ZIMBABWE

21 Princess Drive
Newlands, Harare
Tel: +263 242 782856/ 782167/ 782155/
08677198735
Email: nba@nba.ac.zw

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

APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION OR PERMIT

Name and Address of Facility:	
Contact Details (Phone and Email)**:**	
NBA Registration No.:	Certificate No.: Permit No.:
Date of issue:	
Classification:	Biosafety Level ……....
Scope of Biotechnology Activities:	
Contact Person (*Name and Designation*)**:**	*Signature:* ……
Contact Details (*Phone and Email*)**:**	

Has there been a change in any of the following since the last registration?

ITEM	YES/NO	IF YES DESCRIBE THE NATURE AND REASON OF CHANGE
BIOSAFETY LEVEL		
BIOSAFETY COMMITTEE		
BIOSAFETY MANUAL		
LOCATION OF FACILITY		
SCOPE OF WORK		
OTHER (please specify)		

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 ……