

PHARMACY COUNCIL



APPLICATION FOR REGISTRATION OF PREMISES (Section 34 of the Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P. O. Box 31818,
Dar es Salaam.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Pharmacy Act, 2011

1. The proposed name of the premises is.....
2. Have you registered your Business name with BRELA? YES / NO provide registration No.
3. Type of ownership: Sole proprietorship...../ Partnerships
/ Corporations...../ Joint Ventures.....
4. Name of contact person
5. Postal address.....Tel, No.....Fax.....email.....
6. Full name(s) of Partner(s) and Directors(s)
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- Name: Qualification: I.D No.
- Name: Qualification: I.D No.
- Name: Qualification: I.D No.
7. Physical address of the proposed area: Street..... Ward.. ..
District..... Region..... Plot No.....
8. Premises to be registered for the business of

9. The business will be under the supervision of a registered superintendent (Full Name).....

Whose qualification is..... and his /her Reg.No./

PINof Year.....

(Please attach a copy of registration Certificate and acceptance / commitment letter from the proposed superintendent)

10. The Superintendent pharmacist will be under the assistant of a recognized pharmaceutical personnel (Full name)

Whose qualification isAnd his / her

Enroll/List.No./PIN.....of Year.....

(Please attach a copy of enrolment/enlist/dispenser Certificate and acceptance OR commitment letter from the proposed superintendent)

11. Business Commencement Date.....

12. Required attachment to be submitted with this form are:

- a. Memorandum
- b. A copy of lease agreement/ title deed
- c. Certificate of Registration from BRELA (if available)
- d. Copy of contract agreement from superintendent pharmacist
- e. Copy of contract agreement from either enrolled/enlisted or dispenser
- f. Copy of Directors/ Partners ID

13. 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.

14. 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 not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date.....

Signed.....

Applicant

SECTION B: DISTRICT/MUNICIPAL/REGIONAL/PHARMACY COUNCIL INSPECTOR'S REMARKS

(Delete which inapplicable)

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

I, Mr./Mrs./Ms./Dr./Prof.....District/Municipal/Regional/PC 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:

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.....

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

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:

.....

Date

.....

Signature of Registrar and stamp.