

FORM P.A. 1 SERIAL NO.: TICN:

**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. I/ **MUNIR ALI IBRAHIM** (Director/directors/agent of **MEDINOVA HEALTH CARE LIMITED** (name of business enterprise) apply for registration of TIC **CERTIFICATE** 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 DAR ES SALAAM 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 Dar es Salaam Region.**
4. The Principal Officers of the Company are **MUNIR ALI IBRAHIM and MOHAMMED M. V. PEEDIKAKKAL**
5. Auditors of the Company are to **TO BE APPOINTED**
6. The authorized share capital of the Company is Tsh 10,000,000

Munir

7. The intended capital investment of the Company in terms of Section 2(2) of the Act is **US\$ 1,380,000.**

8. The month and day of the financial year end is **30th May**

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, **MUNIR ALI IBRAHIM** of Post Office Number **12633, Dar es Salaam**, do solemnly and sincerely declare that I am a director/duly authorized agent of **MEDINOVA HEALTH CARE LIMITED** 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.



Applicant

Declared at Dar es Salaam }

The 1st day of 8..... 2022}

Before me:



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

APPLICATION SUMMARY

Company Name: MEDINOVA HEALTH CARE LIMITED

COI Number: 152285078 Status: **NEW**

COI Date: 15th June, 2021.

Post Box: 12633,

Town: **DAR ES SALAAM,**

Sector: HEALTH Sub sector: HEALTH DIAGNOSTIC CENTRE

Investment Financing Plan in US\$/.

Foreign Equity	Local Equity	Foreign Loan	Local Loan
1,380,000	NIL	NIL	Nil

Project Objectives: to establish Health Diagnostic Centre.

Capacity: 120 Patients per day

Employment: Foreign: 4 Local: 19 Total: 23

Employment	Foreign Skilled	Local Skilled	Local Unskilled	Total
Women	0	0	3	3
Men	4	1	25	20
TOTAL	4	1	28	33

Implementation Period: 3 Years

Project Location;

Plot No. 964, Ali Hassan Mwinyi Road, Kinondoni District, Dar es Salaam Region, TANZANIA

(Find Attached sketch map showing project location)

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Name	Shares %	Nationality	Date of Birth
MUNIR ALI IBRAHIM P.O. BOX 12633 DAR ES SALAAM <u>Tel:-</u> +919744888333,	1	Indian	
MOHAMMED M. V. PEEDIKAKKAL P.O. BOX 12633 DAR ES SALAAM <u>Tel:-</u> +255 657 441 555	99	Indian	

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INVESTMENT BREAKDOWN

PARTICULAR	AMOUNTS USD
Land and Building	100,000
Plant & Machinery	1,000,000
Furniture & Fitting	50,000
Vehicle	100,000
Pre- Operational Expenses	20,000
Working Capital	110,000
TOTAL INVESTMENT	1,380,000

Contact Details:

Name: MOHAMMED M. V. PEEDIKAKKAL - Director

Tel+255 657 441 555

Email; md@micc.in

Handwritten signature