

PHARMACY COUNCIL



APPLICATION FOR RENEWAL OF BUSINESS PERMIT

(USER MANUAL)

Registrar

Pharmacy Council

NHIF Building, 1st Floor UDOM Road

P.O BOX 1277, Dodoma

Tel: +255 26 296 3885, Email: registrar@pc.go.tz, Website: www.pc.go.tz

Toll Free: 0800 110 015



Online Support

Email: ictsupport@pc.go.tz

Mobile: **0736222514/0736222517**

INSTRUCTIONS ON USING PHARMACY COUNCIL ONLINE BUSINESS PERMIT RENEWAL APPLICATION SYSTEM (PCOBPAS)

Please read these instructions carefully before starting your application on Pharmacy Council Online Renewal of Business Permit Application System.

To access the system, go to our website, www.pc.go.tz and click [Online Services](#) menu, then click [Permit Application](#) sub menu.

NOTE: Kindly use Pharmaceutical accounts created during retention application. If you have not created account before please go to Pharmacy Council Website (www.pc.go.tz) and click Online services menu, the click Retention Application sub menu.

After you have successfully logged into the system, click the icon that displays the name of a Pharmacy that you are superintending.



My Profile



Payments History



My Account



How to Pay Fees



Renew Premises

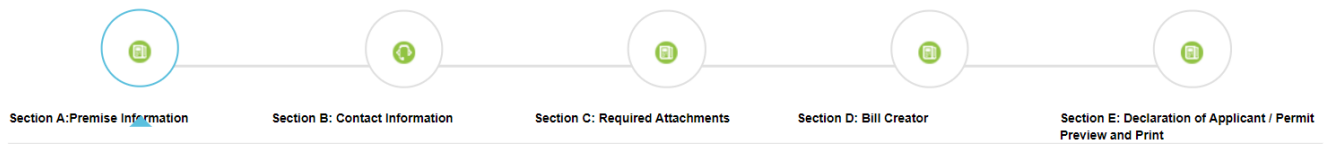


HelpLine

xxxx Pharmacy
FIN: 000000

SECTION A: (Premise Information)

This section show the Facility information that includes superintendent and facility owner information. No action is required on this section.



Facility Information Form

Premise Name

Premises Category

Superintendent

Name	PIN	Phone Number
Winifrida Moremi Mwigubari	0101870	0688089311

Owner Information

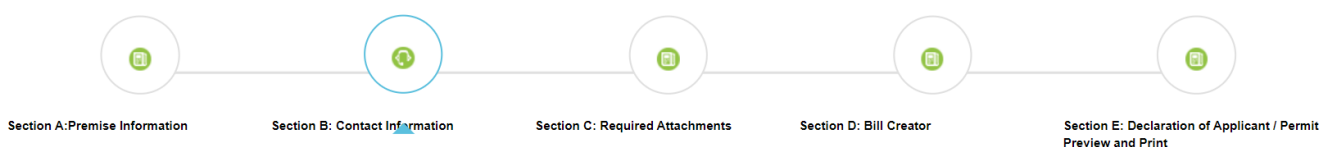
Owner Type	Pharmaceutical Personnel/Non Pharmaceutical Personnel	Owner	Owner's Phone Number
sole proprietor	none pharmacist		

Next

Click **Next** if the information are correct.

SECTION B: (Contact Information)

Update the details on **Contact Information Form with active fields**. Fill your details on **SECTION B** and click **Save**.



Contact Information Form

Mobile Phone *

Office Telephone

Email *

Alternative Email

Postal Address *

Fax

Physical Address Information

Country

Region

District

Ward

Physical Address

Save

NOTE: Information on Physical Address Information are not to be edited.

SECTION C: (Required Attachments)

Go to **SECTION C** or Click the **Next** button right below on the page, you will then be required to attach required documents as indicated then click **Save** after each attachment.

Required Attachments

Other Pharmaceutical Personnel

Do you have other pharmaceutical personnel in your premise (like Pharmaceutical Technician, Assistant and Dispenser): *

no

Save

Please Upload Contract of Agreement

Date of Commencement of contract * mm/dd/yyyy

Expire Date (contract) mm/dd/yyyy

Attachment Type: * Select Attachment Type

Upload (PDF file) * Choose File No file chosen

Save

Other Required Documents

Attachment Type: * Select Attachment Type

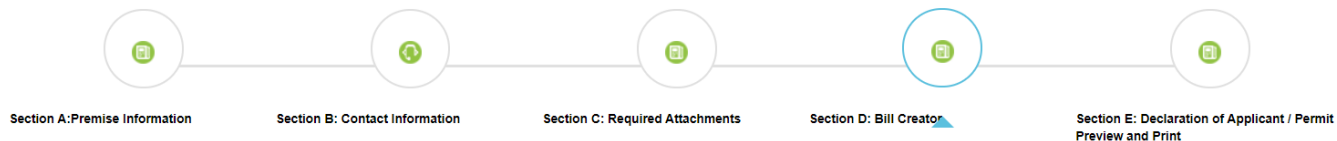
Upload (PDF file) *

- Select Attachment Type
- 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 super
- A letter of commitment addressed to the Registrar declaring that the superintendent shall serve in his capacity to the proposed pharmacy business.
- TIN Number Certificate
- Business Name Registration Certificate from BRELA

Save

SECTION D: (Bill creator)

Go to **SECTION D** or Click the **Next** button right below on the page, you will then be directed to section D (Bill creator). Click **Submit button** below the specific renewal year.



Bill Creator

Renewal Year: 2021/2022

Submit

NOTE: If particular Facility has previous debts, they will be shown on Liabilities table shown below

Total Liabilities

2015	2016	2017	2018	2019	2020	Total Liabilities
					1250000.00	1250000

Total Bill Amount (Bill Amount for selected years + Total Liabilities): 1,250,500 Tzs

After all of the above information's are verified, click the Create a Bill button to generate control number.

Please Click the button below to create a Bill

Create a Bill

SECTION E: (Applicant Declaration)

After filling all required information, click the **checkbox** to declare your submitted information. Finally click the **Confirm and Save** button.

You'll receive confirmation that your application is successfully submitted and print the Business permit after all your attached documents are verified by the council.

Your application is received and you can Logout from the system.



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