



MEDS/QC/RE/01/01-01

Laboratory Client Registration Form

For the purpose of updating our database in order to serve you more efficiently, please furnish us with the following details on the right column:

1	Organisation's Name	
2	Contact Person	
3	Telephone numbers	
4	Fax number(s)	
5	Postal Address	
6	Postal Code	
7	Town	
8	Country	
9	Person(s) Authorised to submit samples	
10	Person(s) Authorised to pay	
11	Main Contact person	
12	Telephone number	
13	Email Address	
14	Name and telephone number of any other Key Management Member	

Please share with us areas that you feel require our improvement herebelow. Thank you.

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Signed by:
Name _____ Designation _____ Date _____

(Please sign, stamp and return an original or a scan copy)