

ZANZIBAR COMMISSION FOR TOURISM



K/UT/FOU/3/00.....

RECEIPT NO:

CHANGE OF MANAGEMENT FORM FORM REG. (1A1- FOU-3)

1) GENERAL INFORMATION OF FORMER BUSINESS MANAGEMENT

Ownership type of the business

i) Business name Corporate Company Partnership

a) Name of the business as per certificate of incorporation

b) Business name if any

c) Location

Region		District	
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d) Owners name

First Name	Second Name	Third Name

Company share holders

Name shareholders	Number of share	Nationality

2) CONTACT INFORMATION

Phone number		Email address	
Box number		Web site	

3) GENERAL INFORMATION OF THE NEW MANAGEMNET

Ownership type of the business

i) Business name Corporate Company Partnership

a) Name of the business as per certificate of incorporation

b) Business name if any

c) Location

Region		District	
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d) Owners name

First Name	Second Name	Third Name

4) Company share holders

Name shareholders	Number of share	Nationality

5) CONTACT INFORMATION

Phone number		Email address	
Box number		Web site	

6) FINACIAL INFORMATION

a) Proposed capital investment

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b) Renovation costs on the establishment

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c) Payback period of the new investment

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7) CONTRACT /AGREEMENT INFORMATION

a) Years of contract by the old and new management

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b) Contract/Agreement payment information

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c) Areas of improvement as per contract

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d) Validity of the contract/ agreement

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8) CURENT MANAGEMNET

Manger information

First Name	Middle Name	Third name	Nationality

Qualification of the manager

a) Diploma **Degree**
Manager Management experience

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DECLARATION

I hereby certify that the particulars given are true and correct that I am subjected to conviction if proved otherwise. And I hereby agree to keep the authority informed in writing in case of partial or total disapproval of our establishment.

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Name and Designation

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Signature, Date & Stamp

Note: Please attach the following document with this form

- a) Feasibility study
- b) Memorandum and certificate of incorporation
- c) Agreement/ contract
- d) Police clearance
- e) Letter from Sheha

FOR OFFICIAL USE ONLY

The applicant **MEETS** the requirements and the project is approved with:

a) No condition

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b) Project approved with condition

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The applicant **DOES NOT MEET** the requirements

The reasons for not recommending the applicant are as follows:

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Name..... Designation.....

Signature..... Date.....

Official Stamp

Note: all project of this kind are to start purchase their license starting from two star license base

This application packet, applicable polices/documentation and is payable to non-refundable fee of Tsh. 550,000 to be paid at account number 0404460000 PBZ bank at any branch by account name Commission for Tourism Zanzibar.

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