

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



P.O.BOX 759

ZANZIBAR

APPLICATION FORM FOR REGISTRATION OF PREMISES

1. Particulars of the applicant:

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

2. Physical Address:

- 2.1 Plot No:
2.2 Street No:
2.3 District:
2.4 Region:

3. Proprietor of the Premises (if different from I above)

- 3.1 Name:
3.2 Address:
3.3 Telephone:
3.4 Fax:
3.5 E-mail:

4. Registration Certificate No:
5. Business License:

6. Proximity to Economic Values km or miles

- 6.1 Distance to the nearest water bodies.....
6.2 Distance to the nearest school/college.....
6.3 Distance to the nearest hospital.....
6.4 Distance to the nearest settlement.....
6.5 Distance to the nearest industry.
6.6 Distance to the nearest recreational facilities.....
6.7 Distance to the nearest farm/ranch/game reserve/national park/forest reserve.....

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

.....
.....
.....
.....
.....

.....
Signature.....

Date.....

Official stamp

OFFICIAL USE ONLY

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

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

Decision; - Accepted/ Rejected.....

Reason for rejection if any