

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 / /



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Cellmark is a registered name of Orchid Cellmark Ltd.
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Registration Form - DNA Testing

