for keeping document	YES	

d) Storage room

Description of standard	Availability (YES/NO)	Comment
Air Condition	YES	
Strong door toward storeroom	YES	
Strong grilled window	YES	
Open shelves/pallets	YES	
Confined area for recalled and expired drugs	YES	

SECTION E: SECURITY OF PREMISES**a) External.**

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	

a) External.

Description of standard	Availability (YES/NO)	Comment
Provision of suitable lockable storage poisons	YES	
Provision for a special cupboard for storage of controlled drugs	YES	
Presence of water supply and hand wash basin/ Sink in dispensing room	YES	
Presence of weigh balance and weights	YES	

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

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

NB: For both retail & wholesale pharmacy entrance for each service should use a separate entrance/reception



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 limekaguliwa na kubwa ya uwalimu.
- ii. Jengo la fahari limekubwa wa 30.1M² na urofu wa jengo 3m.
- iii. _____
- 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. Jengo la fahari limekidhi nashauri msajili ampatie kibihi cha kuanza biashara ya fahari
- ii. _____
- iii. _____
- iv. _____

Inspector's declaration

Name	Designation	Signature	Date
(i) <u>Helen Bamabas</u>	<u>Pharmacist</u>	<u>[Signature]</u>	<u>31/10/2024</u>
(ii) <u>DEONIMUS SWEET</u>	<u>Pharmaceutical technician</u>	<u>[Signature]</u>	<u>31/10/2024</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) AGNESS M. JOSEPH 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

A. Joseph

Date

31/10/2024

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.

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0100233

This is to certify that the premises owned by M/S Baneki Pharmacy of P.O.Box 937, Iringa located at Plot No. 2, Block 9, Makorongoni, Iringa Municipality/District in Iringa Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100233

Issued in: July 2013

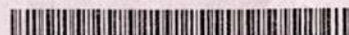
03-09-2018

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



PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00233-2024

This Permit is hereby granted to M/S Baneki Pharmacy of P.O.Box 937, Iringa to operate a Retail Only Business at the premises situated/lying between Plot No. 2, Block 9, Makorongoni, Iringa Municipality/District in Iringa Region with Facility Identification Number (FIN) 0100233 under a superintendent Pharmacist Agness M Joseph with Personal Identification Number (PIN) 0102657

Issued in: July 2013

Expires on: 30 June 2025

24-10-2024

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

