



The Home of DNA Testing  
the UK's most recommended  
DNA testing service

## Registration Form

### Request for DNA Testing - Immigration

Thank you for registering your case with Cellmark. Please read the notes below carefully and then complete the registration form in **BLOCK CAPITALS**. Completion of this form will be construed as acceptance of Cellmark's Terms and Conditions.

Please return the application forms together with your payment (where appropriate). Cheques should be made payable to CELLMARK alternatively provide the details of your credit/debit card.

If you supply the immigration authorities with copies of your results, Cellmark may then be contacted by the Entry Clearance Officer or Home Office for duplicate copies of these results and/or identification paperwork to confirm their validity. So Cellmark can supply this information, and to avoid any delay in your immigration application, please ensure that you complete the **DISCLOSURE/RELEASE CONSENT** section.

If you have any queries regarding the completion of these forms, please contact our Customer Services Department and they will be pleased to assist you. **Tel: 0800 036 2522 when calling from inside the UK or 0044 1235 528000 when calling from abroad.**

## Case Details

### SOLICITOR / INSTITUTION / PRIVATE INDIVIDUAL

Name:	<input type="text"/>																									
Address:	<input type="text"/>																									
	<input type="text"/>																									
Postcode:	<input type="text"/>	-	<input type="text"/>	Fax No.	<input type="text"/>																					
Tel No:	<input type="text"/>																									
E mail:	<input type="text"/>																									
Client Name:	<input type="text"/>																									
Reference:	<input type="text"/>																									

### APPLICATION DETAILS

The DNA report is required for? (tick as appropriate) Visa Application <input type="checkbox"/> UK Passport Application <input type="checkbox"/>
Has entry clearance already been applied for? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", where was the application made? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was entry clearance refused? Yes <input type="checkbox"/> No <input type="checkbox"/> ECO Immigration Ref No: <input type="text"/>

**Visa Applications (Overseas)** The sample can be taken by a preferred sampler from the enclosed list or a local hospital.

**Passport Applications (Overseas)** For British Passport/British Nationality cases the sample must be taken at the British Embassy. For all applicants living in the UK the sample must be taken by an approved sampler (please see enclosed list).

### DISCLOSURE / RELEASE CONSENT

I (name in capitals)

I also consent to Cellmark releasing, to the Entry Clearance Officer or the Home Office, photographs or other documentation received by Cellmark in connection with the test, and to supply additional report information as and when appropriate. I give consent to this on the condition that it will involve no fees or expense on my part, and that if requested, Cellmark will provide me or my representative with a copy of this information.

Signature: <input type="text"/>	Date: <input type="text"/>	-	<input type="text"/>	-	<input type="text"/>																			
EC issuing post reference number:	<input type="text"/>																							
Home Office reference number:	<input type="text"/>																							

## Individuals to be tested

Please specify the relationships to be examined if other than mother/child/father

### FATHER / HUSBAND / SPONSOR

Full Name:	<input type="text"/>																											
Address:	<input type="text"/>																											
	<input type="text"/>																											
Postcode:	<input type="text"/>	-	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>																			
Tel No:	<input type="text"/>																											
E mail:	<input type="text"/>																											
Seeking entry: Yes <input type="checkbox"/> No <input type="checkbox"/> Report required: Yes <input type="checkbox"/> No <input type="checkbox"/>																												

### MOTHER / WIFE

Full Name:	<input type="text"/>																											
Address:	<input type="text"/>																											
	<input type="text"/>																											
Postcode:	<input type="text"/>	-	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>																			
Tel No:	<input type="text"/>																											
E mail:	<input type="text"/>																											
Seeking entry: Yes <input type="checkbox"/> No <input type="checkbox"/> Report required: Yes <input type="checkbox"/> No <input type="checkbox"/>																												

### MOTHER 2

Full Name:	<input type="text"/>																											
Address:	<input type="text"/>																											
	<input type="text"/>																											
Postcode:	<input type="text"/>	-	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>																			
Tel No:	<input type="text"/>																											
E mail:	<input type="text"/>																											
Seeking entry: Yes <input type="checkbox"/> No <input type="checkbox"/> Report required: Yes <input type="checkbox"/> No <input type="checkbox"/>																												



## Additional individuals to be tested

Full Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/> - <input type="text"/> Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/>
Tel No:	<input type="text"/>
E mail:	<input type="text"/>
Seeking entry: Yes <input type="checkbox"/> No <input type="checkbox"/> Report required: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Full Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/> - <input type="text"/> Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/>
Tel No:	<input type="text"/>
E mail:	<input type="text"/>
Seeking entry: Yes <input type="checkbox"/> No <input type="checkbox"/> Report required: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Full Name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/> - <input type="text"/> Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/>
Tel No:	<input type="text"/>
E mail:	<input type="text"/>
Seeking entry: Yes <input type="checkbox"/> No <input type="checkbox"/> Report required: Yes <input type="checkbox"/> No <input type="checkbox"/>	

### PRECISE RELATIONSHIP TO BE ANALYSED

Please explain as clearly as possible what relationship you would like Cellmark to examine, to ensure the appropriate DNA analysis is carried out.

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# Report Distribution Form

A copy of the DNA Test Report is usually made available to all adult parties who have provided samples for analysis. Please complete this section so that the reports can be distributed to the relevant individual or their solicitors. **Reports will only be sent to those listed below, and therefore the person/organisation completing this application form should also fill in their details**

## REPORT DISTRIBUTION

Full Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Reference: <input type="text"/>

Full Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Reference: <input type="text"/>

Full Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Reference: <input type="text"/>

Full Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Reference: <input type="text"/>

## Sampling Appointment Details

Please complete this form with the full name and address of the relevant sampler. This must be a sampler from the approved list (UK only). For doctors overseas we will require a telephone number (this is not required for the British High Commission/Embassy). Cellmark requires **5 days notification** of appointments in the UK to ensure delivery of the kits.

The samplers in the UK on the list provided are numbered. Please give the sampler's name and number to avoid filling in the address details.

CELLMARK IS PLEASED TO BE ABLE TO OFFER A DISCOUNTED COURIER SERVICE FOR OVERSEAS APPOINTMENTS AT £40.00 + VAT, EACH WAY. IF YOU WOULD LIKE TO USE THIS SERVICE PLEASE SELECT FROM THE FOLLOWING OPTIONS:

courier from UK to sampler (£40 + VAT)     courier from sampler to UK (£40 + VAT)

### DOCTORS / APPOINTMENT DETAILS

Dr.s Name:	<input type="text"/>	List No. (if applicable)	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/> - <input type="text"/>	Date of Appointment:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		

Dr.s Name:	<input type="text"/>	List No. (if applicable)	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/> - <input type="text"/>	Date of Appointment:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		
Name:	<input type="text"/>		

**PLEASE ENSURE UK APPOINTMENT(S) ARE MADE WITH A SAMPLER FROM THE ENCLOSED LIST.**

Payment Details (CONFIDENTIAL)

CHEQUE / POSTAL ORDER (Payable to: Cellmark)

Cheque No.	<input type="text"/>	Amount:	<input type="text"/>
Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
Signature:	<input type="text"/>		
Postcode:	<input type="text"/>		

CREDIT / DEBIT CARD

Amount:	<input type="text"/>	(THIS MUST BE COMPLETED FOR THE CASE TO PROGRESS)			
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"/>				
Valid from:	<input type="text"/>	Expiry Date:	<input type="text"/>	Security No. (3 digits on reverse)	<input type="text"/>
Cardholder's name:	<input type="text"/>				
Signature:	<input type="text"/>				
Cardholder's statement address:	<input type="text"/>				
	<input type="text"/>				
Tel No:	<input type="text"/>				

**CONFIDENTIAL.** 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. Please note that if the case is **NOT** prepaid (not an option for private individuals) an invoice will be sent to the requesting solicitor for payment on behalf of the client

Is this case publicly funded? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please read the following and sign below (not applicable for private individuals).

**"YES":** The clients in this case are publicly funded. I enclose a copy of the controlled legal representation forms (CLR) to cover the costs of DNA testing analysis, and I hereby confirm that payment will be made within 30 days of the case results and invoice being produced.

**"NO":** The clients in this case are not publicly funded/assisted, and I enclose payment.

Signature:	Name:
On behalf of (Solicitors/Institution):	