

PHARMACY COUNCIL



APPLICATION FOR PERMIT (Section 36 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
DAR ES SALAAM.

PART A: APPLICANT INFORMATION

1. Name of the contact person.....
2. Postal Address of the owner.....
Tel./Mobile..... Email.....
3. Full name(s) of Partner(s) and Director(s) and their profession.
Name:.....Qualification:.....ID NO. :.....
Name:.....Qualification:.....ID NO. :.....
Name:.....Qualification:.....ID NO. :.....

I/We hereby apply for renewal/a new permit of selling the following:
.....
.....
.....

PART B: PREMISES INFORMATION

1. Name of the premises.....
2. Premises situated at/lyingbetween Plot No.....Street/Village/Ward.....
.District/Municipality/City.....
3. Premises category: retail pharmacy/wholesale pharmacy /retail and wholesale pharmacy/Godown
4. Facility Identification Number (FIN).....Of (year).....
5. Existing Permit No.....Dated.....Expiring on.....

PART C: SUPERINTENDANT INFORMATION

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

PART D: OTHER PHARMACEUTICAL PERSONNEL

1. Full Name: Person Identification Number (PIN).....
Residential Address:.....Tel/Mobile No.....
2. Full Name:..... Person Identification Number (PIN).....
Residential Address:.....Tel/Mobile No.....
3. Full Name:Person Identification Number (PIN).....
Residential Address:.....Tel/Mobile No.....

PART E: REQUIRED ATTACHMENT

1. A copy of expired business permit
2. A copy of valid license to practice of superintendent pharmacist
3. A copy of valid license of either enrolled/enlisted or dispenser personnel
4. A copy of signed contract of agreement of superintendent pharmacist
5. A copy of signed contract of agreement of enrolled/enlisted or dispenser

PART F: APPLICANT DECLARATIONS

1. If my/our premises is 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 there under.
2. I/we have not been convicted of any offence relating to any provision of the Pharmacy Act, 2011 and Regulations made there under or any other written law 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

N.B. False declaration constitutes an offence

.....
SIGNATURE OF APPLICANT

.....
DATE

NOTE: INCOMPLETE FILLED APPLICATION SHALL NOT BE PROCESSED

PART F: FOR OFFICIAL USE ONLY

Fees Tshs..... Receipt No.....of.....

Permit granted/not granted; Reason(s) for rejection.....

.....
.....

Permit No..... Approved by Name:
Designation:
I.D Number:
Signature:
Date: