Zanzibar Business and Property Registration Agency

Application for Registration of a Business Name

COMPLIANT
BPRA
SIGNED
DATED 4 / 9 / 2025

1. Applicant Particulars

Name of Applicant: ABDULL- SHAKUR JUMA KHAMIS

Identification Number: 99 42 83 973

Position/Status in a Business Name: OWNER

Phone Number: 0777 657 372

Email: shakurabdul736@gmail.com

2. Business Details

Proposed Business Name: VISTA ZANZIBAR TOURS & SAFARIS

Mode of Business: ☑ Sole Proprietorship or ☐ Partnership

Nature of Business Activities: TOUR & TRAVEL

Principal Place of Business:

- **House Number:** 159
- **Shehia:** SOKONI B
- **District:** MAGHARIB B
- **Region:** MJINI MAGHARIB

Postal Address:

Email Address: Shakurabdul736@gmail.com

Phone Number: 0777 657 372

Having compared this copy with the Original, I certify that it is a true copy

Assistant Registrar of Business Names

Dated on 4 day of 9 2025

3. Ownership Details (If Different from Applicant Particulars)

Name	Identification	Address	Mobile	Email	Bank Signa

4. Attachments (Tick as attached)

- ☑ Copy of ID of Proprietor or Partners
- ☐ Two Copies of Partnership Deed
- ☑ Payment Receipt of Registration Fees

ASSISTANT REGISTRAR OF BUSINESS NAMES (BPRA) ZANZIBAR

5. Applicant's Declaration

I, ABDULL-SHAKUR JUMA KHAMIS the undersigned, being duly authorized, hereby declare that the information provided herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: 02/09/2025

6. FOR OFFICIAL USE ONLY

Application Reference No.: _____

Date Received: 3/9/2025

Approved/Rejected on: O/C