ZIMBABWE

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

APPLICATION FOR REPLACEMENT 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 ……
Reason for Replacement:	
Contact Person (*Name and Designation*)**:**	*Signature:* ……..
Contact Details (*Phone and Email*)**:**	

FOR OFFICIAL USE OF REGISTERING AUTHORITY ONLY

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Name of Officer Designation

.....

Signature Date &Stamp

1. Receipt No.: .....

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

(a)Approval without conditions

Recommendations:

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(b) Approval recommended subject to the following conditions:

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(c) Rejection recommended for the following reasons:

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NOTIFICATION PARTICULARS

The decision on this application was notified to the applicant:

ON …… SIGNED ……