

Section 4 - Private Applicants

Payment details - Payment in advance

You may pay by cheque which should be made payable to: Cellmark. If you wish to pay by Credit/Debit card, please complete your details below. Finally you will need to sign the declaration in Section 5.

Credit card: <input type="checkbox"/> Debit card: <input type="checkbox"/> Amount: £	<input type="text"/>	:	<input type="text"/>
Please debit my account:	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Maestro <input type="checkbox"/> Delta <input type="checkbox"/> Solo <input type="checkbox"/>		
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue No:	<input type="text"/>	Security No: (3 digits on reverse)	<input type="text"/>
Valid From:	<input type="text"/> / <input type="text"/>	Expiry Date:	<input type="text"/> / <input type="text"/>
Cardholder Name:	<input type="text"/>		
Signed:	<input type="text"/>		
Cardholder's Statement Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	-	<input type="text"/>

A receipt will usually be sent to the address of the cardholder or address given in this section. Please contact Cellmark if you wish to discuss this.

Section 5

Declaration The person registering this DNA testing case must sign the declaration below

I request Cellmark to proceed with DNA tests. I acknowledge that I have read, understood and agree to abide by Cellmark's Terms and Conditions. I understand the recommendations concerning the involvement of all those with parental responsibility or care and control for the child(ren) under 16 years of age.

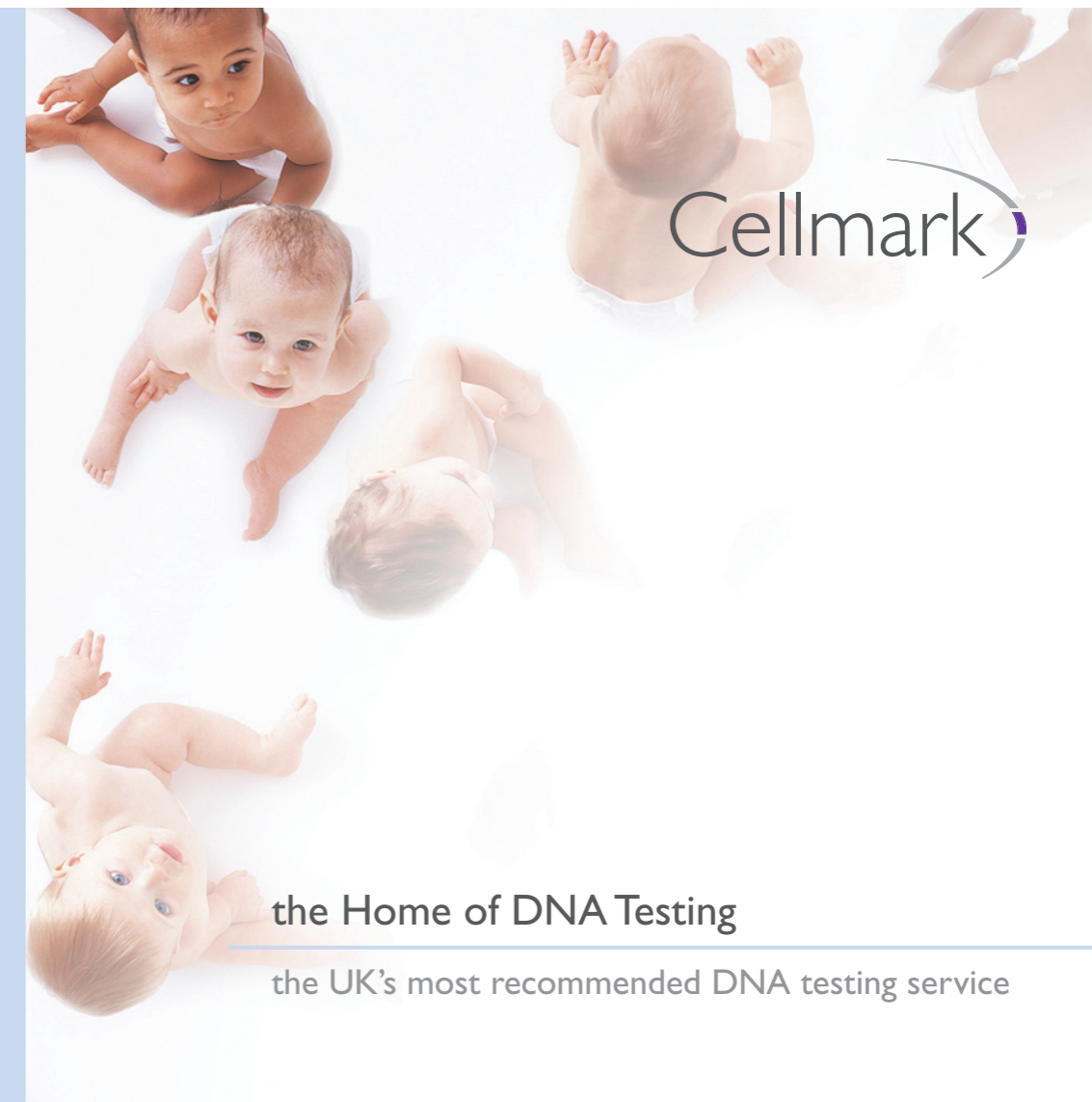
Signed

Date / /



Tel: 0800 036 2522 PO Box 265 ABINGDON Oxon OX14 1YX
Web: www.cellmark.co.uk e-mail: info@cellmark.co.uk

Cellmark is a registered name of Orchid Cellmark Ltd.
Registered Office: 16 Blacklands Way, Abingdon, Oxon OX14 1DY. Registered in England No. 4045527



Fast
Confidential
Conclusive
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Reliable
Experienced
All testing in the UK

the Home of DNA Testing

the UK's most recommended DNA testing service

Registration Form - DNA Testing

Section 1

Person 1 Is a copy of the report to be sent to this person at this address Yes No

Mother or other relationship please specify (eg.Aunt):	
First names:	
Surname:	
Address:	
Town/City:	Postcode: -
Tel No:	Date of Birth: / /

Person 2 Is a copy of the report to be sent to this person at this address Yes No (Over 16 only)

Child or other relationship please specify (eg.Nephew). Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
First names:	
Surname:	
Address:	
Town/City:	Postcode: -
Tel No (if 18):	Date of Birth: / /

Person 3 Is a copy of the report to be sent to this person at this address Yes No (Over 16 only)

Child or other relationship please specify (eg.Nephew). Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
First names:	
Surname:	
Address:	
Town/City:	Postcode: -
Tel No (if 18):	Date of Birth: / /

Person 4 Is a copy of the report to be sent to this person at this address Yes No

Father or other relationship please specify (eg.Uncle):	
First names:	
Surname:	
Address:	
Town/City:	Postcode: -
Tel No:	Date of Birth: / /
Could a close relative of this person be the father?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2

Please complete this section so we can send sampling kits to the chosen doctors. We require 5 working days notice to ensure delivery in time. If you do not have all the details yet you can let us know by calling the freephone number 0800 036 2522 and quoting your case reference number. Person 1, 2, 3 and 4 refer to the details you have entered in Section 1.

Appointment 1

These people will attend this appointment: Person 1 Person 2 Person 3 Person 4

Dr's Name:	
Address:	
Postcode: -	Appointment Date: / /
Tel No:	

Appointment 2

These people will attend this appointment: Person 1 Person 2 Person 3 Person 4

Dr's Name:	
Address:	
Postcode: -	Appointment Date: / /
Tel No:	

Appointment 3

These people will attend this appointment: Person 1 Person 2 Person 3 Person 4

Dr's Name:	
Address:	
Postcode: -	Appointment Date: / /
Tel No:	

Additional information e.g. precise relationship to be analysed:

Next step: Payment details.

Please complete the relevant section. Private applicants should proceed to Section 4. Solicitors, social workers and local authorities should complete Section 3. All applicants need to complete Section 5. N.B. You will need to pay the sampler for taking your DNA sample.

Section 3

Please complete and return to:
Cellmark, PO Box 265, ABINGDON, OX14 1YX
DX 6540903 ABINGDON 92 OX
Tel: 01235 528000 Fax: 01235 528141

Payment details - Each Solicitor involved in this matter must complete a copy of this section

We require each solicitor or other institution responsible for payment/part payment of the report fee to complete and return a copy of this form before we commence testing, unless they intend to pay in advance. All testing carried out for customers is subject to our normal terms and conditions for paternity/immigration service customers (available on request). We reserve the right to decline a request to perform testing under our usual credit terms, and to require payment in advance. In the event of cancellation, you may be liable for cancellation fees in line with our normal terms and conditions.

We will usually issue the report and an invoice for the full/part share of the report fee when the report is completed. The invoice will be subject to our standard payment terms of 60 days from invoice date. We reserve the right to withhold the issue of the report where a customer fails to comply with our normal terms and conditions. If you have any queries regarding your account with Cellmark, please contact our Finance Department on the telephone number above.

Make cheques payable to Cellmark. Should you wish to pay by, BACS please contact our Finance Department for assistance.

Solicitor/Institution:	
Address:	
DX Address:	Postcode: -
Your ref:	
Tel No:	
Fax No:	
Contact Name:	
Clients Name:	

Please send a copy of the report to this address: Yes No

The full fee in this matter is: £ : :

What amount will you be paying: £ : :

How many other Solicitors will be involved in paying for this test:

Our purchase order reference (if applicable) is:

Name:

Date: / /

Signature:

Important

Please ensure that your client takes two passport-sized photographs of themselves (and of any child to be tested) to the sampling appointment.