

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. We MR. YASH SHAH AND MS. PINA NYAS
(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 BUGANDO,
NYAMAGANA, 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: 182, BUGANDO

4. The Principal Officers of the Company are MS. PINA NYAS AND
MR. YASH SHAH

5. Auditors of the Company are

6. The authorized share capital of the Company is Tshs./US\$ 25,000,000/=

7. The intended capital investment of the Company in terms of Section 2(2) of the Act is Tshs./US\$ 50,00,000/-

8. The month and day of the financial year end is 31/12/2025

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\$ 1,100/- Being the Registration Fees. *In the event this application is unsuccessful we understand that this fee will not be refunded.*

I, MS. PINA VYAS of Post Office Number 234

MWANZA 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 09 day of JANUARY 2025 }

Poin Vyas

Applicant

Before me:

.....
Commissioner for Oaths

APPLICATION SUMMARY

Company Name: ES HEALTH (AFRICA) PVT LIMITED

COI Number: Status:

COI Date:

Post Box: 234

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/-	0	US\$ 25,00,000	N.A.

Project Objectives: NEW SETUP FOR PROVIDING QUALITY

MEDICAL & HEALTHCARE FACILITY INCL. ICU, OPD

CONSULTATIONS, OT, PHARMACY, WITH ADMIN AND OPERATIONS STAFF

Capacity: WITHIN 10 YEARS

Employment: Foreign: 30-35 Local: 200-300 Total: APPROX 300-325

Implementation Period: WITHIN 5 YEARS

Project Location

Site/Plot/Block No.: 182, 'Z'

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

Shareholders	Nationality	%
<u>ESH GLOBAL MEDICAL TREATMENT FACILITATION LLC</u>	<u>UAE</u>	<u>92.15%</u>
<u>MS. PINA NYAS</u>	<u>INDIAN</u>	<u>4.85%</u>
<u>UHURU HOSPITAL LIMITED</u>	<u>TANZANIAN</u>	<u>3%</u>
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Investment Breakdown	US\$/Tshs.M
Land/Building	US\$ 10,00,000/-
Plant	US\$ 7,50,000/-
Vehicles	US\$ 50,000/-
Furniture & Fittings	US\$ 80,000/-
Pre-expenses	US\$ 80,000/-
Others	US\$ 40,000/-
Working Capital	US\$ 30,00,000/-
TOTAL	US\$ 50,00,000/-

Contact Details:

Name: MS. PINA VYAS Title: DIRECTOR
 Telephone: +255 698 106 389 Fax: N.A.
 Email: pina@eshs.in