



Zanzibar Business and Property Registration Agency

Application for Registration of a Business Name



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: 0997 657 372

Email: shakurabdul736@gmail.com

2. Business Details

Proposed Business Name: VISTA ZANZIBAR TOURS & SERVICES

Mode of Business: ☒ Sole Proprietorship or ☐ Partnership

Nature of Business Activities: TOUR & TRAVEL

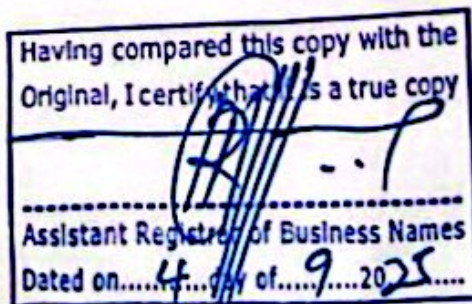
Principal Place of Business:

- House Number: 159
- Shehia: SAKANI B
- District: MAGHARIB B
- Region: MTINI MAGHARIB

Postal Address:

Email Address: shakurabdul736@gmail.com

Phone Number: 0997 657 372



3. Ownership Details (If Different from Applicant Particulars)

[illegible]

4. Attachments (Tick as attached)

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



5. Applicant's Declaration

I, ABDULL-SATTAR Tuma Khams 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: *[Signature]* Date: 03/09/2025

6. FOR OFFICIAL USE ONLY

Application Reference No.: _____

Date Received: 3/9/2025

Approved/Rejected on: 0/C