



## FEES FOR LICENSES

No	Description of Fees	Fee units	Amount 30Ngwee/feunit
<b>(1) Hospital, Pharmacy and Retail</b>			
<i>Towns with City or Municipal Councils</i>			
a	Application for grant of certificate of registration	15,833	4,750.00
b	Re-inspection of premises to operate a retail pharmacy	12,000	3,600.00
c	Annual Returns or no change returns for retail pharmacy	8,000	2,400.00
d	Application for change of premises for Retail Pharmacy	15,833	4,750.00
e	Application for change of premises for Retail Pharmacy		
	(i) within the hospital	2,900	870.00
	(ii) new premises	15,833	4,750.00
<i>Towns with District councils and other areas</i>			
a	Application for grant of certificate of registration	7,917	2,375.00
b	Re-inspection of premises to operate a retail pharmacy	6,000	1,800.00
c	Annual Returns or no change returns for retail pharmacy	5,567	1,670.00
d	Application for change of premises for Retail Pharmacy	7,917	2,375.00
e	Application for change of premises for Retail Pharmacy		
	(i) within the hospital	1,450	435.00
	(ii) new premises	7,917	2,375.00
<b>(2) Dispensing Certificate</b>			
<i>Towns with City or Municipal Councils</i>			
a	Application for issue of dispensing certificate	4,000	1,200.00
b	Re-inspection of a facility with a dispensing certificate	2,500	750.00
c	Renewal for the dispensing certificate	2,500	750.00
d	Application for change of premises for dispensing certificate	4,000	1,200.00
<i>Towns with District councils and other areas</i>			
a	Application for issue of dispensing certificate	2,000	600.00
b	Re-inspection of a facility with a dispensing certificate	1,167	350.00
c	Renewal for the dispensing certificate	1,167	350.00
d	Application for change of premises for dispensing certificate	2,000	600.00

**THE AMOUNTS DUE MUST BE REMMITTED TO THE FOLLOWING ACCOUNT:**

ZAMBIA MEDICINES REGULATORY AUTHORITY  
 STANDARD CHARTERED, MAIN BRANCH, CAIRO ROAD, LUSAKA  
 USD ACCOUNT: 8700211468100

STANDARD CHARTERED, NORTHEND BRANCH, CAIRO ROAD, LUSAKA  
 ZMW ACCOUNT: 0100122033800

Swift code: SCBLZMLX

As you make payments please ensure to pay all bank charges as well. Please notify the Authority of the Bank transaction and list of retained products on the following email  
[pharmacy@zamra.co.zm](mailto:pharmacy@zamra.co.zm)