



UNITED REPUBLIC OF TANZANIA

MINISTRY OF CONSTITUTIONAL AND LEGAL AFFAIRS

APPLICATION FORM FOR REGISTRATION AS A LEGAL AID PROVIDER

No.	Particulars
1.	Name and address of the Institution
2.	Location and area of operation of the Institution
3.	Services to be provided or nature of the activities of the Institution
4.	Names and particulars of the Advocates
5.	Names and particulars of the lawyers/paralegals
6.	Any other relevant information

Signature

Name

Title

