



**MINISTRY OF ENVIRONMENT, FORESTRY AND TOURISM**

Biological and Genetic Resources and Associated  
Traditional Knowledge Office  
Private Bag 13306, Windhoek  
Tel: +264 61 2842701 / Fax +264 61 229 936



**PRIOR INFORMED CONSENT AND ACCESS AND BENEFIT SHARING AGREEMENT**

Ref No. ....

**Part A  
Prior informed consent**

I/we\* .....

*(Name and description of right holder(s))*

being the owner(s)/custodian(s) of the following biological resources/genetic resources and associated traditional knowledge\*

.....  
.....  
.....

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

located at .....

*(State the location or geographical area of the biological resources/genetic resources and associated traditional knowledge)\**

hereby grant to .....

*(State the name and address of applicant for prior informed consent)*

prior informed consent to access the above stated biological resources/genetic resources and associated traditional knowledge found under my/our ownership/custody.\*

This consent is valid from ..... 20 ..... to ..... 20 .....

This consent is granted subject to the following conditions:

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

The applicant(s) has/have\* obtained the following mutual agreed terms and access and benefit sharing agreements:

- 1 .....
- 2 .....

Signed at ..... on this the ..... of ..... 20 .....

.....  
Right holder(s)

I/We\* declare that I am/we are\* willing to enter into mutually agreed terms with .....  
..... (*right holder(s)*) on terms and conditions accepted by both parties.\*

.....  
Applicant(s)

**Part B**  
**Access and Benefit Sharing Agreement**

Ref No. ....

**EXPLANATORY NOTE:**

\* Delete whichever is not applicable

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I/we\* .....  
.....  
*(Name and description of right holder(s))*

being the owner(s)/custodian(s) of the following biological resources/genetic resources and associated traditional knowledge\*

.....  
.....  
.....  
*(State the biological resources/genetic resources and associated traditional knowledge)\**

located at .....  
.....  
*(State the location or geographical area of the biological resources/genetic resources and associated traditional knowledge)\**

hereby enter into an access and benefit sharing agreement with .....  
.....  
*(State the name and address of applicant for prior informed consent)*

may access the following the biological resources/genetic resources and associated traditional knowledge:\*

1 .....  
2 .....  
3 .....  
for the purpose of .....  
.....  
*(State the purpose e.g. commercial, research, educational etc)*

and we agree on the following conditions:

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....

*(State the conditions of the access and benefit sharing agreement and attach additional information where necessary)*

Date of consent: ..... 20 .....

Signed at..... on this the ..... of ..... 20 .....

.....  
 Right holder(s) Applicant

**Part C  
General**

*I/we hereby declare that to the best of my/our knowledge the information contained in this Access and Benefit Sharing Agreement is correct and true and that prior informed consent will only be used to apply to the Office for an access permit.\**

Name of witnesses:

Signatures:

.....  
 .....  
 .....

.....  
 .....  
 .....