



BIODIVERSITY CONSERVATION PERMIT APPLICATION FORM

Applicants applying as individuals should fill Part I.
Applicants applying as corporate (organizations) should fill Part II
All applicants must fill part III

PART I

FOR APPLICANTS WHO ARE INDIVIDUALS

Purpose for an Access

Permit _____

- (a) Name of applicant: _____
- (b) National Identification No /International Passport No. _____
- (c) Postal Address: _____
- (d) Permanent Residential Address: _____
- (e) Qualifications (Curriculum vitae to be attached) _____
- (f) Country of Residence or origin _____
- (g) Tel no _____
- (h) Fax No _____
- (i) Email: _____

PART II

FOR APPLICANTS WHO ARE CORPORATE (ORGANIZATIONS)

Purpose for an Access

Permit _____

- (a) Name of Organization: _____
- (b) Permanent Address: _____
- (c) Registered Address: _____
- (d) Registration No. (Attach copy of certificate of registration) _____
- (e) Qualifications of individuals/persons in the project (Curriculum vitae to be attached) _____
- (f) Details (if any) of:
 - i. Holding and subsidiary institutions; or
 - ii. Individuals connected to the project _____
- (g) Name of the contact person in regard to this application and the position held in the organization _____
- (j) Country of Residence or origin of directors _____
- (k) Tel no _____
- (l) Fax No _____
- (m) Email: _____

**PART III
FOR ALL APPLICANTS**

1.0 Financial Details

Sources:

- (a) The total budget of the project _____
- (b) Details of any corporate or individual sponsors of the project _____

2.0 Technical Particulars

- (a) Give details of previous collection/research (if any) conducted in any of the West African Country
- (b) Provide the following information with regard to genetic resources for which access is sought:
 - i. Scientific names of taxa;
 - ii. Specific sites in which access will be undertaken;
 - iii. Possible location;
 - iv. Parts of the genetic resources to be collected (tissues, cells, seeds, leaves, microbes, etc);
 - v. Products and/or derivatives;
 - vi. Quantities to be collected;
 - vii. Any known uses of the genetic resources;
 - viii. In case of genetic resources held ex-situ, details of the relevant depository institution(s).
- (c) Provide the following information on the planned collecting mission-
 - i. Identification of the provider(s) of the genetic resources for which access is sought
 - ii. Collection methods to be used;
 - iii. If there are Nigerian nationals or institutions to be used, their particulars;
 - iv. Expected date of commencement and completion of the activity;
 - v. Information regarding immigration status in Nigeria of foreign individuals that will visit Nigeria.
- (d) State in details the proposed use of genetic resources
 - i. Form of use to which the genetic resources will be put;
 - ii. Expected research results;
 - iii. Geographical location in which each element of the research programme will take place.
- (e) Give details of any royalties, payments and/or other compensation that the applicant offers for access to genetic resources monetary and non- monetary benefits).
- (f) State whether the applicant will require assistance to identify and access the genetic resources described in this applications? Yes or No
If yes, give details of the assistance that will be required.
- (g) Attach a copy of the Prior Informed Consent document signed by the relevant lead agencies, local community.
- (h) Attach a copy of research clearance document relevant lead agency or institution

- (i) Provide any other information in the possession of the applicant which might be useful to enable the National Environmental Standards and Regulations Enforcement Agency to make an informed decision in granting the access permit.

PART IV

DECLARATION BY THE APPLICANT

(Notary Public/Commissioner of Oath and Attestation Required)

I/we hereby declare that the details stated above are, to the best of my/our knowledge, true and correct.

Dated this.....day of.....200.....

THE COMMON SEAL OF THE WITHIN NAMED APPLICANT

Has hereunto been affixed in the presence of:

Sign: _____
Name:
DIRECTOR

Sign: _____
Name:
SECRETARY

Sworn to thisDay of.....200.....at.....

BEFORE ME

Notary Public/Commissioner of Oaths