

M D Pharmacy Limited

DISPENSING CHEMISTS

P.O. BOX 642, TANGA, TANZANIA. TEL. +255 27 263410

E-mail: mdpharmacy96@gmail.com

Ref No. MDP/25/07/435

09TH July 2025

To,
Registrar,
Pharmacy Council,
P. O. Box 1277
Dodoma

RE: ALTERATION FROM RETAIL & WHOLESALE TO RETAIL ONLY.

Dear Sir / Madam,

Kindly refer to the above subject.

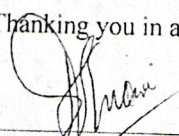
By this letter we humbly request you to change our permit from retail and wholesale to retail only.

Please find here attached with, the following:

- 1) Letter of alteration
- 2) Fully filled form 5a
- 3) Fully filled form 5b
- 4) Original Premises Registration Certificate – FIN: 0300129 EXPIRES ON 30TH JUNE 2030
- 5) Receipt of inspection of premises
- 6) Receipt of duplicate certificate
- ~~7) Fully filled form 738 14~~
- 8) Fully filled form PCF 6

Please take note and update your records.

Thanking you in advance,


Hussein M. Dhirani
+ 255 659 776 999
Director

M D Pharmacy Limited
P O Box 642
TANGA
TEL: 027 23 43410



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925190346767429**
Received from : MD PHARMACY, FIN:0300129
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 CERTIFICATE FEE	50,000.00	

Total Billed Amount : 50,000.00 (TZS)

Bill Reference : 16209190250738388294

Payment Control Number : **991620317100**

Payment Date : **2025-07-09 09:38:32**

Issued by : Timotheo Ngoda

Date Issued : 2025-08-22 11:22:14

Signature

Government Payment Gateway © 2017 All Rights Reserved (GePG)

PHARMACY COUNCIL

PCF 5(a)



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 MAZAHER H. DILIRANI
2. Physical Address of the Applicant TANGA
3. Contacts (mobile phone) 0715260242
4. Email address (if any) mdpharmacy96@gmail.com

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

5. Physical address of the proposed location. Street 13/14 Plot No. 5
Ward NGAMIANI KAI District TANGA Region TANGA
6. Name and distance from the Public Health Facility in metres
NGAMIANI
7. Name and distance from the nearby outlets (Pharmacy, DLDM, LABS) in metres
BADABAB
8. Name and distance from the unsuitable areas (Fuel station, Bar, Damp etc) in metres
GURAM FUEL STATION
9. Proposed Business Name (BRELA Certificates if any) MD 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.

Bened
Name and Signature of the Applicant

20/5/25
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 _____

ABDILLAH MURGE
Name, Signature of Inspector (1)

KDO MUNDOKWA
Name, Signature of Inspector (2)

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



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH
PHARMACY COUNCIL



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

1. Name of Applicant: MAZAHER H. DHARAN
2. Physical Address of the Applicant: TANGA
3. Contacts (Phone): 0715 250252 Email Address: mdpharmacy@gmail.com
4. Proposed Business name: MD PHARMACY Type of Business: RETAIL

SECTION B: VERIFICATION OF INFORMATION OF THE PROPOSED AREA

Date of inspection: 09/07/2025

	Criteria: Name and Distance from nearby;	Name of premises/facility/area	Distance (Meters)
a)	Name and distance in meters from a nearby Pharmacy	BAOBAB	200M
b)	Name and distance in meters from nearby public health facility	NGAMIAN H/C	500M
c)	Name and distance in meters from unsuitable or risky premises.	NGAMIAN MARKET SKIP BUCKET	150M

SIZE OF THE BUILDING (IF AVAILABLE)

Criteria	Measurement in metres	Area of the building(LxW)
Length (L)	14.2M	(LxW) 190.28
Width (W)	13.4M	

SECTION C: OTHER OBSERVATIONS

① DEMO LIUKWA DUKA LA DAWA LA JUMLA AWALI, LINASTUSIWA
HADHI KUWA DUKA LA DAWA LA REJA REJA KUDKANA NA CHANGAMOTO
ZA KIBASHARA

② CHUMBA NA LIMBA UNAKIDHI KENDERA KUWEO.

SECTION D: INSPECTOR'S RECOMMENDATIONS

KWA MOTO WA KAMUNI 4(1), (a, d na e) YA KAMUNI ZA WOTILI WA KAJEN
YA MWATA 2019 TUNASHAURI JENU HILI LIDHIMISHWE KUFOTWA
BIASHARA YA REJA REJA KANA ALIYOUMBA.

SECTION E: INSPECTOR'S DECLARATION

Name	Designation	Signature
i. <u>ABDILLAH MNENGE</u>	<u>CITY PHARMACIST</u>	<u>[Signature]</u>
ii. <u>DD KONDOKAYA</u>	<u>PHARM TECH</u>	<u>[Signature]</u>
iii. <u>/</u>		

I, hereby 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 that the information I have given it false, fictitious, fraudulent or based on inadequately verified information, may result in disciplinary or legal action.

SECTION F: OWNERS /INCHARGE CERTIFICATION

I (Full Name of Owner) Mazaher H. Dharan, 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

09/07/2025



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

SECTION A: APPLICANT/OWNER'S INFORMATION

1. Name of Applicant/Owner: MAZAHER - H. DHIRAN Type of Ownership: SOLE PROPRIETOR
2. Physical Address of the Applicant: MUKWAKWANI - TANGA Geo Code: _____
3. Postal Address: 642
4. Contacts (Phone): 0715260242 Email Address: mdpharmacy96@gmail.com
5. Proposed/Existing Business name: MD 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	BADABAB	200M
2.	Name and distance from nearby Medical laboratory	MUFADDAL LAB	150M
3.	Name and distance from nearby public health facility	NGAMIANI H/C	500M
4.	Name and distance from unsuitable or risky premises.	NGAMIANI MARULET SKIP BUCKET	150M

SECTION C: PRESCRIBED STANDARDS FOR RETAIL/COMMUNITY PHARMACY

Size of the Building in Square meters (M²) 110M² (At least 30M² with four (4) compartments i.e. Consultation room, Display area, Dispensing room & Store)

a) Display area: Size (M²) 40M²

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

b) Consultation room (Superintendent Office): (Available/Not available) _____ Size (M²) 20M²

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Table and chairs in consultation/Record keeping room	YES	
Cupboard for files storage	YES	

c) Dispensing room: (Available/Not available) _____ Size (M²) 30M²

Description of standard	Availability (YES/NO)	Comment
Ceiling Fan & Air Condition	YES	
Lockable shelves for Prescription drugs and controlled substances	YES	
Dispensing window with sliding glasses	NO	
Open shelves	YES	
Working room thermometer	NO	

d) Store room: (Available/Not available) _____

Size (M²)

90M²

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

SECTION D: PRESCRIBED STANDARDS FOR WHOLESALE PHARMACY/WAREHOUSE

Size of the Building in Square meters (M²) _____. (At least 60M² with three rooms i.e. Display&Dispatch area, Sales Record keeping room and Store room)

a) Display&Dispatch area: Size (M²) _____

Description of standard	Availability (YES/NO)	Comment
Display cabinet with glasses		
Ceiling Fan & Air Condition	YES	
Waiting chair(s) for customers	YES	
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 (M²) _____

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		NA

c) Storage room: Size (M²) _____

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 (M²) _____. (At least 90M² 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 (M²) _____

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



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 6



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 LINA UKUBWA WA MITA ZA MRABA 190
LINA EDO LA MBERU (DISPLAY), STDO (3)
- ii. JENGO LINA BADI LISHWA MATUMIZI KUDOKA BLIKA LA
- iii. DAWA JUMLA NA REJAREJA NA KUIBAKI REJAREJA PEKPE
MBALU M
- iv. JENGO LIPO UMBALI UNAOKIDHI KWA KUWEP0
MAJENDO YANAYOKUTUSIWA NA VITUO VYA AYA VYA JAMII
- v. JENGO LIPO UMBALI UNAOKIDHI KWA PAMOSI MYINZIM
ZA REJAREJA.

(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. KWA MUKIBU WA KANUM 4(1)(a,d,e) YA KANUM ZA
USATI WA MAJENDO YA MWAKA 2020 ITUNASHAURI JENGO
- ii. HILI LIIDHINWITE KUFANYA BIASHARA YA REJAREJA NA
MMILIKI APENETAA RIFA YA BARUA KWA MAANDISHI.
- iii.
- iv.

Inspector's declaration

Name	Designation	Signature	Date
(i) ABDILLAH MNENGE	CITY PHARMACIST		20/6/2025
(ii) IDO H. NKONDOKAYA	PHARM TECH/INSPECTOR		20/6/25

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) BEATRICE KENEDY 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
20/6/25

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.

b) Display & 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 (M²) _____

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	NO	
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	NO 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	
Prescription only Medicines Register & Dispensing register	YES	
Controlled drugs Ledger and /or Register	YES	
General dispensing register	NO	
Expired drugs Book (Unservicable Goods Ledger)	YES	
Complaints Handling Book	NO	
Visitors Book	YES	
Inspection Reports Register	YES	
Written procedures for maintenance of cold chain products	YES	

PHARMACY COUNCIL



PERMIT TO OPERATE THE BUSINESS OF A PHARMACIST

Made under Section 37 of the Pharmacy Act Cap. 311

Permit No. 00129-2025

This Permit is hereby granted to M/S MD Pharmacy of P.O.Box 642, Tanga to operate a Retail and Wholesale Business at the premises situated/lying between Block No. 88, 13/14 Street, Mkwakwani, Tanga Municipality/District in Tanga Region with Facility Identification Number (FIN) 0300129 under a superintendent Pharmacist Jenes Gamer Alfred with Personal Identification Number (PIN) 0100192

Issued in: August 2016

Expires on: 30 June 2026

30-07-2025

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: 0300129

This is to certify that the premises owned by M/S MD Pharmacy of P.O.Box 642, Tanga located at Block No. 88, 13/14 Street, Mkwakwani, Tanga Municipality/District in Tanga Region has been registered for Retail and Wholesale to sell pharmaceutical and related products with Facility Identification Number (FIN) 0300129

Issued in: August 2016

Expires on: 30 June 2030

10-04-2025

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

