



ZIMBABWE

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National Biotechnology Authority (Biotechnology Facility Registration) Regulations, 2026)

APPLICATION FOR CERTIFICATE OF REGISTRATION.

I hereby apply to be recognised as a Registered Biotechnology Facility in accordance with the National Biotechnology Authority Act [*Chapter 14:31*] of 2006.

Name and Address of Facility:									
Contact Details (Phone and Email):									
Company Registration No.:									
Date of issue:									
Biosafety Levels Applied For: (Tick the applicable):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Biosafety Level 1</td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Biosafety Level 2</td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Biosafety Level 3</td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Biosafety Level 4</td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Biosafety Level 1		Biosafety Level 2		Biosafety Level 3		Biosafety Level 4	
Biosafety Level 1									
Biosafety Level 2									
Biosafety Level 3									
Biosafety Level 4									
Number of Facilities to be registered:									
Scope of Biotechnology Activities:									

Contact Person (<i>Name and Designation</i>):	Signature:
Contact Details (<i>Phone and Email</i>):	
Head of Company (<i>Name and Designation</i>):	Signature:

CHECKLIST

I have attached the following to this application form (Highlight using a tick)

ITEM	
Completed Application Form	
Institutional Biosafety Manual	
Current Tax Clearance	
Certificate of Incorporation	
CR14	
MoU/Proof of registration	
Company Profile	

DECLARATION BY APPLICANT:

I declare that the particulars given by me, on behalf of the organisation, in this Form are true, to the best of my knowledge.

Date Signature of applicant.....

FOR OFFICIAL USE OF REGISTERING AUTHORITY ONLY.....
Name of Officer.....
Designation.....
Signature.....
Date & Stamp

1. Receipt No.:

2. Recommendation of registering authority (fill in where appropriate):

(a) Approval without conditions

Recommendations:

.....
.....

(b) Approval recommended subject to the following conditions:

.....
.....

(c) Rejection recommended for the following reasons:

.....
.....**NOTIFICATION PARTICULARS**

The decision on this application was notified to the applicant:

ON SIGNED