



# Medox Pharmaceutical Dar es Salaam Limited

Plot No. 444, Block No.19, Near Aga Khan-Diamond Jubilee Hall Malik Rd, Upanga  
P. O. Box 38617, Dar es Salaam, Tanzania  
Tel: +255 715 886 590  
E-mail: salesdsm.medox@gmail.com | financedsm.medox@gmail.com

DATE: 11.07.2025

TO,

PHARMACY COUNCIL,

DAR ES SALAAM



## SUBJECT: CLOSURE OF BUSINESS

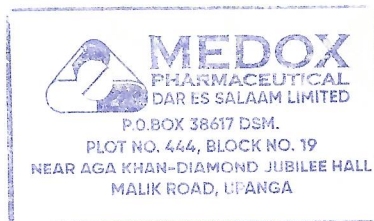
This is to notify that **M/S Medox Pharmaceutical Dar es Salaam Limited – KARIAKOO BRANCH** of P.O.BOX 38617 to operate a Wholesale Only Business at the premises situated/lying between Plot 04, Block 20, Lindi Street, Kariakoo ward, Ilala, Dar es Salaam Municipality/District in Dar es Salaam Region under a superintendent Pharmacist Rozina P Malamsha with Personal Identification Number (PIN) 0102562 has been closed for operations.

Permit No. 00295-2024

The goods which were at the premises has been shifted to the Head Office situated at Upanga.

We hereby submit the original branch certificate.

Thanking you



Medox Pharmaceutical Dar es Salaam Limited

**we care about your health**



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0200295

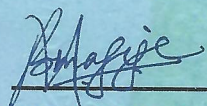
This is to certify that the premises owned by M/S Medox Pharmaceutical Dar es Salaam Limited of P.O.BOX 38617 located at Plot 04, Block 20, Lindi Street, Kariakoo ward, Ilala, Dar es Salaam Municipality/District in Dar es Salaam Region has been registered for Wholesale Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0200295

Issued in: December 2023

Expires on: 30 June 2029

14-06-2024

DATE:

  
SIGNATURE OF REGISTRAR  
AND STAMP

### CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises

