MedPack Tanzania Limited
Delta House ,4th floor
kinondoni Biafra -Dunga street
P.o.box 40831, Dar es salaa
Tanzania

www.medpack.co.tz
customercare@medpack.co.tz
@medpacktz
MedPack Tanzania

March 14,2024

TO THE REGISTRAR,
PHARMACY COUNCIL,
P.O. BOX 1277, DODOMA.

Dear Sir / Madam,

RE: REQUEST FOR CLOSURE OF MEDPACK PHARMACY.

I hope this letter finds you well. I am writing to formally request closure for MedPack Pharmacy, which is currently in the process of registration with your esteemed council.
We submitted our application for registration on 16th May 2023, and we appreciate the ongoing support and guidance provided by your council. However, due to unforeseen circumstances, primarily related to company priorities and financial constraints, we find it necessary to postpone the operational commencement of MedPack Pharmacy .
This decision is a result of a comprehensive review of our company's strategic plans, and we believe that this temporary closure is essential to ensure the long-term success and sustainability of the pharmacy. We understand the responsibilities and commitments associated with pharmacy operations and assure you that we are fully committed to meeting all regulatory requirements and standards during the closure period.

We kindly request your approval for the temporary closure, effective from March 14,2014 During this time, we will address necessary internal matters, allocate resources, and ensure that when we resume operations, MedPack Pharmacy will fully comply with all relevant regulations and provide exemplary pharmaceutical services.

We understand the importance of adhering to all regulatory procedures, and we assure you that we will promptly inform the Pharmacy Council of any changes in our circumstances during the closure period.

We appreciate your understanding and cooperation in this matter. If required, we are open to a meeting or discussion to further elaborate on the details of our request.
Thank you for your attention to this matter, and we look forward to your favorable response.

Sincerely,

Henry Mathayo,
Co-Founder/ CEO
MedPack Tanzania Limited
henry@medpack.co.tz

PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: **Superintendent** ☐ **Other Pharmaceutical Personnel** ☑

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy MEDPACK TANZANIA LIMITED ..... Facility Identification Number (FIN) 0102735

Physical address:

Street Mgandazi Road ..... Ward Msasani ..... District/Municipal Kinondoni ..... Region Dar es Salaam

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name ESTA DAUDI KALINGA ..... PIN 0402651 ..... Phone 0784482150

Address KINONDONI ..... Email kalingaesta@gmail.com

A.3. REASON(s) FOR CHANGE

CLOSURE OF THE PHARMACY.

Time frame of notification: (As per Contract) — ..... Signature ..... Date 14/3/2024

A.4. OWNER'S DETAILS

Full Name HENRY MATHAYO ..... Phone Number 0737729884

Remarks Proprietary Clerk

Signature ..... Date 14/03/2024

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone Number ..... Email .....

Physical address:

Street ..... Ward ..... District/Municipal ..... Region .....

Details of Previous pharmacy:

Name of Pharmacy ..... PIN ..... District/Municipal ..... Region .....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

(i) Copies of registration certificate and valid license to practice
(ii) Contract Agreement/MOU
(iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations .....

Full Name ..... Designation ..... Signature ..... Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

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A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy MEDPACK TANZANIA LIMITED Facility Identification Number (FIN) 0102735

Physical address:

Street Mgoundazi Road Ward Msasani District/Municipal KINONDONI Region DAR ES SALAAM

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name FRANK SYLVESTER DAVID PIN 0103265 Phone 0719125130

Address P.O BOX 65000 DAR-ES-SALAAM Email franksylvester05@gmail.com

A.3. REASON(s) FOR CHANGE

CLOSURE OF THE PHARMACY.

Time frame of notification: (As per Contract) ..... Signature..... Date.....

A.4. OWNER'S DETAILS

Full Name HENRY MATHAYO Phone Number 0737729851

Remarks Temporary Closure.

Signature ..... Date 14/02/2024

MEDPACK TANZANIA LIMITED P. O. Box 40831 DAR ES SALAAM

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone Number ..... Email .....

Physical address:

Street ..... Ward ..... District/Municipal ..... Region .....

Details of Previous pharmacy:

Name of Pharmacy ..... FIN ..... District/Municipal ..... Region .....

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