

UNION PHARMA TANZANIA LIMITED

Your Partner in Pharmaceutical Excellence



OUR REF: UPTZ-L/PC/S-9/2025

DATE: 9TH SEPTEMBER 2025

YOUR REF: ____

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



Dear Sir, Madam,

RE: NOTICE OF TEMPORARY DORMANCY, NON-COMMENCEMENT OF BUSINESS OPERATION AND APPLICATION TO DISCONTINUE THE SERVICES OF THE SUPERINTENDENT AND THE PHARMACEUTICAL TECHNICIAN FOR UNION PHARMA TANZANIA LIMITED PHARMACY.

The above subject matter Refers,

With utmost humility, we Union Pharma Tanzania Limited the pharmacy premises with detailed as;

- FIN Number: 0200362
- Trading Name: Union Pharma Tanzania Limited
- Address of Premises:
- Proprietor/Owner Name: Misghina Ghenzebu Fikadu
- Name and PIN of Superintendent: Hamisi Mussa Mchomolo, 0103868
- Name and PIN of Pharmaceutical technician: 0404268 SARAH JOHN CHADEWA

We are writing to inform you that, despite initial registration in **May 2025**, our pharmacy has not yet commenced operations due to funding constraints. As a result, the directors have made the decision to place the company into temporary dormancy for a period of **three months** while we secure the necessary funds, and, in the meantime, relieve the licenses of the **Superintendent and the Pharmaceutical technician** so that they may be free to practice somewhere else while we work to secure the required funding.

We confirm that no services were offered from this address, and as such, there are no pharmaceutical products or patient records to manage or dispose of and all the applicable fees to all the parties have been settled in full.

We therefore pray that you consider this matter and address it urgently. Thank you

Thank you,



Yours Sincerely,

For Union Pharma Tanzania Limited

Lawrence Omondi Oyenga Mr. JARES SALAAN TEL: 0742 559 962

GENERAL MANAGER.

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. UNION PHARMA IZ LIBacility Identification Number (FIN).0200.36.2. |
| | Physical address: Street Cocal cola Ward Mwenge District/Municipal Kinandoni Region Das es Salbans |
| | A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name Sarah John Chadenia PIN 0404268 Phone 0692140099 Address Day 63 Salaam Email sarah chadenia Ogmail com |
| | A.3. REASON(s) FOR CHANGE temporary business closure for a period of 90 Days therefore terminating the confract. |
| | Time frame of notification: (As per Contract) 90 Days Signature Date 12 9 2025 |
| | A.4. OWNER'S DETAILS Full Name Misghing Ghenzeby Phone Number 6742559962 Remarks Please her practise years Signature Date 12/9/2025 |
| В. | TO BE COMPLETED BY THE OWNER ONLY |
| | B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name |
| | Details of Previous pharmacy: Name of PharmacyFINDistrict/MunicipalRegionRegion |
| | 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 |
| 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



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|--------------------------------------|--|
| Α. | TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY. A.1. DETAILS OF THE PHARMACY Name of the Pharmacy UNION PHARMA TANZANIA acility Identification Number (FIN). 0.200362 Physical address: Street. Coca-cola Ward Museuge District/Municipal Kinondom Region. Dan es salaam |
| | A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL Full Name Hamis Mussa Mchamils PIN 0103868 Phone 56 0762760418 Address Davies Salaang Email khamising no mole@gmail.com |
| | A.3. REASON(s) FOR CHANGE Temperary husiness closure for a period of 90 Days therefore terminating the contract Time frame of notification: (As per Contract) 3 months signature. Att Date 12/9/2025 |
| | A.4. OWNER'S DETAILS Full Name Mischina Cherrelou Phone Number 0742559962 Remarks Please release their practice licenses Signature Date 12/3/2025 |
| B. TO BE COMPLETED BY THE OWNER ONLY | |
| | B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL Full Name |
| С | . FOR OFFICIAL USE ONLY |
| | INSPECTION/REGISTRATION OR ZONAL OFFICE |
| | RecommendationsDesignationSignatureDate |
| | 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. |

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