CHIEF GOVERNMENT CHEMIST LABORATORY AGENCY – ZANZIBAR

Customer information

File No: …… Date: ……..…

Name of customer: ……. Phone No: …….

Name of the company: …… postal address: ……

Location of premises: ……

Purpose for apply:

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……

Chemical registration

Chemical (s) name:

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Customer signature: …… Officer signature …….

Chemical management and environment Manager directing:

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