

EGASITITU TRANSPORT COMPANY LIMITED

P.O.BOX 77656, DAR ES SALAAM Tel+255 754 336 764

Ref: ETCL/002/17

05/05/2022

THE EXECUTIVE DIRECTOR
TANZANIA INVESTMENT CENTRE
P.O. BOX 938
DAR ES SALAAM



Dear Sir/ Madam

RE: REQUEST OF EXTENSION OF CERTIFICATE NO 071319

Kindly refer to the above subject.

The mentioned Certificate was expired and was not been used in business as intended before due to the following reasons.

I SADIKI ABDALLAH KIMAGE whose worked on this Company as managing Director and head of operations.

For the past five years I was sick and attending treatment within the Country and outside the Country as per evidence attached of medical treatment.

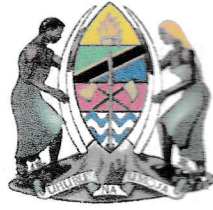
when I have outside the Country for treatment all business transaction was forced to stop operations even time of renewal/extension of certificate also was not taken process for the above reason.

Now I assure your good office that I have received treatment and now Iam fit for the business which was indeed to take over/operate.

We hope your good office shall consider our request.

Yours

Sadiki A. Kimage
Managing Director



0223072

THE UNITED REPUBLIC OF TANZANIA

Certificate of Incentives

(Section 17 of the Tanzania Investment Act, 1997)

071319

No:

This is to certify that

EGASITITU TRANSPORT COMPANY LIMITED

P.O. BOX 75661

of address.....

DAR ES SALAAM

has been granted a Certificate of Incentives to invest in a new, ~~rehabilitation/extension~~
~~expansion of the~~ enterprise known as

EGASITITU TRANSPORT COMPANY LIMITED

PLOT NO. 1 BLOCK 63 AMANI/LIVINGSTONE

Which is located at

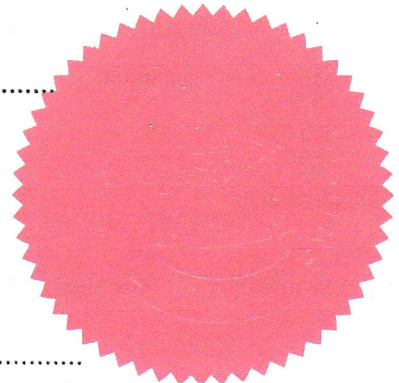
ILALA - DAR ES SALAAM

Further particulars required by Section 17 of the Tanzania Investment Act are set out overleaf.

.....
Ag. Executive Director

Tanzania Investment Centre
P.O.Box 938, Dar es Salaam

Dated 5TH APRIL 2017



VISA VISAS

VISA VISAS

VK 3657782

VK3657782

भारत गणराज्य
INDIA
REPUBLIC OF INDIA

प्राप्तकर्ता का नाम /Surname and Given Name

ABDALLAH

प्राप्तकर्ता का प्रकार /Visa Type

SINGLE

प्राप्तकर्ता का क्रमांक /Passport No

AB716954

प्राप्तकर्ता का जारी/दिनांक /Date of Issue

03/10/2017

प्राप्तकर्ता का विशेष/विशेषाधिकार /Special Endorsement

भारत गणराज्य

INDIA

REPUBLIC OF INDIA

D1-132

भारत गणराज्य

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प्राप्तकर्ता को अनुमति नहीं है / Change of Purpose Not Allowed

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23 OCT 2017

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23 OCT 2017

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VIZA VISAS



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دولة الامارات العربية المتحدة
UAE
14 JAN 2017
060390 060390
مطار دبي الدولي
ENTRY VIZA VISAS

Emirates

KITMANBE/SADIKI ABTAL
DAR ES SALAAM
FKZ486

2/76

DAR EK 0125/09
DXB EK 0513/09


EK 542222

Emirates

KITMANBE/SADIKI ABTAL
DAR ES SALAAM
FKZ486

2/76

DAR EK 0125/09
DXB EK 0513/09


EK 542223



at the first port of
connecting flight.
your

OFFICER
 06 OCT 2016
 JINJA
 TANZANIA

IMMIGRATION OFFICER
 26 JUL 2016
 JINJA
 TANZANIA

VIZA VISAS
 TC



EXIT
 27 OCT 2016
 JINJA
 TANZANIA

IMMIGRATION OFFICER
 06 OCT 2016
 JINJA
 TANZANIA

VIZA VISAS



19 JAN 2017

NAME :	Mr. SAIDIKI ABDALLAH KIMANGE	CONSULTANT :	Dr. Gautam Banga
AGE/SEX :	57 Y 9 D / Male	DEPARTMENT :	UROLOGY
UHID :	SCI17004950	DATE OF ADMISSION :	30-10-2017 09:17
IP NO. :	IP170002091	DATE OF DISCHARGE :	01-11-2017 11:00
NATIONALITY :	Tanzania	BED NO. :	307
ADDRESS :	HOTEL JHT, Delhi, India		
CONTACT :	9813222254		

DISCHARGE SUMMARY

DIAGNOSIS

ENLARGED PROSTATE

CHIEF COMPLAINTS

LUTS SINCE 3 MONTHS

HISTORY OF PRESENT ILLNESS

PATIENT PRESENTED IN OPD WITH H/O LUTS SINCE 3 MONTHS. S PSA LEVELS WERE INCREASED. PATIENT UNDERWENT TRUS GUIDED BIOPSY TO RULE OUT MALIGNANCY. HE IS NOW PLANNED FOR LASER PROSTATE SURGERY.

PAST MEDICAL HISTORY

H/O DM & HTN ON REGULAR TREATMENT
H/O UTI WITH FEVER SINCE 3 DAYS

PAST SURGICAL HISTORY

H/O TRUS PROSTATE BIOPSY ON 24/10/2017

FAMILY HISTORY

NOT SIGNIFICANT

HISTORY OF ALLERGIES

NO KNOWN ALLERGY

PHYSICAL/LOCAL EXAMINATION

Pulse Rate :82/Min
Respiratory Rate :18/Min
Blood Pressure :120/70 mmHg
Temperature :AFEBRILE
SPo2 :98 % @ RA

NAME :	Mr. SAIDIKI ABDALLAH KIMANGE	CONSULTANT :	Dr. Gautam Banga
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DISCHARGE SUMMARY

INJ PERINORM
INJ MAGNEX
INJ DYNAPAR
INJ PAN
IV FLUIDS

DISCHARGE MEDICATION

Medication	Morning	Afternoon	Evening	Night	No. of Days	Special Instructions
TAB CEFTUM 500MG	1 TAB			1 TAB	5 DAYS	AFTER MEAL
TAB PAN 40MG	1 TAB				5 DAYS	BEFORE BREAKFAST
TAB DYNAPAR	1 TAB			1 TAB	3 DAYS THEN SOS	FOR PAIN
TAB A TO Z SYP CREMAFFIN		1 TAB		10ML	10 DAYS 3 DAYS	
TAB SILOFAST 8MG				1 TAB	1 MONTH	AT BEDTIME
TAB GEMER FORTE 2	1 TAB			1 TAB	CONTINUE	
TAB OLMEZEST 40	1 TAB				CONTINUE	

REHAB/PREVENTION/DIET/ANY OTHER ADVICE

- TAKE MEDICINES REGULARLY
- DRINK PLENTY OF FLUIDS
- AVOID SPICY/FATTY/FRIED FOOD
- CONTINUE OWN MEDICATION FOR DIABETES/HYPERTENSION AS BEFORE

FOLLOW UP ADVICE

FOLLOW UP WITH Dr. GAUTAM BANGA IN OPD ON 2/11/17 WITH PRIOR APPOINTMENT.

Summary Prepared By: _____



Optional Care with Compassion

NAME : Mr. SAIDIKI ABDALLAH
KIMANGE
AGE/SEX : 57 Y 10 D / Male
UHID : SCI17004950
IP NO. : IP170002091
NATIONALITY : Tanzania
ADDRESS : HOTEL JHT, Delhi, India
CONTACT : 9813222254

CONSULTANT : Dr. Gautam Banga
DEPARTMENT : UROLOGY
DATE OF ADMISSION : 30-10-2017 09:17
DATE OF DISCHARGE : 01-11-2017 11:00
BED NO. : 307

DISCHARGE SUMMARY

RMO SIGNATURE 

PATIENT/ATTENDANT SIGNATURE

CONSULTANT SIGNATURE

Dr. GAUTAM BANGA

IN CASE OF FEVER, BLEEDING OR ANY OTHER COMPLAINT(S), REVIEW SOS ON 011-29242429, 7065558894

Dr. Gautam Banga
UROLOGY

SCI International Hospital (Ish Hospital Pvt Ltd)