New Business License Registration

Service	New Registration
Company Name	CARIFERSIXTEEN
Class	A
License Type	Agents
Industry	Accounting
Type of Organization	LLC
Agency License Required	NO

Ownership Details

Name	Gender	Ownership %
DEMOTESTTEN TEST T T	MALE	100%
	Total ownership Percentage %	100%

Contact Details

Phone Number(s)	896532147 / 987456321
Email	cariferten@gmail.com
Address	NEW STREET CEELBERDE BAKOOL

Contact Person

Full Name	DEMOTESTTEN TEST T T		
Contact	853214697 / 874512369		
Gender	MALE		
Birth Date	11-Jul-1984	Place of Birth	Somalia
Occupation	Software Testing		