

TWELVETH SCHEDULE

(Made under regulations 25(1)(a) and 28(2))

THE UNITED REPUBLIC OF TANZANIA

GOVERNMENT CHEMIST LABORATORY AUTHORITY



CHEMICAL TRANSACTION REPORTING FORM

PART A: Particulars of the Certificate Holder

1.0	Name of Certificate holder:..... Address:..... Plot No..... Street Ward District..... and Region:..... Tel No:..... Fax No:..... Email:..... Website:.....			
2.0	Business Branches:			
3.0	Type of Business (Tick as appropriate)			
	3.1 Transporter ()	3.3 User ()	3.4 Warehousing or Storage ()	
	3.2 Distributor ()	3.5 Importer ()	3.6 Others (Specify) ()	
4.0	Name of the Proprietor(s)			
5.0	5.1 Registration No:	5.2 Valid	Yes/No	
6.0	6.1 Name of Supervisor in chemicals management/handling: 6.2 Position/Title:..... 6.3 Qualifications			
PART B: Information for all chemicals				
7.0	Name of the chemical	Quantity Available	Amount used/sold per month	Name of supplier

Industrial and Consumer Chemicals (Management and Control)

GN NO. 820 (Contd)

Additional Requirement for Distributors

8.0	Company or person to whom chemicals are supplied	Physical Address	Name of the chemical	Package and Quantity	Intended Use

PART C: Information required for corrosive chemical

9.0	Type of the corrosive chemical handled and its respective Concentration	Quantity Available	Amount used/sold per month	Name of supplier

Additional Requirement for Distributors

10.0	Company or person to whom the corrosive chemicals are supplied	Physical Address	Name of the corrosive chemical and its Concentration	Package and Quantity	Intended Use

PART D: Declaration

I..... certify that the above information is complete and correct to the best knowledge.

Designation.....Date.....

Signature

Official stamp.....