



ZANZIBAR COMMISSION FOR TOURISM
REQUEST FORM FOR CHANGE OF MANAGEMENT

Former project details

Original Project name as per registration
Principal Location of Business.....
License number Date of issue

Physical address of project

District..... Region
P.O. BOX..... Phone.....

New project details

Describe the change being requested:

1) CHANGE OF MANGER

Previous Manager Details

Name of the manager
Nationality..... Education state
Previous Licenses No: Date of issue.....

New manager details

New Managers' Name
Nationality Education State

2) CHANGE OF HOTEL MANAGEMENT

Detail of new management company

Name of the new management company

Name of share holders	Number of shares	Nationality of shareholders

Physical address of project

P.O. BOX..... Phone.....
Email address

Declaration

I hereby certify that the information contained in this application is true and correct. (Note: It is understood if provides false statements on this application shall be considered sufficient cause for rejection.)

Signature of the Applicant: Date:

For official use:

Name of the officer..... Executive Secretary.....
Date..... Date.....
Signature..... Signature.....
Granted..... Granted.....

This application is cost is non-refundable of USD100 to be paid at account number 0404460000 PBZ bank at any branch by account name Commission for Tourism. P.O BOX 1410 Amaan Zanzibar Tel phone +255-242-233-485
Email: marketing@zanzibartourism.go.tz and website: www.zanzibartourism.go.tz