



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925156337158132

Received from : AKARO PHARMACY FIN 0300469

Amount : 400,000.00

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

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142202580050 - Permit Fees - PHARMACY PERMIT FEE 2025/2026		400,000.00

Total Billed Amount : 400,000.00 (TZS)

Bill Reference : 16208156250321523097

Payment Control Number : 991620308134

Payment Date : 2025-06-05 10:38:40

Issued by : Timotheo Ngoda

Date Issued : 2025-06-06 08:27:41

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 925153336326866

Received from : AKARO PHARMACY

Amount : 50,000.00

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

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
142201611404 - Duplicates Certificate - DUPLICATE OF CERTIFICATE FEE		50,000.00

Total Billed Amount : 50,000.00 (TZS)

Bill Reference : 16215153251608499897

Payment Control Number : 991620307548

Payment Date : 2025-06-02 15:19:18

Issued by : Timotheo Ngoda

Date Issued : 2025-06-02 15:27:53

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)



United Republic of Tanzania

Pharmacy Council

Government Bill

Controll Number : **991620298630**

Payment Ref : **16214043250117822320**

Service Provider Code : **SP162**

Payer Name : **AKARO PHARMACY**

Payer Phone : **0767432065**

Bill Description : **INSPECTION OF PREMISE FEE**



SCAN & PAY by M-PESA or TIGO-PESA APPs

Billed Item (1) : Inspection of Premises - INSPECTION OF PREMISE FEE : 100,000.00

:Total Billed Amount : 100,000.00 (TZS)

Amount in words : One Hundred Thousand Tanzanian Shilling And Zero Cent(s) Only

Expires on : 26-Feb-2025

Prepared By : Timotheo Ngoda

Collection Center : Head Quarter

Printed By : **Timotheo Ngoda**

Printed On : 12-Feb-2025

Signature

Jinsi ya Kulipa:

1. Kupitia Benki: Fika tawi lolote au wakala wa benki ya NMB, CRDB, NBC. Namba ya kumbukumbu: **991620298630**.
2. Kupitia Mitandao ya Simu
 - Ingia kwenye menyu ya mtandao husika
 - Chagua 4 (Lipa Bili)
 - Chagua 5 (Malipo ya Serikali Ingiza **991620298630** kama namba ya kumbukumbu

How To Pay:

1. Via Bank: Visit any branch or bank agent of NMB, CRDB, NBC. Reference Number: **991620298630**.
2. Via Mobile Network Operators (MNO):
 - Enter to the respective USSD Menu of MNO
 - Select 4 (Make Payments)
 - Select 5 (Government Payments) Enter **991620298630** as reference number



THE UNITED REPUBLIC OF TANZANIA

PCF 5(a)

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 AKARO PHARMACY
2. Physical Address of the Applicant P.O BOX 6 SAME
3. Contacts (mobile phone) 0767432065 / 0719549459
4. Email address (if any) -

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

5. Physical address of the proposed location. Street NDUNGU Plot No. -
Ward NDUNGU District SAME Region KILIMANJARO
6. Name and distance from the Public Health Facility in meters 7500M
7. Name and distance from the nearby outlets (Pharmacy) in meters 7500M AKARO CHA AFYA NDUNGU
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp, laboratory) in meters NONE
9. Proposed Business Name (BRELA Certificates if any) -
10. Type of Business: -A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)
RETAIL PHARMACY (AKARO 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.

ELIZABETH MOWANDA
Name and Signature of the Applicant

12/02/2025
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)

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00469-2024

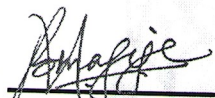
This Permit is hereby granted to M/S **Akaro Pharmacy** of P.O. Box 6, Same to operate a **Retail and Wholesale Business** at the premises situated/lying between Sokoni Street, Ndungu, Same Municipality/District in Kilimanjaro Region with Facility Identification Number (FIN) 0300469 under a superintendent Pharmacist Elizabeth I. Moirana with Personal Identification Number (PIN) 0100938

Issued in: July 2022

Expires on: 30 June 2025

03-07-2024

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



AKARO PHARMACY

S.L.P 6,

SAME-NDUNGU

21.01.2025

MSAJILI,

BARAZA LA FAMASI.

S.L.P 1277,

DODOMA.

Ndugu Msajili,

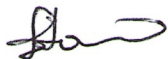
YAH: KUBADILI USAJILI WA DUKA LA DAWA

Kichwa cha habari hapo juu chahusika sana,

Mimi ni mfamasia ninayesimamia duka la dawa linaloitwa Akaro Pharmacy iliyopo Ndungu, Same, Kilimanjaro. Famasi hii ilisajili kama duka la dawa la jumla na rejareja. Kwa sasa mmiliki amepitia changamoto na hivyo anaomba kubadili usajili kutokauzaji wa jumla na kubaki na uzaji wa reja reja tu. Tunaomba ombi hili kama litakubaliwa lianze mwaka huu wa fedha 01. 07.2025.

Tunatumaini ombi letu litafikiwa.

Wenu Mtiifu,



Elizabeth Moirana-Mfamasia

PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300469

This is to certify that the premises owned by M/S Akaro Pharmacy of P.O. Box 6, Same located at Sokoni Street, Ndungu, Same Municipality/District in Kilimanjaro Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300469

Issued in: July 2022

Expires on: 30 June 2027

07-09-2022

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 premises
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

