

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/we DERICK NYASEBWA
(director/directors/agent of ES HEALTH (AFRICA) PVT LIMITED
(name of business enterprise) apply for registration of
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 TSEMI,
BUTIMBA, MWANZA.

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 Plot No 50, Industrial Block, TSEMI

4. The Principal Officers of the Company are PINA GAJANAND
VYAS-

5. Auditors of the Company are UHURU AUDITORS

6. The authorized share capital of the Company is Tshs/US\$

TZS 25,000,000/=

7. The intended capital investment of the Company in terms of Section 2(2) of the Act is Tshs./US\$ 5,000,000
8. The month and day of the financial year end is 31/12/2024

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\$ 1,000 Being the Registration Fees. *In the event this application is unsuccessful we understand that this fee will not be refunded.*


I, DR DERICK NYASE BWA of Post Office Number 5282

MWANA do solemnly and sincerely declare that I am a director/duly authorized agent of ES HEALTH (AFRICA) PVT 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.

Declared at Dar es Salaam

The 25 day of 03, 2024


Applicant

Before me:



Commissioner for Oaths



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

APPLICATION SUMMARY

Company Name: ES HEALTH (AFRICA) PVT LIMITED

COI Number: Status:

Post Box: 5282

COI Date:

Town: MWANZA

Sector: HEALTH Sub-Sector: HOSPITAL, PHARMACEUTICAL COLLEGE, MANAGEMENT

Investment Financing Plan in Million US\$/Tshs.

Foreign Equity	Local Equity	Foreign Loan	Local Loan
US\$ 5,000,000/-	US\$ 5,000,000/-	Not applicable	Not applicable

Project Objectives New setup for Ortho OT, ENT OT, Eye OT, ICU, Dental lab, Physio dep., Pediatric department and upgrading dental dep., Gynaec OT and providing all OPD doctor facilities with admin and operations staff.

Capacity: within 5 years

Employment: Foreign: 30-35 Local: 200-300 Total: Approx. 300-325

Implementation Period within 5 years

Project Location

Site/Plot/Block No.: 50

Street: ISENI District: NYAMAGANA Region: MWANZA
(Attach sketch map showing project location)

Shareholders	Nationality	%
- ESH GLOBAL MEDICAL FACILITATION SERVICES LLC	UAE	97
- UHURU HOSPITAL LIMITED	TANZANIAN	3
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Investment Breakdown	USS/Tshs.M
Land/Building	US\$ 6,00,000/-
Plant	US\$ 6,00,000/-
Vehicles	US\$ 75000/-
Furniture & Fittings	US\$ 1,00,000/-
Pre-expenses	US\$ 2,00,000/-
Others	US\$ 4,25,000/-
Working Capital	US\$ 30,00,000/-
TOTAL	US\$ 50,00,000/-

Contact Details:

Name: PMS. PINA VYAS Title: DIRECTOR
 Telephone: +255 712161898 Fax: Not applicable
 Email: pina@eshs.in