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FORM P.A. 1

SERIAL NO.:

TICN:

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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 **Thecla Exper Massawe**
(director/directors/agent of **DOREM MEDICAL HOSPITAL LIMITED**
(name of business enterprise) apply for registration of **CERTIFICATE OF INCENTIVES**
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, TABATA BIMA**
.....

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, TABATA BIMA**

4. The Principal Officers of the Company are **1. Thecla Exper Massawe**
..... **2. Exper Joseph Massawe**
.....

5. Auditors of the Company are **WESTGLORY CONSULTANCY LIMITED**
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6. The authorized share capital of the Company is Tshs. **3,719,338,599**

7. The intended capital investment of the Company in terms of Section 2(2) of the Act is Tshs./US\$ 4,670,000,000

8. The month and day of the financial year end is 31/December

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. 3,156,000 Being the Registration Fees. *In the event this application is unsuccessful we understand that this fee will not be refunded.*

I, Thecla Exper Massawe of Post Office Number 15815
..... **Type your text**
dar es salaam do solemnly and sincerely declare that I am a director
of DOREM MEDICAL HOSPITAL 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 28 day of JULY 2025}

Applicant

Before me:

WITNESS TO THE ABOVE SIGNATURES

Name : Robert Msuya Peter
Signature : [Handwritten Signature]
Postal Address: 76919 Dar es Salaam
Qualification: Advocate



Commissioner for Oaths

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

APPLICATION SUMMARY

Company Name: **DOREM MEDICAL HOSPITAL LIMITED**

COI Number: **N/A** Status: **N/A**

Post Box: **15815**

COI Date: **N/A**

Town: **Dar Es Salaam**

Sector: **Medical and Health service** **Sub-Sector:**

Investment Financing Plan in Million US\$/Tshs.

Foreign Equity	Local Equity	Foreign Loan	Local Loan
.....

Project Objectives: **To provide general and specialized medical and healthcare services**

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Capacity:

Employment: Foreign: **19** Local: **127** Total: **146**

Implementation Period: **99+**

Project Location

Site/Plot/Block No.: **Plot 614, Block A**

Street: **Tabata Bima** District: **ILALA** Region: **DAR ES SALAAM**

(Attach sketch map showing project location)

Shareholders	Nationality	%
Thecla Exper Massawe	TANZANIAN	70%
Exper Joseph Massawe	TANZANIAN	30%
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.....

Investment Breakdown	US\$/Tshs.M
Land/Building	2,429,027,000
Plant
Vehicles	140,300,000
Furniture & Fittings	365,167,000
Pre-expenses	248,731,000
Others	981,185,000
Working Capital	80,000,000
TOTAL	4,022,338,599

Contact Details:

Name: **Thecla Exper Massawe** Title: **DIRECTOR**
Telephone: **0715460945** Fax:
Email: **expermassawe@yahoo.com**