

FIRST SCHEDULE

FORM 1



**CHIEF GOVERNMENT CHEMIST
LABORATORY AGENCY**

**DNA SERVICES REGULATIONS, 2019
APPLICATION FORM**

PART A

[Made under Regulation 6(1)]

I. Applicant details:

Full name:

Physical address:

Phone:

Email:

II. Type of analysis:

Single DNA profile

Sibling test

Paternity test (father, mother, child)

Other relationship

DNA matching using an alternate sample

Other DNA test

Note:

If **DNA matching using alternate sample** is selected, then **fill the table** in this form

III. Table for DNA matching using alternate sample:	
Sample collected	Amount of the sample Collected
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

IV. Details of people being tested:	
Testing person 1:	Testing person 2:
Full name.....	Full name.....
Age	Age
Physical address:	Physical address:
Phone:/.....	Phone:/.....
Email:	Email:
Testing person 3:	Testing person 4:
Full name.....	Full name.....
Age	Age
Physical address:	Physical address:
Phone:/.....	Phone:/.....
Email:	Email:

V. Payments details:

- Invoice (for Government, non-Government Departments, or legal representatives only).
- Money order or cheque (payable to Bank)
- Electronic Funds Transfer

Bank information:**Bank: People's Bank of Zanzibar (PBZ)****Account Number: 0403978000****Account Name: MapatoyaMaabara****Date of payment:/...../.....**

PART B
FOR REQUESTING AUTHORITY ONLY

I. Requesting authority details:

Surname:
First name(s):
Email address:
Phone number:
Organization:
Physical address:
Officer's ID number:
Position

II. Formal request:

Empty box for formal request.

.....
Signature

Official Stamp