



TANZANIA INVESTMENT CENTRE

REGISTRATION FORM FOR CERTIFICATE OF INCENTIVES

(Tanzania Investment Act 1997, Section 17 and 18,
and the Investment Regulations: Regulation 42, Government Notice
No. 318A of 2002)

Tanzania Investment Centre
9A & B Shaaban Robert Street
P. O. Box 938

DAR ES SALAAM

Tel. 2116328

Fax. 2118253

e-mail: information@tic.co.tz

Website: www.tic.co.tz

(Please fill the form in duplicate)

THE UNITED REPUBLIC OF TANZANIA

THE TANZANIA INVESTMENT ACT
(No. 26 of 1997)

APPLICATION FOR REGISTRATION
(Made under Regulation 42)

To: The Executive Director
Tanzania Investment Centre
P. O. Box 938
DAR ES SALAAM
Tanzania

1. We STELLA JACKSON AND BRYCESON LOTI KIWELU
(director/directors/agent of DIRECTORS OF TANZANIA TRUE EXPOSURE LTD
(name of business enterprise) apply for registration of DESIRE CHARITABLE HOSPITAL AND REHABILITATION CENTRE (DCHRC)
under Section 17 of the Act and Part IV of the Investment Regulations, 2002.
2. The registered office of the company will be situated at MISUGUSUGU KIBAHA PWANI REGION

Copies of the following documents are attached to this application:

- (i) The Memorandum and Articles of Association or partnership agreement
 - (ii) Certificate of Incorporation/Registration
 - (iii) A copy of the Project Profile or Feasibility Study showing the implementation period, programme of implementation and operative date
 - (iv) Evidence of financing and evidence of land ownership for the project
3. The Head Office of the Company will be situated at MISUGUSUGU KIBAHA PWANI R
4. The Principal Officers of the Company are (1) STELLA JACKSON KITALI
(2) BRYCESON KIWELU
5. Auditors of the Company are ECYMA BENE & COMPANY LTD
6. The authorized share capital of the Company is Tshs./US\$ 20,000,000/-

7. The intended capital investment of the Company in terms of Section 2(2) of the Act is Tshs./US\$ 1,537,398,370/-

8. The month and day of the financial year end is 31st JUNE

Note: **failure to provide all the required information will result in the return of the application by the Centre.**

I/We enclose a cheque/cash made payable to the **Tanzania Investment Centre** for Tshs./US\$ 1100 Being the Registration Fees. **In the event this application is unsuccessful we understand that this fee will not be refunded.**

I, STELLA JACKSON KITALI of Post Office Number 68341

DAR-ES-SALAAM do solemnly and sincerely declare that I am a director/duly authorized agent of TANZANIA TRUE EXPOSURE COMPANY LTD.

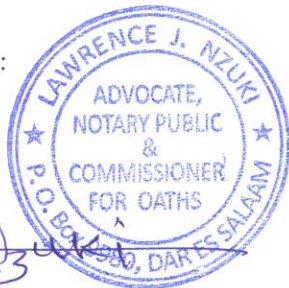
AND that all the requirements of the Tanzania Investment Act, 1997 in respect of matters precedent to the registration of the business enterprise under the Act and incidental thereto have been complied with, **AND I** make this solemn declaration conscientiously believing the same to be true.

Declared at Dar es Salaam }
Theday of 19th Feb 2009 }

Stella
Applicant

0719-359857
0754-400660

Before me:



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Commissioner for Oaths

Attach only where applicable, otherwise indicate "N/A"

APPLICATION SUMMARY

Company Name: TANZANIA TRUE EXPOSURE LTD

COI Number: Status:

Post Box: 30041

COI Date: 19/02/2020

Town: KIBAHHA - PWANI

Sector: Human Resource Sub-Sector: Hospital

Investment Financing Plan in Million US\$/Tshs.

Foreign Equity	Local Equity	Foreign Loan	Local Loan	
1,145,920,580	391,477,790	Total \$671,353
\$500,402	\$170,951	

Project Objectives: DESIGN TO ESTABLISH HOSPITAL AND REHABILITATION CENTRE.

Capacity: 22 people per day

Employment: Foreign: 3 Local: 26 Total: 29

Implementation Period: 24 months

Project Location

Site/Plot/Block No.: MISUGUSUGU - PWANI

Street: MISUGUSUGU District: KIBAHHA Region: PWANI
 (Attach sketch map showing project location)

Shareholders	Nationality	%
<u>STELLA JACKSON KITALI</u>	<u>TANZANIA</u>	<u>50%</u>
<u>BRYCEON LOTH KIWEU</u>	<u>TANZANIA</u>	<u>50%</u>
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Investment Breakdown	US\$/Tshs.M
Land/Building	\$ 282,718
Plant	\$ 30,755
Vehicles	\$ 30,000
Furniture & Fittings	\$ 12,815
Pre-expenses	\$ 119,115
Others	\$ 173,000
Working Capital	\$ 22,950
TOTAL	\$ 671,353

Contact Details:

Name: STELLA J. KITALI Title: MANAGING DIRECTOR
 Telephone: MOBIL 0754, 400, 660 / 0719-359857. Fax:
 Email: lwidilobadi2015@gmail.com

