

New Business License Registration

Service Company Name Class License Type Industry Type of Organization Agency License Required		New Registration KALDEEQ TRANSPORTATION D Service Provider License Transportation/Trucking/Railroad Sole Proprietorship NO			
Ownership Details					
Name MAXAMED MOHAMUD ISMAIL Total ow			Gende MALI vnership Percentage %	Ξ 1(p % 00% 00%
Contact Details					
Phone Number(s) Email			/ 0907840654		
Address		GAROWE GAROWE NUGAAL			
Contact Person					
Full Name Contact Gender Birth Date Occupation	0907840654 / MALE 01-Jan-1994	0HAMUD ISM/ 0907840654		garowe	