

MOSHONO PHARMACY
P.O. Box 8003
ARUSHA
30th June, 2024

MSAJILI
BARAZA LA FANASI
S.L.P. 1277
DODOMA

KK. MENEJA
BARAZA LA FANASI
KANDA YA KASKAZINI



YAH: KUBADILI MFUMO WA MAUZO YA DUKA

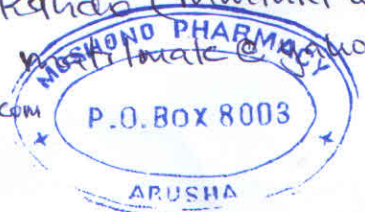
Tafadhali rejea kichwa cha habari hapo juu
Moshono Pharmacy lina kibali No. 00262-2023
kilichotolewa tar. 11/7/2023 na tumeshaleta ombi
la kuhisha tena kwa mwaka huu 2024/2025.
Naomba kuleta kwako ombi la kuondolewa kwenye
mfumo wa kuuza jumla na rejareja na kuwa mfumo
wa reja reja tu. Tuliacha kuuza jumla baada ya kuona
kuwa wateja wetu wa maduka ya dawa muhimu wana
kwenda kununua moja kwa moja kwenye maduka
makubwa ya jumla yaliyoko nyini ambapo ni umbali
mfupi kuyafikia.

Natumaini ombi langu litapata kibali toka kwako kama
msimamizi wako.

Nakutakia kazi njema.

Matilda L. Makanda (Mmiliki wa Duka)
(0754295690, matilmak@yahoo.com)
matilmak@yahoo.com

Attachments: COPY
last permit No. 00262-2023





Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : 924172257217246

Received from : MOSHONO 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 OF PREMISE FEE		100,000.00

Total Billed Amount : 100,000.00 (TZS)

Bill Reference : 16211172241650548383

Payment Control Number : 991620250886

Payment Date : 2024-06-20 12:25:13

Issued by : Mohammed Ulombe

Date Issued : 2024-07-05 11:13:04

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 : 924187261059018

Received from : MOSHONO 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 : 16215183241942905254

Payment Control Number : 991620255589

Payment Date : 2024-07-05 09:09:45

Issued by : Mohammed Ulombe

Date Issued : 2024-07-05 11:13:41

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

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 MOSHONO PHARMACY
2. Physical Address of the Applicant P.O. Box 8003
3. Contacts (mobile phone) 0754295690
4. Email address (if any) matilmak@yahoo.com

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

5. Physical address of the proposed location. Street NANJA Plot No. 145
Ward MOSHONO District ARUSHA Region ARUSHA
6. Name and distance from the Public Health Facility in metres
1.0 km
7. Name and distance from the nearby outlets (Pharmacy, DDM, LABS) in metres
150
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
150
9. Proposed Business Name (BRELA Certificates if any) MOSHONO 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.

MATILDA LEMUEL MAKANDO - Makando 17/06/2024
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

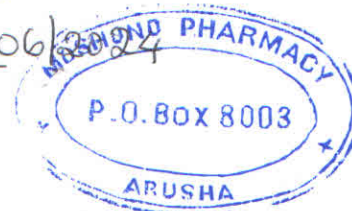
I/We inspected the area/building of the proposed premises on (date) _____ and I/We have found that the said premises location **does not/does** meet the required standards.

Reasons for rejection _____

ELUCE W SINDO
Name, Signature of Inspector (1)

EMMANUEL JOSEPH
Name, Signature of Inspector (2)

NOTE: THIS FORM IS VALID FOR SIX (6) MONTHS ONLY FROM THE DAY OF FIRST INSPECTION



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: MOSHONO PHARMACY
- Physical Address of the Applicant: P.O. BOX 8003
- Contacts (cell phone): 0754295690
- Proposed Business name: MOSHONO PHARMACY
- Type of Business: eg: Retail, Wholesale: RETAIL ONLY

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

PART 1:

Criteria	Name of premises	Distance (Meters)
Name and distance from the nearby outlet	MOONLIGHT PHARMACY	700M
Name and distance from unsuitable area	AFRO OIL PETROL STATION	370M
Name and distance from public health facility	OLORIEN DISPENSARY	1000M

PART 2: Size of the building

Criteria	Measurement in meters	Area of the premises (LxW)
Length (L)	L = 11	60 M ²
Width (W)	W = 6	

SECTION C: GENERAL OBSERVATIONS

JENGO LINA KYUMBA 3 VYENYE MITA ZA MRABA 66M²
• JENGO HILI LUKUWA NA FAMAASI YA IUMBA
NA REJAREJA FIN: 0300262 AMBAYO INEOMBA
KUSHUKA HADHI KUWA REJAREJA PEKEE

(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 and distance from unsuitable areas should be not less than 50m)

SECTION D: RECOMMENDATIONS

- UMILIKI AMAELEKEZWA KUWASILISHA NYARAKA ZA KUSHUKA HADHI OFISI YA BARAZA LA FAMAASI
- AFIKIRIWE KUFANYILWA MABADIUKO

SECTION E: INSPECTOR'S DECLARATION

Names (i) EWICE W. SHU Designation INSPECTOR Signatures [Signature]
(ii) EMMANUEL JAOO 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 it 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)

DR EFRAM CHANGARE NJAU

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

05.07.2024

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00262-2023

This Permit is hereby granted to M/S Moshono Pharmacy of P. O. Box 8003, Arusha to operate a Retail and Wholesale Business at the premises situated/lying between Nelson Mandela Road, Moshono, Arusha Mjini Municipality/District in Arusha Region with Facility Identification Number (FIN) 0300262 under a superintendent Pharmacist Dr. efrain Njau with Personal Identification Number (PIN) 0100010

Issued in: June 2019

Expires on: 30 June 2024

11-07-2023

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



PHARMACY COUNCIL



PREMISES REGISTRATION CERTIFICATE

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

FIN: 0300262

This is to certify that the premises owned by M/S Moshono Pharmacy of P. O. Box 8003, Arusha located at Nelson Mandela Road, Moshono, Arusha Mjini Municipality/District in Arusha Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300262

Issued in: June 2019

01-08-2019

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

