Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924205264890187**
Received from	: BARAKA PHARMACEUTICAL (T) LTD
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 - 0*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16214204240433681426
Payment Control Number	**: *991620263558***
Payment Date	**: 2024-07-23 09:25:22**
Issued by	: Zena Mango
Date Issued	: 2024-07-23 10:07:00
Signature	: .....

PHARMACY COUNCIL

9916-1026355 Alipia 200,000/=

PCF.14

PHARMACY COUNCIL

22/07/2024.

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: BARAKA PHARMACEUTICAL(T)LTD FIN. 0300432

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [✓] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 815 Street: MTENDENI Ward. KIJITU

District/Municipal. ILALA Region: DAR-ES-SALAAM

POSTAL ADDRESS: 78113 Contact. No. 0652 369897

E-mail: barakapharmaceutical2@gmail.com

OWNERSHIP:

Directors (Names): 1. JUMA RAMADHANI MUSTAFA Qualification: MANAGING DIRECTOR

2. MOHAMED KAWAMBA RAMADHANI Qualification: MANAGING DIRECTOR.

3. HUSSEIN MUSTAFA KAWAMBA Qualification: MANAGING DIRECTOR

SUPERINTENDANT INFORMATION:

Full Name: FABIAN BAJA PIN: 0101082

Residential Address: ILALA Tel: 0717-691870 Email: fabianbaja7@gmail.com.

Contract commencement date: 17/01/2024 Cessation date. 16/01/2025.

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: BARAKA PHARMACEUTICAL (T) LTD.

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [✓] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. 1494/81 Street. JAMHURI Ward. KIJITU

District/Municipal. ILALA Region DAR-ES-SALAAM

POSTAL ADDRESS: 78113 CONTACT. No. 0652 369897

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. OPERATION COST
2. .....

SECTION D: APPLICANT INFORMATION

Name of Applicant: HUSSEIN MUSTAFA KAWAMBA

(Contact/email if different from the above)

Address: KUNDUCHI Tel: 0714-270937 E-mail: husseinkawamba63@gmail.com.

Signature of Applicant..... Date 22/07/2024

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 22/07/2024.

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)

PHARMACY COUNCIL

PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300432

This is to certify that the premises owned by M/S ***Baraka Pharmaceutical (T) Limited*** of ***P.O. Box , Dar es Salaam*** located at ***Plot No. 815, Mtendeni street, Kisutu, Ilala*** Municipality/District in ***Dar es Salaam*** Region has been registered for ***Retail and Wholesale*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0300432***

Issued in: ***March 2022***

Expires on: ***30 June 2027***

27-04-2022

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***

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924038231373620**
Received from	: BARAKA PHARMACEUTICAL LTD
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 - 1*		**100,000.00**
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16212038240546173629
Payment Control Number	**: *991620239567***
Payment Date	**: 2024-02-07 12:13:20**
Issued by	: Zena Mango
Date Issued	: 2024-02-07 12:26:32
Signature	: .....

99.16202.39567

PCF 5(a)

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 BARAKA PHARMACEUTICAL (T) LIMITED.
2. Physical Address of the Applicant ~~JAMHURI~~ LIBYA STREET.
3. Contacts (mobile phone) 0652-269897
4. Email address (if any) barakapharmaceuticalz@gmail.com.

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

5. Physical address of the proposed location. Street JAMHURI Plot No.
   Ward KISUTU. District ILALA. Region DAR-ES-SALAAM.
6. Name and distance from the **Public Health Facility** in meters
   MNAZI MMOJA 400M
7. Name and distance from the nearby outlets **(Pharmacy)** in meters
   SHAMSHUDIN PHARMACY. 150M.
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp, laboratory)** in meters
   OIL COM PETRO STATION.
9. Proposed Business Name (BRELA Certificates if any) BARAKA PHARMACEUTICAL (T) LIMITED.
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    A & B.

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.

HUSSEIN MUSTAFA — 7/02/2024.

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) _____ 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)

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: BARAKA PHARMACEUTICALS
2. Anwani ya Makazi ya Mwombaji: KIHETU
3. Mawasiliano (**Simu**): 0623369897
4. Jina la Biashara linalopendekezwa: BARAKA PHARMACEUTICALS LTD
5. Aina ya Biashara: Jumla na Rejareja

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;	Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja	SHAMSHU PHARMA	150m
	ii) Famasi ya Jumla		
	iii) Famasi ya Jumla na Rejareja		
b)	Maabara ya afya iliyo karibu		
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu		
d)	Majengo/maeneo yasiyofaa au hatarishi		

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	11.9m	99.9m²
b)	Upana (W)	9 m	
c)	Kimo (H)	3 m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Jengo lina ukubwa wa mita za mraba 99.9m²

Jengo lipo umbali wa mita 150 kutoka SHAMSHU PHARMA

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:
Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

Kuletea na mapendekezo kufikia kiwango ya famasi ya Jumla na rejareja

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:
Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Priscilla Rutenge	Mkaguzi	[signature]
2	Elizabeth Mlaki	Mkaguzi	[signature]
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) RAMADHAN OMARY

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

[signature]
Saini ya Mmiliki/Mwakilishi

16/02/2024
Tarehe

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA

BARAZA LA FAMASI

2nd inspection

FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: BARAKA PHARMACEUTICALS
2. Anwani ya Makazi ya Mwombaji: KISUTU, JAMHURI ST
3. Mawasiliano **(Simu):** 0652 369397
4. Jina la Biashara linalopendekezwa: BARAKA PHARMACEUTICALS
5. Aina ya Biashara: JUMLA NA REJA REJA.

SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

SEHEMU 1: Kigezo cha umbali

	Kigezo Jina na umbali kutoka;		Jina la jengo/kituo/eneo	Umbali (Mita)
a)	i) Famasi ya Rejareja			
	ii) Famasi ya Jumla			
	iii) Famasi ya Jumla na Rejareja			
b)	Maabara ya afya iliyo karibu			
c)	Kituo cha kutolea huduma za afya cha umma kilicho karibu			
d)	Majengo/maeneo yasiyofaa au hatarishi			

SEHEMU 2: Ukubwa wa jengo

	Kigezo	Kipimo kati ka Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)		
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Awe kamilisha mateuzo kujiela vivango vya famasi ya jumla na reja reja.

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

Kumbuka:

Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.

SEHEMU D: MAPENDEKEZO

. Afikiriwe kupewa vibali baada ya kukamilisha taratibu zote za mgawanyo ya vibali hivyo.

SEHEMU E: TAMKO LA MKAGUZI

Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

Na	Jina la Mkaguzi	Cheo/Wadhifa	Sahihi
1	Erick B. Kamugisha	Mkaguzi	
2	Said Nassor Athy	Mkaguzi	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) HUSSEIN MUSTAFA ICHUMBI

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

19/07/24

Tarehe