

DRUG NATIONAL AUTHORITY



2261/ID/NDA/12/2022

13th December 2022

Attention: Retail and Wholesale Pharmacies

CIRCULAR NO. 007/DIE/2022

RE: ANNUAL RETURN OF DETAILS OF PHARMACY BUSINESS

National Drug Authority informs all operators of retail and wholesale pharmacies to submit annual return of details of pharmacy business as required by Law in section 34 of the National Drug Policy & Authority Act, Cap 206 of the Law of Uganda.

Section 34 requires all pharmacy businesses to submit returns annually in the month of January and all pharmacies are therefore expected to comply. The standard format for submission of this information is available on our website for guidance to all operators. You are therefore advised to download the form, fill the required details and submit it to your respective regional office with all the required attachments not later than 31st January 2023. A copy of the form has also been attached to this circular for further guidance.

Please contact your respective regional office for any clarification on this matter.


David Nahamya
SECRETARY TO THE AUTHORITY



HEAD OFFICE

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OUR MISSION

To protect and promote human and animal health through the effective regulation of drugs and healthcare products.

REGIONAL OFFICES

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Western Nile Region, Arua - Tel: (+256) 414 671 033
South Western Region, Mbarara - Tel: (+256) 414 671 034
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National Drug Authority
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RETURN OF DETAILS OF PHARMACY BUSINESS
(Issued under Section 34 of the National Drug Policy and Authority Act)

1.	Name of Pharmacy									
2.	Location and postal address of the premises	Plot and Street Number: City / Town: District: Postal Address: Telephone Number.....								
3.	Premise Number									
4.	The return covers the year ending/...../..... (Day / Month / Year) <i>(With the information provided effective as of that date)</i>								
5.	Name of Pharmacist supervising the sale of drugs at these premises	Name: Registration Number: Email Address: Telephone Number.....								
6.	List of Pharmacy Auxiliary Staff	<table border="1"> <thead> <tr> <th>Name (Last, First)</th> <th>Qualification</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td>.....</td> </tr> <tr> <td>ii.</td> <td>.....</td> </tr> <tr> <td>iii.</td> <td>.....</td> </tr> </tbody> </table>	Name (Last, First)	Qualification	i.	ii.	iii.
Name (Last, First)	Qualification									
i.									
ii.									
iii.									
7.	Name and principal postal address of the Managing Director	Name: Postal Address:								
8.	Name and Email address of the other Directors of the pharmacy	<table border="1"> <thead> <tr> <th>Name (Last, First)</th> <th>Qualification</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td>.....</td> </tr> <tr> <td>ii.</td> <td>.....</td> </tr> <tr> <td>iii.</td> <td>.....</td> </tr> </tbody> </table>	Name (Last, First)	Qualification	i.	ii.	iii.
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 <p>Safe Drugs Save Lives</p>	<p align="center">National Drug Authority Plot No. 19 Rume Towers, Lumumba Avenue P.O. Box 23096, Kampala, Uganda. email: ndaug@nda.or.ug; website: www.nda.or.ug Tel: +256-417788100</p>	<p align="center">Page 2 of 2</p>
<p align="center">RETURN OF DETAILS OF PHARMACY BUSINESS <i>(Issued under Section 34 of the National Drug Policy and Authority Act)</i></p>		

I certify that the above information is correct

Signature of the Pharmacist Date:/...../.....
 (Day / Month / Year)

Notes:

- a) *This form shall be accompanied by:*
 - i. *A certified copy of the pharmacist's certificate of registration*
 - ii. *A valid PSU annual membership certificate*
 - iii. *Company forms 7 and 20 (where applicable)*
- b) *The return shall be submitted to the National Drug Authority before the 31st day of January of each year*
- c) *If any alteration occurs in the particulars stated in the last return made, the person carrying on the business shall, within twenty-one days of the alteration, send notice in writing to the Authority.*
- d) *This form shall be rejected if it is incomplete or not properly filled.*