



New Business License Registration

Service	New Registration
Company Name	BUSHRA PHYSIOTHERAPY AND REHABILITATION CENTER
Class	D
License Type	Service Provider License
Industry	Hospitals
Type of Organization	Corporation
Agency License Required	NO

Ownership Details

Name	Gender	Ownership %
MAXAMED CABDIRASHIID CALI	MALE	100%
Total ownership Percentage %		100%

Contact Details

Phone Number(s)	0907347870 / 0907949999
Email	-
Address	GAROWE GAROWE NUGAAL

Contact Person

Full Name	MAXAMED CABDIRASHIID CALI		
Contact	0907347870 / 0907949999		
Gender	MALE		
Birth Date	27-Jan-1993	Place of Birth	garowe
Occupation	owner		