



**RESA MEDICAL GROUP**  
**DIVINE HEART**  
**EMERGENCY MEDICAL SERVICES**



*Inspiring better health*

Ref. No: DIVINE/EMS/2024/240813/02  
Date: 13<sup>th</sup> August, 2024

**Tanzania Investment Center**  
**Shaaban Robert Street,**  
**Dar es Salaam,**  
**Tanzania.**

Dear Sir/Madam,

**REF: Application for Renewal of the Certificate of Incentive**

The heading above refers, I am writing to formally request the renewal of the Certificate of Incentive for **Divine Heart Health Care Limited**, which is essential for the continued operation and development of our investment in Tanzania. The current certificate, issued under **Certificate No: 20207111**, is set to expire on 13/08/2024.

Enclosed with this letter, you will find the necessary documentation for the renewal process, including:

- A completed renewal application form.
- A copy of the current Certificate of Incentive.
- Progress report
- Pictures of the project.

I kindly request that you review my application and process the renewal at your earliest convenience. Should you require any additional information or documentation, please feel free to contact me directly.

Thank you for your attention to this matter. I look forward to your favorable response.

Yours sincerely,

Sonia Julius  
Administrator  
Divine Heart Healthcare Limited.

**RESA MEDICAL GROUP**

DIVINE EMS | DIVINE Medical Store | RESA Polyclinic | Training and Consulting | RESA Pharmacy  
Plot no 45, Plot number 1935-3, House No. 47, Chole Road, Masaki, Kinondoni  
P.O. Box 54235, Dar es salaam, Tanzania  
Tel: 255 659 404040, E-mail: info@divineheart.or.tz, Web: www.divineheart.or.tz