

**PUBLIC HEALTH AUTHORITY  
PUBLIC HEALTH SERVICES**

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*Please address all correspondence to the Public Health Commissioner*

**HEALTH CERTIFICATE FOR HOTEL ESTABLISHMENT**

**Name of Hotel Establishment: La Villa Therese Holiday Apartments**

**Address: Anse Royale, Mahe**

**Contact Person: Mr Roddy Marie**

**Contact Number: 2643110/2610676**

**I CERTIFY THAT THE ABOVE NAMED ESTABLISHMENT HAS MET THE PUBLIC HEALTH REQUIREMENTS.**

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**FOR: PUBLIC HEALTH COMMISSIONER**



**Date: 16<sup>th</sup> July 2020**

