THIRD SCHEDULE

(Made under section 48(2))

FORMS

THE UNITED REPUBLIC OF TANZANIA

THE DRUG CONTROL AND ENFORCEMENT AUTHOIRTY

Form No. DCEA 001

FORENSIC LABORATORY SUBMISSION FORM

For submission of biological samples/ substances suspected to be drug or precursor chemicals / substances with drug related effects

☐ New Submission ☐ Resubmission ☐ Additional Submission

Contact Person Information

Submitting Agency: ……
Submitting Officer: Full Name: ……..Title……..
Physical Address: ……
Region ……District …….Working Station……
Office Telephone No.: ……Mobile Telephone No:…….
Fax: ……...E-mail: …….

Case Information

Case No.: ……..
Offence: ……
Date of Seizure: ……
Area of Seizure: Region ……..District …… Ward……..……
Village/Street:……

Suspect Information

S/n	Suspect Name (First, Middle, Last)	Sex (F/M)	Date of Birth	Nationality	ID No./ Passport No.

Description of Exhibit Submitted

S/No.	No of Items and its Description	Suspected Drug, chemical or item

Request

Requested analysis of:

(1) Sample identity
(2) Drug type
(3) Weight of drug
(4) Effects of the identified drug to human being

Submitted By

Full Name of Submitting Officer: ……..… Title……..
Signature: ……Date: …… Time:……..

Received by

Full Name of Receiving Officer: …….. Title: …….
Signature: ……Date: ……... Time:……..

FOMU

JAMHURI YA MUUNGANO WA TANZANIA

MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA

FOMU Na. DCEA 001

FOMU YA UWASILISHAJI SAMPULI MAABARA
"Kwa ajili ya uwasilishwaji wa Sampuli za kibaiolojia/vitu vinavyodhaniwa kuwa dawa za kulevya/vitu vyenye madhara yahusianayo na dawa za kulevya

☐ sampuli mpya ☐ sampuli ya marudio ☐ sampuli ya nyongeza

Maelezo ya Mwasilishaji

Taasisi inayowasilisha Sampuli: ……..……
Majina ya Afisa Mwasilishaji: …….Wadhifa…….
Anwani: ……
Mkoa …… Wilaya…….Kituo cha kazi ……
Simu ya Ofisi: ……Simu ya mkononi:…….
Nukushi ……...Barua pepe: …….

Taarifa za kesi

Namba za Kesi:.: ……..
Kosa: ……..……..
Tarehe ya ukamataji …….
Eneo la ukamataji: ……. Mkoa ……
Wilaya……..…..
Kijiji/mtaa :……..……

Taarifa za Mtuhumiwa

S/N	Jina la Mtuhumiwa, (Jina la kwanza, la pili la tatu)	Jinsia (ME/KE)	Tarehe ya kuzaliwa	Uraia	Namba ya kitambulisho/pasi ya kusafiria Na. …

Maelezo ya kielelezo kinachowasilishwa

S/N	Idadi ya sampuli/vielelezo na maelezo yanayohusiana nayo/navyo	Aina ya kielelezo/sampuli inayodhaniwa kuwa dawa za kulevya,

		kemikali n.k

Maombi

Maombi ya Uchunguzi:

1) Utambulisho wa Kielelezo/sampuli
2) Aina ya Dawa
3) Uzito wa dawa
4) Madhara kwa binadamu

Imewasilishwa na:

Jina la Afisa anayewasilisha sampuli: ……..… Cheo……..

Sahihi: ……Tarehe: …… muda:……..

Imepokelewa na

Jina la Afisa Mpokeaji: …….. Cheo: …….

Sahihi ……Tarehe: ……... muda:……..

THE UNITED REPUBLIC OF TANZANIA

DRUG CONTROL AND ENFORCEMENT AUTHORITY

FORM NO. DCEA 002

CERTIFICATE OF PHOTOGRAPH/MOVING PICTURE

I, ……...……. District/Resident Magistrate, do hereby certify that …….. still pictures/moving pictures stored in …….. (form of storage) have been taken/recorded in my presence by ……. (recording officer) before the disposal of the exhibit namely ……..……this …… day of …….. 20……
NAME OF THE OFFICER: ……..……
SIGNATURE OF THE OFFICER: ……...…

BEFORE ME:
NAME:……..
QUALIFICATION: ……..
ADDRESS:……
SIGNATURE: …….
DATE: ……...

JAMHURI YA MUUNGANO WA TANZANIA

MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA

FOMU NA. DCEA002

HATI YA PICHA ZA MNATO/VIDEO

Mimi, ……Hakimu Mkazi/wa Wilaya
Nathibitisha kwamba …….. picha za mnato/video zilizotunzwa kwenye …….. (taja namna ya utunzaji) zimepigwa/zimechukuliwa mbele yangu na ……. (Afisa anayepiga picha/video/kabla ya kuteketeza vielelezo/vielelezo (taja) ……. Leo tarehe …….. mwezi wa …….. mwaka 20……

JINA LA AFISA: ……....
SAHIHI YA AFISA: ……..

MBELE YANGU:
JINA:……..
SIFA: …….
ANUANI:……
SAHIHI: ……..
TAREHE: …….

THE UNITED REPUBLIC OF TANZANIA

DRUG CONTROL AND ENFORCEMENT AUTHORITY

FORM NO. DCEA 003

CERTIFICATE OF SEIZURE

(Made under section 48(2)(c)of DCEA, 2015)

I ……..……..……..(name) ……..……(title)
DO HEREBY certify to have conducted a search on ……..…..……
(date) at ……
(place) and the under mentioned things/properties were seized:-

1. ……
2. ……
3. ……
4. ……
5. ……
6. ……
7. ……
8. ……
9. ……
10. ……

in the presence of:

1. Name of witness: ……..….. of ……..
   Signature: ……..
2. Name of Witness: ……..
   Signature: ……
3. Name(s) of person(s) searched and signature
   (a) Name: ……
   Signature: ……..……..
   (b) Name: ……..……
   Signature: ……
   (c) Name: ……..
   Signature: ……
   (d) Name: ……..
   Signature: ……
   (e) Name: ……
   Signature: ……
   (f) Name: ……
   Signature: ……..……
4. Name of Executing officer: ……

Signature: ……...
Date: ……...

5. Name of interpreter (if any)
Signature: …….
Date: ……..

JAMHURI YA MUUNGANO WA TANZANIA

FOMU NA. DCEA 003

MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA
HATI YA UKAMATAJI MALI

(Chini ya Kifungu cha 48(2)(c)) cha DCEA, 2015)

Mimi..... (jina) ..... (cheo), nathibitisha kuwa nimefanya upekuzi tarehe..... eneo la ..... (mahali) ambapo vitu vifuatavyo vimekamatwa:

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....
7. .....
8. .....
9. .....
10. .....

Mbele ya:

1. Jina la Shahidi:.....
   Saini:.....
2. Jina la Shahidi:.....
   Saini:.....
   ***(MASHAHIDI WATAJAZWA KULINGANA NA MAZINGIRA)

Jina/majina na saini za watu waliofanyiwa upekuzi

(a) Jina:.....
Saini:.....
(b) Jina:.....
Saini:.....
(c) Jina:.....
Saini:.....
(d) Jina:.....
Saini:.....
(e) Jina:.....
Saini:.....
(f) Jina:.....
Saini:.....

Jina la Afisa Mtekelezaji:.....
Saini:.....

Tarehe.....
Jina la Mkalimani (kama yupo):.....
Sahihi:.....
Tarehe:.....

THE UNITED REPUBLIC OF TANZANIA

FORM NO. DCEA 004

DRUG CONTROL AND ENFORCEMENT AUTHORITY

OBSERVATION FORM

(Made under section 48(2)(c)) of DCEA, 2015)

NAME OF ACCUSED: ……
UNDER OBSERVATION: ……...
AGE: …… TRIBE/NATIONALITY ……
RESIDENCE: ……. PHONE NUMBER: ……
DATE/TIME OF ARREST: ……..
FLIGHT/VESSEL/M/VEHICLE NO: …….
DURING THE OBSERVATION THE ACCUSED EMITTED SOME PELLETS/ SUBSTANCES SUSPECTED TO CONTAIN NARCOTIC DRUGS/SUBSTANCES AS FOLLOWS:

DATE	TIME	PELLETS/ SUBSTANCE EMITTED	NAME AND SIGNATURE OF SUSPECT/ ACCUSED	NAME AND SIGNATURE OF INDEPENDENT WITNESS	NAME AND SIGNATURE OF OFICER

Finishing Time: …….
Declaration of suspects/accused: ……
I ……do hereby declare that the entries made herein above in respect of the substances emitted are correct according to my knowledge:
Dated at ……. this …….. day of …….. 20…….
……..
NAME AND SIGNATURE OF SUSPECT/ACCUSED
…….
NAME AND SIGNATURE OF OFFICER

OFFICER'S OPINION (if any)
……..……..
Name of Officer: …….
Signature: …….

Name of witness ……..
Signature of witness ……

Name of Interpreter (if any): …….
Signature: ……...

JAMHURI YA MUUNGANO WA TANZANIA

FOMU NA. DCEA 004

MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA

FOMU YA UANGALIZI

(Chini ya Kifungu cha 48(2)(c)) cha DCEA, 2015)

Jina la mtuhumiwa/mshtakiwa aliye chini ya uangalizi:.....
Jinsi: .....Umri:
.....Kabila/Uraia:.....
Makazi:.....Simu:.....
Kazi.....
Tarehe na muda wa ukamataji:.....
Namba ya Ndege/Meli/Gari/Chombo cha Usafiri:.....
Wakati wa uangalizi mtuhumiwa/mshtakiwa ametoa pipi zinazodhaniwa kuwa na dawa za kulevya kama ifuatavyo:

Tarehe	**Muda**	**Idadi ya Pipi zilizotolewa**	**Jina na Saini ya Mtuhumiwa**	**Jina na Saini ya Shahidi Huru**	**Jina na Saini ya Afisa**

Muda aliomaliza kutoa pipi:.....
Tamko la Mtuhumiwa/Mshtakiwa aliye Chini ya Uangalizi

Mimi..... nathibitisha kuwa taarifa iliyoingizwa kwenye jedwali hapo juu kuhusu dawa nilizotoa ni sahihi kwa kadiri ya ufahamu wangu.
Imetiwa saini terehe:.....
Jina la Mtuhumiwa/Mshtakiwa:.....
Saini ya Mtuhumiwa/Mshtakiwa:.....
Jina la Afisa:.....
Saini ya Afisa:.....
Maoni ya Afisa (kama yapo).....

Jina :.....
Saini :.....Tarehe.....
Jina la Mkarimani (kama yupo): .....
Saini: .....

THE UNITED REPUBLIC OF TANZANIA

DRUG CONTROL AND ENFORCEMENT AUTHORITY

FORM NO. DCEA 005

CAUTIONED STATEMENT

(Made under Section 48(2) (ix) pf DCEA, 2015)

WRITE IN CAPITAL LETTERS

NAME OF SUSPECT:……
NATIONALITY/TRIBE:…….....
AGE: ……..……
RELIGION:……..……
OCCUPATION:……..……
PHYSICAL ADDRESS:……STREET/VILLAGE:…….
WARD:……...…
DIVISION:…….DISTRICT:……
REGION:.....
MOBILE /TEL. NO……...
E-MAIL:……
NAME OF TEN CELL LEADER/WARD
SECRETARY...……..……
DATE:……PLACE:……..……
STARTING TIME:……..…….

CAUTIONED STATEMENT ACCORDING TO SECTION 48 OF THE DRUG CONTROL AND ENFORCEMENT ACT (DCEA), No.5 OF 2015

CAUTION: -

I ……..... (Name and Title/Position), warn you..... ……
…… that you are accused of an offence of
…… c/s ……...

You are not obliged to say anything regarding this offence unless you wish to do so. But whatever you say will be recorded and may be used in evidence against you before the court of law once needed. Also you have right to make your statement in presence of a lawyer, relative or friend of your choice to witness it.

Recording Officer's Signature ……Signature of Suspect ……
Name of interpreter (if any)..... Signature..... Date .....

RESPONSE:-

I……have been warned by ……. that I am charged with the offence of……..c/s ……. …… I am not obliged to say anything regarding this offence unless I wish to do so. But whatever I say will be taken down in writing and may be

used in evidence against me before the court of law once needed. Also I have been given the right to make my statement in presence of a lawyer, relative or friend of my choice to witness it.

Signature of Suspect……Signature of Recording Officer……..…….……

QUESTION:- Are you ready to give out your statement?
RESPONSE:- Yes, I am ready/No, I am not ready : (Give reasons): ……
Signature of Suspect ……Signature of Recording Officer ….…….
QUESTION: Who would you like to witness your statement?
RESPONSE:
……..
Signature of Suspect……Signature of Recording Officer ……..…….……
Name of interpreter (if any)..... Signature ..... Date .....

In the presence of relative/friend/Advocate ..... Signature ..... Date.....

STATEMENT:……
……
……
……..……
……

CERTIFICATION OF THE SUSPECT under Section 48 (2) (ix) : I ……certify that my statement has been correctly recorded without adding or leaving any word. I have read the statement/ The statement was read to me and satisfy myself that it is correct. (To be filled by a suspect. If illiterate, thumb print be used instead)
Signature of Suspect: ……

CERTIFICATION OF THE RECORDING OFFICER under Section48 (2) (a) (x): I …… hereby declare that I have faithfully and accurately recorded the statement of the above named suspect ……..……
Signature of Recording Officer……..
FINISHING TIME …….

JAMHURI YA MUUNGANO WA TANZANIA

MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA

FOMU NA.DCEA 005

KARATASI YA MAELEZO YA ONYO

(Chini ya kifungu cha 48(2)(ix))

JALADA LA KESI NA: ……..…..….
JINA LA MTUHUMIWA: …….
KABILA/UTAIFA: ……
UMRI: ……...…..
DINI: ……..……
MAKAZI: ……..……..…
ANWANI: …… MTAA/KIJIJI ……..
KATA…….……..
TARAFA: …….. SIMU YA MKONONI ……..
SIMU YA OFISINI: …… BARUA PEPE: ……
M/KITI WA SERIKALI YA
MTAA/KIJIJI……...
TAREHE ……. MAHALI …… MUDA WA
KUANZA…….....
MAELEZO YA ONYO CHINI YA KIFUNGU CHA 48 CHA SHERIA.

ONYO: Mimi …….. (Jina na Wadhifa) nakuonya wewe …….
..……
Kwamba unatuhumiwa kwa kosa la …….. chini ya Kifungu ……. cha sheria …….. hivyo basi hulazimishwi kusema neno lolote kuhusiana na tuhuma hizi isipokuwa kwa hiari yako mwenyewe, lolote utakalolisema litaandikwa hapa chini na maelezo yako yanaweza kutumika kama ushahidi mahakamani pia unayo haki ya kisheria kuwa na wakili wako, jamaa yako, ndugu yako au rafiki yako ili aweze kushuhudia wakati ukitoa maelezo yako.
……. …….
Saini ya Afisa Mwandishi Saini ya Mtuhumiwa
Jina la Mkalimani (kama yupo) …….. sahihi …… tarehe …

JIBU LA ONYO Mimi ……
Nimeonywa kwamba natuhumiwa kwa kosa la ……chini ya Kifungu …….. cha Sheria ……na kwamba silazimishwi kusema neno lolote kuhusiana na tuhuma hizi isipokuwa kwa hiari yangu mwenyewe na kwamba lolote nitakalolisema litaandikwa hapa chini na

maelezo yangu yanaweza kutumika kama ushahidi mahakamani na kwamba pia ninayo haki ya kisheria kuwa na wakili wangu, jamaa yangu, ndugu au rafiki yangu ili aweze kushuhudia wakati natoa maelezo yangu.

…… … …… …….
Saini ya Afisa Mwandishi Saini ya mtuhumiwa tarehe
SWALI: Je uko tayari kwa sasa kutoa maelezo yako?
JIBU: ……...
……..…… ……
Saini ya Afisa Mwandishi Saini ya mtuhumiwa

SWALI: Ungependa nani awepo kushuhudia ukitoa maelezo yako?
JIBU: ……..
……. …… ……
Saini ya Afisa Mwandishi Saini ya mtuhumiwa tarehe
Jina la Mkalimani (kama yupo)…… Sahihi …… tarehe …
Mbele ya ndugu/Wakili/Rafiki (kama yupo)
Jina …….. sahihi …….. tarehe ……

MAELEZO: ……
……
……
……

UTHIBITISHO: Chini ya kifungu cha 48(2)(a)(x) cha sheria Mimi. ……... nathibitisha kuwa maelezo yangu yameandikwa kwa usahihi bila kuongeza au kupunguza neno. Nimeyasoma na ni sahihi (Aandike mtuhumiwa mwenyewe, kama hajui kusoma na kuandika na aweke dole gumba).
Jina la mtuhumiwa ……. Sahihi ……

UTHIBITISHO: Chini ya kifungu cha 48(2)(a)(x) cha sheria Mimi ……. (jina na wadhifa) nathibitisha kuandika maelezo ya mtuhumiwa …….. kwa uaminifu na kama alivyoeleza.
Jina la Afisa Mwandishi: ……. ……
Sahihi: ……..
Muda wa kumaliza maelezo: ……

THE UNITED REPUBLIC OF TANZANIA
DRUG CONTROL AND ENFORCEMENT AUTHORITY
FORM NO. DCEA 006

INVENTORY OF SEIZED EXHIBIT FOR DISPOSAL
(Made under Section 36 (2))

INVESTIGATION REGISTER NO.	**DATE**	**NAME OF DRUG/PRECURSOR CHEMICAL** (Example: Cannabis, Heroin, Khat, cocaine, etc.)	**DESCRIPTION OF ARTICLE** (Example: mark, form: powder, solid, liquid, crystal, etc.; colour: white, brown, etc.)	**ESTIMATED WEIGHT/ VOLUME** (Example: Kilograms grams, Litres, etc)	**QUANTITY** (Example: 10 pellets, 20 parcels)	**MODE OF PACKING** (Example: wrappers, container, bag, box, etc.)	**REMARKS** (Other relevant information)

NAME OF A SUSPECT.....
SIGNATURE OF A SUSPECT:.....
(*If more than one suspect, add another sheet*)
NAME OF AN OFFICER:.....
SIGNATURE OF AN OFFICER:.....
JUDGE/ MAGISTRATE REMARKS/ORDER:.....
NAME:.....
QUALIFICATION:.....
ADDRESS:.....
SIGNATURE:.....
DATE:.....
SEAL OF THE OFFICE:.....

JAMHURI YA MUUNGANO WA TANZANIA
MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA
FORM NO. DCEA 006

ORODHA YA VIELELEZO KWA AJILI YA UTEKETEZWAJI
(Chini ya kifungu cha 36 (2))

NAMBA ZA USAJILIW A JALADA LA UCHUNGUZI	**TAREHE**	**JINA LA DAWA/KEMIKALI BASHIRIFU** (Mfano Bangi, Heroin, Cocaine, Mirungi)	**MAELEZO YA KIELELEZO (**Mfano: Alama, umbile, unga, yabisi, kimiminika, chenga chenga n.k. rangi: nyeupe, kahawia n.k)	**MAKADIRIO YA UZITO/UJAZO** (Mfano: kilo, gramu, lita n.k.)	**IDADI** (Mfano: pili 10, vifurushi 20, gunia 5, debe 10 n.k.)	**AINA YA UFUNGAJI** (Mfano: Aina ya kifungashio, debe, pipa, sanduku, boksi n.k.)	**MAELEKEZO/MAONI MENGINE** (maelezo mengine muhimu)

JINA LA MTUHUMIWA.....
SAINI YA MTUHUMIWA:.....
(*Kama ni zaidi ya mmoja ongeza karatasi nyingine*)
JINA LA AFISA :.....
MAONI/AMRI YA JAJI/HAKIMU:.....
JINA LA JAJI/HAKIMU:.....
SIFA:.....
ANWANI:.....
SAHIHI:.....
TAREHE:.....
MUHURI/LAKIRI YA OFISI:.....

THE UNITED REPUBLIC OF TANZANIA
DRUG CONTROL AND ENFORCEMENT AUTHORITY

FORM NO. DCEA 007

WITNESS STATEMENT

WRITE IN CAPITAL LETTERS

PARTICULARS OF WITNESS

NAME OF WITNESS:……
GENDER:.....
NATIONALITY/TRIBE:…….....
AGE:…….…….
RELIGION:.……
OCCUPATION:…….……
PHYSICAL
ADDRESS:……STREET/VILLAGE……WARD……
……DIVISION……DISTRICT……REGION……
MOBILE /TEL. NO……..
E-MAIL:……
NAME OF TEN CELL LEADER/WARD
SECRETARY...……
DATE:……PLACE :……..……
STARTING TIME:……

DECLARATION UNDER SECTION 10 (3) (c) OF CRIMINAL PROCEDURE ACT, CAP 20 [RE 2002]

This statement (consisting of . . . . . pages each signed by me) is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence. I shall be liable to prosecution for perjury if I have willfully stated in it anything, which I know to be false or do not believe to be true.

Made at (Place)……..on the …….day of …….
Time ……..……Signature of Witness……..

STATEMENT

……
……
……
……
……
Signature of Witness……..

CERTIFICATION OF THE RECORDING OFFICER under Section 10 (3) of THE CRIMINAL PROCEDURE ACT, CAP 20 [R.E. 2002]. I

……..…hereby declare that I have faithfully and accurately recorded the statement of the above named
witness……
Signature of Recording Officer…….

FINISHING TIME ……..

JAMHURI YA MUUNGANO WA TANZANIA
MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA
FOMU NA. DCEA 007

MAELEZO YA SHAHIDI

JAZA KWA HERUFI KUBWA
TAARIFA ZA SHAHIDI
JINA:…….....
JINSI:.....
KABILA/URAIA:…….....
UMRI:……..…….....
DINI:..……...……
KAZI: …….....……
ANWANI YA MAKAZI:…….....…
MTAA/KIJIJI…….....……
KATA…….....…
TARAFA…….....……
WILAYA…….....…….....
MKOA……
SIMU YA MKONONI/ YA MEZANI:…….....……
BARUA PEPE: …….....……
JINA LA BALOZI WA NYUMBA KUMI/ KATIBU
KATA...…….....……
TAREHE:……MAHALI :…….....……
MUDA WA KUANZA KUTOA MAELEZO:…….....……

TAMKO LA SHAHIDI CHINI YA KIFUNGU CHA 10 (3)(c) CHA SHERIA YA MWENENDO WA MAKOSA YA JINAI, [SURA 20, RE 2002]

Maelezo haya (yenye kurasa.... zilizosainiwa na mimi) ni ya kweli kwa mujibu wa imani na ufahamu wangu na nayatoa nikijua kuwa endapo yatatolewa mahakamani nitawajibika nayo na naweza kushtakiwa kwa kutoa ushahidi wa uongo endapo nitabainika kuwa maelezo hayo ni ya uongo au kinyume.

Maelezo haya yametolewa hapa (mahali)……..leo tarehe …….

Mwezi …….....……Mwaka.....……

Muda ……Saini ya Shahidi……....……..

MAELEZO

KAMILI…….....……..... ....

Saini ya Shahidi……...……..

UTHIBITISHO: Mimi..... (jina na wadhifa) nathibitisha kuwa nimeandika maelezo ya..... (jina la shahidi) kwa uaminifu na usahihi kama alivyoeleza kwa mujibu wa Kifungu cha 10 (3) cha Sheria ya Mwenendo wa Makosa ya Jinai [Sura 20, R.E., 2002].

Saini ya Afisa anayerekodi/anayeandika maelezo:.....

Muda wa Kumaliza: ……...……..

THE UNITED REPUBLIC OF TANZANIA

DRUG CONTROL AND ENFORCEMENT AUTHORITY

FORM NO. DCEA 008

EXTENSION OF TIME TO DETAIN A PERSON(S) OR PROPERTY (IES)
(Under Section 48(2)(c)(iii) of DCEA, 2015)

I..... (Name and title) on this .....day of .....20.... DO HEREBY extend time for a period of .....hours/days to allow further investigation to the under mentioned suspect(s) arrested and/or properties seized.

Suspect(s)
1. .....
2. .....
3. .....
4. .....
5. .....

(*If more than above suspects, add another sheet*)
Properties (e.g. motor vehicle, vessel, aircraft, building, etc.):
1. .....
2. .....
3. .....
4. .....
5. .....

(*If more than above properties, add another sheet*)
The suspect (s) has/have been informed accordingly of such extension as witnessed here under.

1. Name(s) of suspect(s):
(a) Name: .....
Signature: .....

(b) Name: .....
Signature: .....

(c) Name: .....
Signature: .....
(d) Name: .....
Signature: .....
(e) Name: .....
Signature: .....

2. Officer extending time

Name: .....
Signature: .....
Qualification/Title: .....
Date: .....

3. Interpreter (if any needed)

Name: .....
Signature: .....
Date: .....

JAMHURI YA MUUNGANO WA TANZANIA
MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA
FOMU NA. DCEA 008

FOMU YA KUONGEZA MUDA WA KUMWEKA MTUHUMIWA CHINI YA ULINZI
AU KUSHIKILIA MALI
(Chini ya Kifungu cha 48 (2)(c)(iii) DCEA, 2015)

_____

Mimi..... (Jina na Cheo) leo hii tarehe .....
Mwezi .....20.... ninaongeza muda kwa kipindi cha saa/siku ..... kuruhusu upelelezi zaidi wa mtuhumiwa/watuhumiwa na,au mali zilizoshikiliwa walioorodheshwa/ zilizoorodheshwa hapa chini:

Watuhumiwa

1. .....
2. .....
3. .....
4. .....
5. .....

(Iwapo kuna watuhumuwa zaidi ya idadi tajwa hapo juu, ongeza karatasi nyingine)

Mali (mfano: gari, meli, ndege, jengo, n.k,):

1. .....
2. .....
3. .....
4. .....
5. .....

(Iwapo kuna mali zaidi ya idadi tajwa hapo juu, ongeza karatasi nyingine)
Mtuhumiwa/watuhumiwa ame/wamejulishwa kuhusu kuongeza muda wa kuwekwa kizuizini na, au kushikiliwa mali kama inavyoshuhudiwa hapa chini: -

1. Jina la mtuhumiwa:

6. Jina:
   .....
   (a)
   Saini: .....

   (b) Jina: .....
   Saini: .....

   (c) Jina: .....
   Saini: .....

(d) Jina: .....
Saini: .....

(e) Jina: .....
Saini: .....

2. Ofisa aliyetoa nyongeza ya muda
Jina: .....
Saini: .....
Cheo: .....
Tarehe: .....

3. Mkalimani (kama anahitajika)
Jina: .....
Saini: .....
Tarehe: .....

THE UNITED REPUBLIC OF TANZANIA
DRUG CONTROL AND ENFORCEMENT AUTHORITY
FORM NO. DCEA 009

THE GOVERNMENT LABORATORY ANALYST REPORT
(Under Section 48A(1) of DCEA, 2015)

I..... (Name of Chemist) of the …….(institution), being an officer dully authorised to examine and analyse samples/exhibits, hereby certify as follows:

1) On the …… day of ……. 20……. At …… (place) I received …… (quantity) sealed packets/boxes/sacks/containers (whicherver applicable) number ……. (any marked number) purporting to be sent by …….. (institution) suspected to have contained ……. (type of exhibit) in the form No. …… purported to be signed by …….. (officer of the institution sending the sample(s)) which were handled to me by …… (officer(s) of the institution) and was given Laboratory No……..…..…..,
2) I have examined and analysed the said samples/exhibits the results of which are stated hereunder:

Exhibit "A" ……..……(Description of Exhibit)

(a) Has been found/not found to have contained drug/substance or substance used in preparation of drug
(b) Type of drug/substance or substance used in preparation of drug (if any found)
(c) Its weight/volume in kilograms/grams or litres/millilitres
(d) Its effect to human health if consumed/applied or used anyhow

Exhibit "B" ……(Description of Exhibit)

(a) Has been found/not found to have contained drug/substance or substance used in preparation of drug
(b) Type of drug/substance or substance used in preparation of drug (if any found)
(c) Its weight/volume in kilograms/grams or litres/millilitres
(d) Its effect to human health if consumed/applied or used anyhow

Other remarks (if any) ……..……..

3) The …… (quantity) sealed packets/boxes/sacks/containers (whichever applicable) each signed by me, has/have been handled back after examination to …… (officer) who brought the sample)

Dated at …… this …….. day of ……. 20……

Examining officer
Name:……..
Signature:……
Title/Qualification:……..

Certifying officer:
Name:……..……..
Signature:……..……..
Title/Qualification:…….……
Date:…….....

JAMHURI YA MUUNGANO WA TANZANIA
MAMLAKA YA KUDHIBITI NA KUPAMBANA NA DAWA ZA KULEVYA
FOMU NA. DCEA 009

TAARIFA YA UCHUNGUZI WA MAABARA YA SERIKALI
(Chini ya kifungu 48A(1))

Mimi..... (Jina la mkemia) wa maabara ya Serikali……..…….(Jina la Taasisi), ambaye ni afisa niliyeidhinishwa kufanya uchunguzi wa vielelezo, nathibitisha kuwa,

(1) Tarehe ……../……/20….. eneo la …… (mahali), nilipokea pakiti/sanduku/magunia/kilo …….. (kiasi chochote kinachohusika) yenye namba …… (alama yeyote inayoonekana) kilichowasilishwa kwangu toka …… (taasisi iliyowasilisha kielelezo) kwa kutumia fomu na. …….. inayosadikika kusainiwa na …… (afisa mwenye dhamana toka taasisi inayowasilisha kielelezo)

(2) Nimefanya uchunguzi wa sampuli/kielelezo/vielelezo na kupata matokeo yafuatayo:

Kielelezo “A”

(a) Kimegundulika/hakijagundulika kuwa na dawa ya kulevya au kemikali inayoweza kutumika kutengeneza dawa za kulevya
(b) Aina ya dawa au kemikali iliyogundulika/zilizogundulika kuwemo
(c) Uzito wa dawa/kemikali hizo katika ujazo wa kilogramu/gramu/lita au mililita
(d) Athari za dawa/kemikali hiyo endapo itatumiwa na binadamu au kutengeneza dawa za kulevya

Kielelezo “B”

(a) Kimegundulika/hakijagundulika kuwa na dawa ya kulevya au kemikali inayoweza kutumika kutengeneza dawa za kulevya
(b) Aina ya dawa au kemikali iliyogundulika/zilizogundulika kuwemo
(c) Uzito wa dawa/kemikali hizo katika ujazo wa kilogramu/gramu/lita au mililita
(d) Athari za dawa/kemikali hiyo endapo itatumiwa na binadamu au kutengeneza dawa za kulevya

Maoni mengine (kama yapo) ……

3. Kiasi cha pakiti/sanduku/magunia/kilo/lita …… (kiasi) zikiwa/yakiwa zimefungwa kwa lakiri kila moja ikiwa na saini yangu, zimerudishwa baada ya uchunguzi kwa …… (afisa aliyechukua vielelezo) leo tarehe …../……/20……

Aliyefanya uchunguzi:
Jina:……
Saini:…….
Cheo:……..

Afisa anayethibitisha
Jina:……..
Saini:…….
Cheo:……
Tarehe:……..

Passed by the National Assembly on the 17th November, 2017,

STEPHEN KAGAIGAI
Clerk of the National Assembly