

THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR
MINISTRY OF HEALTH
CHIEF GOVERNMENT CHEMIST LABORATORY AGENCY



P.O.BOX 759

ZANZIBAR

APPLICATIONS FORM FOR REGISTRATION OF A CERTIFICATE HOLDER

1. Particulars of the applicant:

- 1.1 Name:
- 1.2 Address:
- 1.3 Telephone:
- 1.4 Fax:
- 1.5 E-mail:

2. Contact Person (if different from above):

- 2.1 Name:
- 2.2 Address:
- 2.3 Telephone:
- 2.4 Fax:
- 2.5 E-mail:

3. Physical address:

- 3.1 Plot No:
- 3.2 Street No:
- 3.3 District:
- 3.4 Region:

4. Drainage Basin (for producers and large scale users only)

- 4.1 Basin I
- 4.2 Basin 2:
- 4.3 Basin 3:
- 4.4 Comments:

- 5. Business License:

6. List of chemicals to be handled (where applicable):

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Signature.....

Date.....

Official stamp

OFFICIAL USE ONLY

Name of the officer.....Designation.....

Signature....., Date.....

Decision; - Accepted/ Rejected.....

Reason for rejection if any