



## New Business License Registration

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Service	New Registration
Company Name	CARE MEDICAL LOGISTICS AND PHARMACEUTICALS
Class	D
License Type	Service Provider License
Industry	Personal Care Services
Type of Organization	Partnership
Agency License Required	NO

## Ownership Details

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Name	Gender	Ownership %
FATIMA AXMED CALI	MALE	100%
Total ownership Percentage %		100%

## Contact Details

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Phone Number(s)	0907845218 / 0906141811
Email	sales@carelogpharma.com
	GAROWE
Address	GAROWE
	NUGAAL

## Contact Person

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Full Name	FATIMA AXMED CALI		
Contact	0907845218 / 0906141811		
Gender	MALE		
Birth Date	21-Oct-1997	Place of Birth	bosaso
Occupation	owner		