



## New Business License Registration

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Service	New Registration
Company Name	NEW SMILE DENTAL CARE TWO
Class	D
License Type	Service Provider License
Industry	Pharmaceutical and Other Store-Based Retailing
Type of Organization	Sole Proprietorship
Agency License Required	NO

## Ownership Details

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Name	Gender	Ownership %
DR HANAD CABDIRAXMAAN CILMI	MALE	100%
Total ownership Percentage %		100%

## Contact Details

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Phone Number(s)	0907330422 / 0907330422
Email	
Address	GAROWE GAROWE NUGAAL

## Contact Person

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Full Name	DR HANAD CABDIRAXMAAN CILMI		
Contact	0907330422 / 0907330422		
Gender	MALE		
Birth Date	19-Aug-1999	Place of Birth	laascaanood
Occupation owner			