DATE:		-



WAREHOUSE RECEIPTS REGULATORY BOARD

P.O. Box 38093, Dar es Salaam, Tanzania Tel: +255 2128691, Fax: +255 2128692

Email: twlbwrs@gmail.com, Website: www.wrs.go.tz

PUBLIC NOTICE FOR LICENCE APPLICATION

FULL NAME OF APPLICANT:	FULL NAME OF 1st PROPRIETOR / PARTNER / SHAREHOLDER:
P.O.BOX	SHAREHOLDER:
Phone	FULL NAME OF 3rd PROPRIETOR / PARTNER / SHAREHOLDER:
Take note that, the above applicant has applied to the Warehous SPECTOR] license to [REPORT/STORE / INSPECT]the afore mentioned physical and postal addresses. Pursuant to Act and Regulation 15(1) of the Warehouse Regulations 2016.	the provision of section 16(1) of the Warehouse Receipt
Ithe (Full name)	(Designation)
Of the Board published this particular s of the applicant in cagard to the application shall be lodged to the Board within the cation.	
Given under my hand thisday of	20
(Signature)	