

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:

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Signature

Official Stamp