Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924186260945837**
Received from	: DMRX PHARMACY
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	: 16215186241338856490
Payment Control Number	**: *991620257022***
Payment Date	**: 2024-07-04 15:33:05**
Issued by	: Zena Mango
Date Issued	: 2024-07-08 14:34:03
Signature	:

CRDB BANK
The bank that listens

Government Payments

04/07/2024 15:34:26

Transaction Status:	Completed (IB54871904072415)
From Account	0150720898500
Account Owner	DMRX COMPANY LIMITED
Owed Amount	0.00 TZS
Amount to pay	200,000.00 TZS
Company Category	GEPG PAYMENTS
Company Type	GEPG PAYMENTS
Transfer Date	04/07/2024
ControlNumber	991620257022
Phone Number	0766006539
Related Reference	1907dbbe6984eb45
Created By	698594

Bills Details

Pharmacy Council
CHANGE OF PREMISES LOCATION FEE
2024
924186260946540
991620257022
18-07-2024 23:59
null TZS
Completed
1907dbbe7b0b983e

99162025 7022

PCF.14

PHARMACY COUNCIL

200,000/=
Bstang

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: DMRx Pharmacy FIN 0300368

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

PHYSICAL ADDRESS:

Plot No. 066 Street: Mafia/Bwimbwi Street Ward Kariakoo

District/Municipal ILALA Region: DAR ES SALAAM

POSTAL ADDRESS: 71358 Dar es salaam Contact. No. 0699600919

E-mail: hansemko01@gmail.com

OWNERSHIP:

Directors (Names): 1. Joseph Paul Qualification: Medical Doctor

2. Clemence Exaudi Qualification: Medical Doctor

3. Matin Wamba Qualification: MBA

SUPERINTENDANT INFORMATION:

Full Name: HANS E. NNKO PIN: 01015 76

Residential Address: DAR ES SALAAM Tel: 0699600919 Email: hansemko01@gmail.com

Contract commencement date: 1-June 2024 Cessation date 1-June-2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: DMRx Pharmacy

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

PHYSICAL ADDRESS:

Plot No. 17 Street ILALA Tanga street Ward

District/Municipal ILALA Region DAR ES SALAAM

POSTAL ADDRESS: 71358 Dar es salaam CONTACT. No. 0699600919

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. Joseph Paul Qualification: Medical Doctor
2. Clemence Exaudi Qualification: Medical Doctor
3. Mohn Wanaba Qualification: MBA

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: Similar as previous PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Obtained more spacous place ie huge warehouse storage
2.

SECTION D: APPLICANT INFORMATION

Name of Applicant: HAMS NNKO

(Contact/email if different from the above)

Address: DAR ES SALAAM Tel: 0699600919 E-mail: hansennko01@gmail.com

Signature of Applicant Date

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

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)

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	: **924138250223858**
Received from	: DRMX 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*	**100,000.00**	
	Total Billed Amount :	**100,000.00 (TZS)**

Bill Reference	: 16208138242759970619
Payment Control Number	: ***991620245009***
Payment Date	: **2024-05-17 08:55:19**
Issued by	: Zena Mango
Date Issued	: 2024-05-17 13:48:58
Signature	: .....

PHARMACY COUNCIL

99162024 5009

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 AMRx Pharmacy
2. Physical Address of the Applicant P.O. Box 71358 Dar es salaam
3. Contacts **(mobile phone)** 0699600919
4. Email address (if any) hansemko01@gmail.com

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

5. Physical address of the proposed location. Street UTETE / PANGANI Plot No.
   Ward District ILALA Region DAR ES SALAAM
6. Name and distance from the **Public Health Facility** in metres
7. Name and distance from the nearby outlets **(Pharmacy, DLDM, LABS)** in metres
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp etc)** in metres
9. Proposed Business Name (BRELA Certificates if any) AMRx Pharmacy
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)**
    B - Wholesale

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.

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)**

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

1ST INSPECTION

PCP.5(b)

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.. 0.., 2020

(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)

SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: DMRX PHARMACY
2. Anwani ya Makazi ya Mwombaji: UTETE/ PANGANI
3. Mawasiliano (Simu): 0699600919
4. Jina la Biashara linalopendekezwa DMRX PHARMACY
5. Aina ya Biashara: WHOLESALE

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	HANOI PHARMACY	300M
	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)	30M	300M²
b)	Upana (W)	10M	
c)	Kimo (H)	3m	

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

- ENEMU INA UKUBWA WA TAKRIBANI MITA ZA MRABA 300M².
- IPO UMBALI WA TAKRIBANI 300M KUTOKA HANOI PHARMACY.

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 50m² kwa famasi ya rejareja, chini ya 80m² 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

MMILIKI AMEELEKEZWA KUENDELEA NA UKARABATI KUFIKIA VIGEZO VYA FAMASI YA JUMLA NA KUOMBA UKAGUZI MWINGINE KWA BARUA BAADA YA KUKAMILISHA UKARABATI

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 NGOMBO	MKAGUZI	
2	ANNA MALIYA	MKAGUZI	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) Clemence Fraudi

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

20/05/2024
Tarehe

PCF.5(b)

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: DMRX PHARMACY
2. Anwani ya Makazi ya Mwombaji: UTETE / PANGANI ST.
3. Mawasiliano **(Simu):** 0699 600019
4. Jina la Biashara linalopendekezwa DMRX PHARMACY
5. Aina ya Biashara: WHOLE SALE.

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 katika Mita (M)	Eneo la jengo (LxW)
a)	Urefu (L)	/	
b)	Upana (W)		
c)	Kimo (H)		

SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

. Amekamilisha matengenezo kufikia viwango vya famasi ya jumla.

(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 maombi 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	Eniper Boaeng	Mkaguzi	
2	Said Nassor Ally	Mkaguzi	
3			

SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) Ismail Hassan Juma

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 — **Tarehe** 02/07/24