



MINISTRY OF ENVIRONMENT, FORESTRY AND TOURISM

Biological and Genetic Resources and Associated

Traditional Knowledge Office

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APPLICATION FOR ACCESS PERMIT

(Section 8(1)) (Regulation 6(6) or 9(4)(b))

1. DETAILS OF PERSON APPLYING FOR ACCESS PERMIT

DETAILS OF PERSON IN RESPECT OF WHOM ACCESS PERMIT MUST BE ISSUED			
Name:			
ID/Passport/Business Registration No:			
Contact Details		Tel:	Fax:
	Email:		
Addresses Physical Address		Postal Address	
NO.	DETAILS OF KEY ROLE PLAYERS		
1.	Name:		
	Capacity:		
	ID/Passport/Business Registration No:		
	Contact Details	Tel:	Fax:
		Email:	
	Addresses	Postal Address	
	Physical Address		
2.	Name:		
	Capacity:		
	ID/Passport/Business Registration No:		
	Contact Details	Tel:	Fax:
		Email:	
	Addresses	Postal Address	

(If key role players (i.e. partners, researchers, subsequent users etc.) are more than two kindly attach an extended list following the same format set out in this table for key role players)

2. DETAILS OF ACCESS PERMIT APPLICATION

A. TYPE OF APPLICATION ACCESS PERMIT (*Kindly tick the appropriate box*):

New application		
Renewal		Permit No.:
Extension		Permit No.:

B. PURPOSE FOR WHICH ACCESS PERMIT IS SOUGHT

Access only		Access and export	
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(*Kindly tick the appropriate box*)

Any other (*explain*):

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C. PARTICULARS RELATING TO THE PURPOSE FOR WHICH ACCESS PERMIT IS SOUGHT

- (i) What benefits may result from the granting of the access permit?
- (ii) What is the proposed methodology for achieving set objectives?
- (iii) What are the proposed time-frames for which access permit is sought?
- (v) Any relevant environmental considerations including impacts of the collection of resources and proposed steps to minimise or remedy those impacts:

(*Kindly attach a detailed project proposal to this application if requested to do so by the Office*)

ANNEXURE 4

ACCESS PERMIT
(Section 8(1)) (Regulation 6(6) or 9(4)(b))

Ref No.

Not Transferable

Permission is hereby granted to

.....

.....

(Name and description of applicant)

to access the following biological resources or genetic resources and associated traditional knowledge:

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.....

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.....

*(Describe the biological resources/genetic resources and associated traditional knowledge)**

located at:

.....

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.....

(State location or geographical area)

on condition that:

.....

.....

.....

(State the conditions attached to access permit)

.....
Head of the Office

.....
Date
