

GOVERNMENT NOTICE NO. 269 published on 17/4/2020

THE PHARMACY ACT,
(CAP. 311)

REGULATIONS

(Made under section 34 and 55(f))

THE PHARMACY (PREMISES REGISTRATION) REGULATIONS, 2020

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THE PHARMACY ACT,
(CAP. 311)

REGULATIONS

(Made under section 34 and 55(f))

THE PHARMACY (PREMISES REGISTRATION) REGULATIONS, 2020

PART I
PRELIMINARY PROVISIONS

- Citation 1. These Regulations may be cited as the Pharmacy (Premises Registration) Regulations, 2020.
- Interpretation 2. In these Regulations, unless the context requires otherwise-
- Cap.311 “Act” means the Pharmacy Act;
“Accredited Drugs Dispensing Outlet” also in its acronym
- GN. No. 185 of 2019 “ADDO” means the premises accredited under the Accredited Drugs Dispensing Outlets (Standards and Ethics for Dispensation of Medicines) Regulations, 2019;
“approved location” means the location approved by the Registrar for establishment of pharmacy;
“business of a pharmacy” includes professional pharmacy practice and any activity carried out by a person in relation to medicines, medical device or herbal medicines;
“Committee” means a Committee established by the Council to evaluate applications for premises registration and making recommendations thereon;
“community pharmacy” means a business of a pharmacy located in community on which pharmaceuticals and related products are sold in retail;
“consultant pharmacy” means a pharmacy which provide specialized pharmaceutical services;
“Council” means the Council established under section 3 of

Pharmacy Act;

“premises” includes a land, building, structure, basements and a vessel and in relation to any building includes a part of a building any cartilage, forecourt or yard, and in relation to a vessel includes a ship, boat, aircraft, and a carriage or receptacle of any kind, whether open or closed or place of storage used in connection with any service pertaining to practice of a pharmacist;

“Registrar” means the Registrar of the Council appointed under section 12 of the Act;

“storage facilities” means a building for storage of pharmaceutical products;

“superintendent” means a pharmacist in-charge who supervises a pharmacy and is registered as such by the Council; and

“wholesale pharmacy” means a pharmacy that buy medicines, medical devices or cosmetics from importers or local manufactures and sell in bulk to the retailer pharmacy.

PART II

REGISTRATION AND LOCATION OF PREMISES

(a) Location and premises

Approval of location

3.-(1) A person shall not carry out a business of a pharmacy in a location and premises that are not approved by the Registrar and registered by the Council.

(2) A person who wishes to establish a business of pharmacy shall apply to the Registrar by filling in approval of location form as set out in the First Schedule to these Regulations.

(3) A form referred to under subregulation (2) shall be accompanied by the payment of a prescribed fee.

(4) The Registrar shall, after receiving an application from the applicant, inspect the premises before consider for registration.

Conditions for location

4.-(1) Subject to the provision of regulation 3(2), an applicant shall take into consideration the distance criteria

before applying to the Registrar for approval of location to carry out the business of a pharmacy as follows-

- (a) at least 150 meters in radius away from the existing community pharmacy or approved location but this shall not apply to wholesale and consultant pharmacies;
- (b) not less than 500 meters from facility boundaries in radius from public tertiary health facilities (national hospitals, specialized and zonal referral);
- (c) not less than 400 meters and 300 meters from facility boundaries in radius from public secondary health facilities, that is regional referral hospitals and district hospitals respectively;
- (d) not less than 200 meters from facility boundaries in radius from public primary health facilities that is health centres and dispensaries; and
- (e) not located within the same premises with unsuitable or risky premises.

(2) For the purpose of subregulation 1(e), “unsuitable or risky premises” means the premises or activities that emit obnoxious materials wastes like fuel fumes, contaminants, open sewerage, petrol stations, retail business that serve alcoholic beverages (bar), areas prone to floods, medical laboratories or any other place as the Council may declare unfit for the business of a pharmacy to be carried out.

(3) The distance criteria under subregulation (1) shall not apply to-

- (a) a community pharmacy owned by a private health facility and such facility wishes to operate the pharmacy within their premises;
- (b) a community pharmacy operated nearby a private health facility;
- (c) a community pharmacy renewing registration certificate at the same premises;
- (d) community pharmacies separated by a high way or double tarmac road from one community pharmacy or approved location;

- (e) a community pharmacy in a shopping centre such as malls, supermarkets, building complexes and confined within those premises on the different floor;
- (f) the owner of a valid registered drug shops or Accredited Drug Dispensing Outlets (ADDO);
- (g) Reallocation of premises due to force majeure; and
- (h) premises which were previously registered as a community pharmacy and the owner eventually surrendered to operate the pharmacy business,

Provided that no other new application of community pharmacy has been approved on that locality.

(4) Notwithstanding the provision of regulation 4(1)(a), the Registrar may approve location below 150 meters for the establishment of community pharmacy, and the applicant must satisfy the criteria for the determination of a need for the pharmaceutical service in respect area for which the application is made upon considering-

- (a) the nature and extent of the pharmaceutical service to be provided as compared to existing pharmaceutical services in that locality;
- (b) the benefit to members of the specific community which the pharmacy intends to be serving;
- (c) the suitability of the location and the need of the premises applied for; and
- (d) any special care needs of the community to be served.

Specification and size of premises

5. The Registrar shall, after conducting inspection and being satisfied that the applicant has complied with the conditions of the location specified under regulation 4, direct the applicant to build or renovate the premises in accordance with the following specifications:

- (a) minimum area of 30m² which is divided into display area, dispensing room and pharmacist's office and each room should have not less than 2.5m internal height for a community pharmacy;
- (b) minimum total area of 60m² which is divided

into display area, store, receiving area, dispatch bay and pharmacist's office and each room should have not less than 2.5m internal height for a wholesale pharmacy;

- (c) minimum of two rooms which are for the office of specialized pharmacist and reception for a consultant pharmacy;
- (d) internal height for a storage facility should not be less than 2.5 meter;
- (e) the premises must have a single point of entry; and
- (f) any other additional specification as the Council may deem necessary.

Premises standards

6. An applicant who wishes to construct a pharmacy shall ensure that the premises are in conformity with the following standards:

- (a) the external and internal appearance of pharmacies are in white, cream, light in colour;
- (b) the design and layout of the pharmacy must be of such a way that only allows pharmaceutical personnel to have direct access to prescription and controlled medicines;
- (c) the design and layout of the pharmacy must permit a logical flow of work, effective communication, supervision, effective cleaning, maintenance and must minimize the risk of errors, cross-contamination and anything else which would have an adverse effect on the quality of pharmaceuticals;
- (d) all parts of the premises must be maintained in an orderly, tidy condition and suitable effective means of lighting and ventilation;
- (e) electronic devices for attendance monitoring shall be installed;
- (f) fire extinguisher is installed, checked and maintained regularly;
- (g) pharmaceuticals must be protected from the adverse effects of light or other temperature extremes and dampness;

- (h) the temperature in pharmacy premises must be maintained below 25⁰c and must have an air-conditioner and fans installed in the premises, which are in a good working order and working room thermometer shall be hung from the wall;
- (i) availability of clean hand wash basin or sink which is easy to maintain in a hygienic condition and has a source of running water and a closed drainage system;
- (j) for facilities which have toilets, the toilets must not be considered on the total size of a pharmacy or not used for storage of pharmaceuticals and must be kept clean and in good order; and
- (k) storage areas must be secured, have sufficient area, shelving and pallets which is easy for arrangements and maintained in a hygienic condition.

(b) Registration

Application
for premises
registration
certificate

7. The Registrar shall, after being satisfied that the applicant has complied with terms and conditions specified in these Regulations, inform the applicant to submit a filled in application form for registration of premises provided for under Second Schedule of these Regulations and shall be accompanied by the following-

- (a) a copy of lease agreement or other agreement in terms of which the applicant has the right to occupy the proposed pharmaceutical premises;
- (b) if he is the owner of the premises, should submit certified copy of the title deed or similar document evidencing his right of occupancy of such premises;
- (c) a copy of the site plan of the building indicating the location of the pharmaceutical premises in relation to adjoining or surrounding businesses and access to and from such premises;
- (d) a copy of the plan layout of the actual pharmacy premises;
- (e) proof of payment of prescribed fee; and

- (f) any other document which the Council may deem necessary.

Consideration of application

8.-(1) Upon receipt of a duly filled in application under regulation 8 and being satisfied that the application complies with the requirement for registration, the Registrar shall submit such application to the Committee for consideration and thereafter forward its recommendation to the Council for approval.

(2) The Council may-

- (a) approve the application and direct the Registrar to register the premises; or
- (b) reject an application and direct the Registrar to inform the applicant accordingly stating the reasons for the Council's decision.

(3) Upon approval for registration by the Council, the Registrar shall issue a registration certificate to the premises as prescribed in the Third Schedule.

(4) Premises registered under these Regulations shall maintain, improve and comply with the Pharmacy Practice Regulations enforce.

(5) An owner of a registered pharmacy premises who fails to maintain the building standards of a premises as at the time of registration commits an offence and upon conviction shall be liable to a fine not exceeding two million shillings or imprisonment for a term not exceeding six months or both.

Renewal of registration of premises

9.-(1) Certificate of registration of premises shall, unless otherwise cancelled or revoked, be valid for a term of five years from the date of registration.

(2) A holder of certificate of registration issued under these Regulations may apply for renewal of such registration at least three months before the expiry of such registration,

Provided that, an application for renewal of registration shall be considered if the Council satisfies itself that the applicant has maintain standards of premises as prescribed in these Regulations and has paid a prescribed fee.

Application
of pharmacy
permit

10.-(1) A person who wishes to conduct business of a pharmacy shall make an application to the Registrar for pharmacy permit by filling in a form as set out in the Fourth Schedule and shall be accompanied by the prescribed fee.

(2) The application for pharmacy permit shall also be accompanied by the following documents-

- (a) application for premises registration;
- (b) copy of legal document indicating that the superintendent is in association or constitutes a body corporate to the proposed pharmacy business;
- (c) copy of superintendent's licence to practice;
- (d) a letter of commitment addressed to the Registrar declaring that the superintendent shall serve in his capacity to the proposed pharmacy business;
- (e) copy of contract with at least one other pharmaceutical personnel to be bound to the pharmacy business in its daily operations; and
- (f) any other document which the Council may deem necessary.

Procedure
for pharmacy
permit

11.-(1) The Registrar shall, after receiving the application and being satisfied that the application complies with the requirement for pharmacy permit, submit to the Committee for consideration and there after forward its recommendation to the Council for approval.

(2) Subject to subregulation (1), the Council may approve the application and direct the Registrar to grant the application and issue a pharmacy permit as prescribed in Fifth Schedule.

(3) Where the Council considers that the applicant is not fit and proper person to be issued with a permit it shall refuse to issue the pharmacy permit and direct the Registrar to inform the applicant accordingly stating the reasons for the Council's decision.

Renewal of
pharmacy
permit

12.-(1) Pharmacy permit shall be valid from the date of issuance and renewed before 30th June every year.

(2) A holder of pharmacy permit issued under these Regulations may apply for renewal of such permit at least three months before the expiry of such registration,

Provided that, an application for renewal of permit shall be considered if the Council satisfies itself that the applicant has maintain standards of premises as prescribed in these Regulations and has paid a prescribed fee.

(3) A person who fails to renew a pharmacy permit commits an offence and upon conviction shall be liable to a fine not less than one million shillings or imprisonment for a term not exceeding three months or both.

Suspension

13. The Council may suspend registration certificate and pharmacy permits in the following grounds-

- (a) the pharmacy has no superintendent or pharmacist in charge approved by the Council;
- (b) registration certificate and pharmacy permits are not renewed;
- (c) standards of premises are not maintained;
- (d) the superintendent fails to perform the duties as prescribed under regulations relating to the Practice of Pharmacy;
- (e) the owner of a pharmacy fails to perform duties as prescribed under regulations relating to the Practice of Pharmacy;
- (f) the pharmacy is not in operation for more than 90 days and the owner fails to notify the Council in accordance with these Regulations;
- (g) any contravention of the Act or any written laws relating to handling and control of pharmaceuticals; and
- (h) any other act which the Council considers it is a risk to public health and safety.

Cancellation

14. The Council may cancel registration certificate and pharmacy permits under the following circumstances where-

- (a) terms and conditions prescribed by the Council have been violated;
- (b) the owner ceases to carry out the business of

- pharmacy and surrenders the registration certificate and pharmacy permit;
- (c) the owner fails to pay pharmacy permit fees for two consecutive years;
- (d) there is a forgery with the purport to deceive the Council and general public; and
- (e) any other act which the Council considers it is a risk to public health and safety.

Procedure
for
cancellation
or
suspension

15.-(1) The Registrar shall notify in writing the owner of the pharmacy specifying the grounds for cancellation or suspension of registration certificate or pharmacy permit.

(2) Subject to subregulation (1), the person to whom the notice is served shall, within the time specified in the notice make representation in writing to the Registrar on the rectification of the default.

(3) Where the owner fails to rectify the default within the time specified in the notice or fails to make representation satisfactory to the Registrar, the Registrar shall recommend to the Council for cancellation or suspension of the registration certificate or pharmacy permit issued.

(4) The Council shall, if it is satisfied with the recommendations made, direct the Registrar to cancel or suspend registration certificate or pharmacy permit.

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(5) Where the registration certificate or pharmacy permit has been cancelled, the owner of the pharmacy shall surrender the registration certificate or pharmacy permit and comply with disposal and handling of medicines pursuant to the Tanzania Medicine and Medical Devices Act.

(6) Where the registration certificate or pharmacy permit has been suspended, the owner of the pharmacy shall rectify and pay fees as directed by the Council.

Register

16.-(1) The Registrar shall keep and maintain a register of premises as follows-

- (a) community pharmacy;
- (b) wholesale pharmacy;
- (c) storage facilities;

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(d) vessels carrying medicines; and

(e) any other premises registered under the Act.

(2) Subject to subregulation (1)(a), community pharmacies shall be classified and graded depending on the requirements prescribed by the Council from time to time.

Temporary closure

17.-(1) Owners who intend to temporarily close a business of a pharmacy shall notify the Council immediately before closing the pharmacy.

(2) Subject to subregulation (1), the temporary closure shall be for a period not more than 90 days from the date of notification and during that period standards for good storage practice shall be maintained.

(3) Where a temporary closure exceeds 90 days, owner of the pharmacy shall notify the Council in writing on why the pharmacy permit should not be suspended.

(4) The pharmacy owner who temporarily closes his premises without notifying the Council commits an offence.

Restoration

18. A pharmacy whose pharmacy registration certificate and pharmacy permit has been cancelled in terms of these Regulations and the Act shall apply for restoration and shall be considered as a new applicant.

Restriction in respect of pharmacy names

19. The Registrar shall refuse to register, or direct to change the name of the pharmacy that misleads the general public.

Application for change of premises location, name and ownership

20.-(1) A person shall not change premises location, a name or ownership of a pharmacy unless is approved by the Registrar.

(2) A change of premises location shall be treated as a new application for establishing a business of pharmacy.

(3) Subject to subregulation (1) a person who intends to effect any change in the pharmacy shall submit to the Registrar a dully filled application form as provided in Sixth Schedule and accompanied with-

(a) name and contact details of the previous owner or the representative thereof (in case of change of ownership);

- (b) original premises registration certificate and original business permit;
- (c) fees prescribed in the Fees and Charges Regulations; and
- (d) any other information as the Council may determine.

(4) A person who changes location, the name of a pharmacy or ownership without notifying the Council commits an offence.

PART III
GENERAL PROVISIONS

Transition
period

21. Any premises which, prior to the coming into force of these Regulations was at approved location and which have become unsuitable for the purpose they were registered as stipulated in regulation 4(1) (b), (c), (d), shall remain valid and operate for a period of not exceeding two (2) years from the date of commencement of these Regulations.

Offence and
penalty

22. A person who contravenes any provisions of these Regulations for which no other penalty has been prescribed, commits an offence and is liable upon conviction to a fine of not less than five million shillings or to imprisonment for a term of not less than twenty-four months or both.

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

FIRST SCHEDULE

(Made under regulation 3(2))

PHARMACY COUNCIL



APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

SECTION A: APPLICANT INFORMATION

1. Name of Applicant _____
2. Physical Address of the Applicant _____
3. Contacts (mobile phone) _____
4. Email address (if any) _____

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

1. Physical address of the proposed location Street _____ Plot No. _____
Ward _____ District _____ Region _____
2. Name and distance from the Public Health Facility in metres _____
3. Name and distance from the nearby outlets (Pharmacy, DLDM, Labs) in metres _____
4. Name and distance from the unsuitable areas (Fuel station, Bar, Damp) in metres _____
5. Proposed Business Name (BRELA Certificates if any) _____
6. Type of Business: - A). Retail B). Wholesale C). Storage Facilities D) Consultant
E) Any other (mention) _____

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 _____

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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**

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

SECOND SCHEDULE

(Made under regulation 7)

PHARMACY COUNCIL



APPLICATION FOR REGISTRATION AND RE REGISTRATION OF PREMISES

TICK WHERE APPROPRIATELY REGISTRATION REGISTRATION

Registration box

RE-

Re-registration box

SECTION A: APPLICANT INFORMATION

- 1. Name of contact person
2. Postal address, Tel No, Email
3. I/We hereby apply for a new or re-registration of premises for pharmacy business of: (tick)
(a) Community Pharmacy
(b) Wholesale Pharmacy
(c) Consultant pharmacy
(d) Storage facilities
(e) Vessel

SECTION B: OWNERSHIP

- 1. Type of ownership (tick)
(a) sole proprietorship (ONLY for owners who are pharmacist);
(b) partnerships;
(c) corporations;
(d) joint ventures; and or association.
(e) others (mention):
2. The registration number of BRELA is
3. Full name(s) of Owner (s), Partner(s) and Directors(s)
(a) Name: Qualification: I.D No.

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- (b) Name:Qualification:..... I.D
No.....
- (c) Name:Qualification:..... I.D
No.....
- (d) Name:Qualification:..... I.D
No.....
- (e) Name:Qualification:..... I.D
No.....

PART C: PREMISES INFORMATION

1. Name of the premises
2. Premises situated at/lying between Plot NoHouse No..... Street name Ward.....District/Municipality/City Region.....
3. **For re-registration**, Facility Identification Number (FIN).....of (year)..... Expiring on.....existing Permit No..... Dated.....Expiring on
- 4.

SECTION D: MANDATORY REQUIRED ATTACHMENTS

1. Required attachment to be submitted with this form are-
 - (a) Memorandum and Article of Association with a pharmacist (if the owner is not a pharmacist);
 - (b) A copy of lease agreement/ title deed;
 - (c) A copy of Certificate of Registration from BRELA;
 - (d) Certified copy of Director(s)/Partner (s) ID with their current photographs;
 - (e) A copy of the site plan of the building indicating the location of the pharmaceutical premises in relation to adjoining or surrounding businesses and access to and from such premises; and
 - (f) A copy of the plan layout of the actual pharmacy premises.

SECTION E: DECLARATION

1. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state as required under the above mentioned Act and Regulations made thereunder.
2. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made thereunder or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is not suspended.
3. I, the undersigned, do hereby declare that the particulars given above are correct and complete to the best of my knowledge and that any change of details shall be communicated to the Registrar in writing.

N.B. False declaration constitutes an offence.

Name and Signature of the Applicant

Date of Application

Pharmacy (Premises Registration)

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SECTION: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR's REMARKS

1. *(In case there is no District Inspector this part should be filled by Regional Inspector)*

2. I,

Mr./Mrs./Ms./Dr./Prof:.....District/Municipal/Regional/PCI Inspector of Postal address:.....hereby certify that, I have inspected the above-mentioned premises in Section A as per attached inspection checklist and found that it **complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply:

.....
.....

Name of Inspectors(s)	Signatures & stamp	Date
1.....
2.....

SECTION G: FOR OFFICIAL USE ONLY

Fees TZS.....Receipt No
of.....

Registration granted/not granted
because.....

Registration No..... Approved by Name:.....

Signature:.....

Designation:

.....

I.D

Number:.....

Date:.....

.....

.....
Signature of Registrar and stamp.

THIRD SCHEDULE

(Made under regulation 8(3))

PHARMACY COUNCIL



CERTIFICATE OF REGISTRATION

FIN:

This is to certify that the premises owned by M/S..... Pharmacy of P.O.Box located at Plot No....., House No....., Street..... Municipality/District.....Regionhas been registered for *Community Pharmacy /Wholesale Pharmacy/Consultant Pharmacy/Storage* to sell or store pharmaceutical and related products with Facility Identification Number (FIN)

Issued in April, 2019

DATE
REGISTRAR AND STAMP

SIGNATURE OF

CONDITIONS:

1. The premises and the manner in which the business is conducted must conform to the category of pharmacy business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostic illegally in unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address, and location of registered premises shall be approved by the pharmacy council
4. This certificate is not transferable to other premises or any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises

(QR CODE)

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

FOURTH SCHEDULE

(Made under regulations 10 (1))

PHARMACY COUNCIL



APPLICATION FOR NEW AND RENEWAL OF PERMIT

TICK WHERE APPROPRIATELY: NEW PERMIT **RENEWAL OF PERMIT**

SECTION A: APPLICANT INFORMATION

1. Name of the contact person
2. Postal Address of the owner: Tel./Mobile..... Email.....
3. I/We hereby apply for a new or renewal permit for;
 - (a) retail
 - (b) distribution
 - (c) consultant
 - (d) storage

SECTION B: OWNERSHIP

1. Type of ownership (tick)
 - (a) sole proprietorship (ONLY for owners who are pharmacist);
 - (b) partnerships;
 - (c) corporations;
 - (d) joint ventures; and or association.
 - (e) others (mention):.....
2. Full name(s) of Owner (s), Partner(s) and Directors(s)
 - (f) Name:..... Qualification:..... I.D No.....
 - (g) Name:..... Qualification:..... I.D No.....
 - (h) Name:..... Qualification:..... I.D No.....
 - (i) Name:..... Qualification:..... I.D No.....
 - (j) Name:..... Qualification:..... I.D No.....

Pharmacy (Premises Registration)

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SECTION C: PREMISES INFORMATION

1. Name of the premises.....
2. Premises situated at/lying between Plot NoHouse No..... Street nameWard.....District/Municipality/City..... Region.....
3. Premises to be or registered for;
(a) Community pharmacy
(b) Consultant pharmacy
(c) Wholesale pharmacy
(d) Storage facilities
(e) Vessel
4. **For renewal;** Facility Identification Number (FIN).....of (year).....Expiring on.....existing Permit No..... Dated.....Expiring on

SECTION D: SUPERINTENDENT INFORMATION

1. Full Name:Person Identification Number (PIN).....
2. Residential Address:.....Phone No.....E-mail:.....
3. Employment status (tick):Employed Self-employed
4. Designation & Address of present working place.....
5. Date of last retention of Pharmacist for the year.....and receipt No.....
6. Signature..... Date.....

SECTION E: OTHER PHARMACEUTICAL PERSONNEL (Pharmacist/Pharmaceutical Technician/ Pharmaceutical Assistant/ Medicine Dispenser)

1. Full Name:..... Person Identification Number

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

(PIN).....Residential Address: Phone
No.....Email address

Date of last retention for the year.....and receipt No.....

2. Full Name:..... Person Identification Number
(PIN).....Residential Address: Phone
No.....Email address

Date of last retention for the year.....and receipt No.....

3. Full Name:..... Person Identification Number
(PIN).....Residential Address: Phone
No.....Email address

Date of last retention for the year.....and receipt No.....

4. Full Name:..... Person Identification Number
(PIN).....Residential Address: Phone
No.....Email address

Date of last retention for the year.....and receipt No.....

SECTION F: MANDATORY REQUIRED ATTACHMENTS

1. Memorandum and Article of Association with a pharmacist (if the owner is not a pharmacist) or a certified copy of legal document indicating that the superintendent is in association or constitutes a body corporate to the proposed pharmacy business
2. A copy of superintendent's valid licence to practice
3. A letter of commitment addressed to the Registrar declaring that the superintendent shall serve in his capacity to the proposed pharmacy business
4. A copy of contract of employment with at least one other pharmaceutical personnel to be bound to the pharmacy business in its daily operations
5. A copy of current business permit and premises registration certificate in case of renewal

PART F: APPLICANT DECLARATIONS

1. If my/our premises are registered and licensed I/we shall keep it in hygienic condition and good state of repair as required under the above-mentioned Act and Regulations made thereunder.
2. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made thereunder or any other written law

Pharmacy (Premises Registration)

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related to the business being applied for within 12 months immediately preceding this application and have disqualified from holding a license/certificate and my/our license is/is not suspended

3. I, the undersigned, do hereby declare that the particulars given above are correct and complete to the best of my knowledge and that any change of details shall be communicated to the Registrar in writing.

N.B. False declaration constitutes an offence

Name and Signature of the Applicant

Date of Application

**INCOMPLETE FILLED APPLICATION SHALL NOT BE
PROCESSED**

PARTG: FOR OFFICIAL USE ONLY

Fees TZS.....Receipt No of.....

Permit granted/not granted because

Permit No.....Approved by Name:.....

Signature:.....

Designation:

I.D Number:.....

.....

.....

Signature of Registrar and stamp.

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

FIFTH SCHEDULE

(Made under regulation 11(2))

PHARMACY COUNCIL



PHARMACY PERMIT

Permit No:

This permit is hereby granted to M/S..... Pharmacy of P.O. Box to operate a **Retail/Distribution/Consultant/Storage** Business at a premises situated at Plot No....., House No....., Street..... Municipality/District..... Region with Facility Identification Number (FIN) under a superintendent pharmacist With Personal Identification Number (PIN)

Issued in **April, 2019**

Expires on 30 June

DATE

SIGNATURE OF REGISTRAR AND STAMP

CONDITIONS:

1. **This permit shall have and continue to have effect from and including the date it is issued and does not authorize the holder to operate the business in the unregistered premises or during the suspension, revocation or cancellation**
2. **The nature of conducting business shall conform to category of pharmacist business registered**
3. **This permit does not authorize the holder to sell or supply medicines illegally in an unlicensed premises**
4. **When vacating the registered premises, the superintendent pharmacist shall surrender to the council the original premises registration certificate and business permit**

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

- 5. The permit is not transferable and the council reserves the right to suspend, revoke or cancel any certificate or permit issued under this Act if satisfied that terms and conditions have been violated**

(QR CODE)

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

SIXTH SCHEDULE

(Made under regulation 20(3))

PHARMACY COUNCIL



APPLICATION FOR ALTERATION

SECTION A: APPLICATION FOR CHANGE:

- a) Premises location []
b) Business name []
c) Ownership []

SECTION B: APPLICANT AND PREMISES CURRENT INFORMATION:

- 1. Name of premises:..... FIN.....
2. Category of Pharmacy (tick): Community [] Wholesale [] Consultant [] Storage []
3. Name of the Contact Person Mobile No.....
4. Plot No. Street..... Ward..... District.....Municipal.....City.....Region.....

SECTION C: OWNERSHIP

- 1. Type of ownership (tick)
(a) sole proprietorship (ONLY for owners who are pharmacist);
(b) partnerships;
(c) corporations;
(d) joint ventures; and or association.
(e) others (mention):.....
2. Fullname(s) of Owner (s), Partner(s) and Directors(s)
(a) Name:Qualification:..... I.D No.....
(b) Name:Qualification:..... I.D No.....
(c) Name:Qualification:..... I.D No.....
(d) Name:Qualification:..... I.D No.....
(e) Name:Qualification:..... I.D No.....

Pharmacy (Premises Registration)

GN. No. 269 (contd.)

SECTION D: PROPOSED CHANGE

1. Name of premises:.....FIN.....
2. Category of Pharmacy (tick): Community Wholesale Consultancy Storage
3. Plot No. Street..... Ward.....
District..... Municipal.....City.....
Region.....
4. Name of Applicant:..... (Contact/email if different from the above)
Address:.....Tel/ Mobile No:.....E-mail:.....
5. Signature of the applicant..... Date

SECTION E: NEW OWNERSHIP

1. Type of ownership (tick)
 - (a) sole proprietorship (ONLY for owners who are pharmacist);
 - (b) partnerships;
 - (c) corporations;
 - (d) joint ventures; and or association.
 - (e) others (mention):.....
2. Full name(s) of Owner (s), Partner(s) and Directors(s)
 - (f) Name:Qualification:..... I.D No.....
 - (g) Name:Qualification:..... I.D No.....
 - (h) Name:Qualification:..... I.D No.....
 - (i) Name:Qualification:..... I.D No.....
 - (j) Name:Qualification:..... I.D No.....

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depend on your proposed changes:

1. A valid legal document showing a transfer of ownership or name;
2. Memorandum and Article of Association with a pharmacist (if the owner is not a pharmacist);
3. A copy of certificate of registration from BRELLA;
4. A copy of Director(s) ID; and
5. A copy of lease agreement or partnership deed.

Dodoma,
....., 2019

UMMY MWALIMU,
*Minister for Health, Community Development,
Gender, Elderly and Children*