



For office use only
Reference number here

COMMERCIALISATION PHASE OF BIOPROSPECTING

PART 1: APPLICATION FOR A BIOPROSPECTING PERMIT

PART 2: APPLICATION FOR AN EXPORT PERMIT FOR THE PURPOSES OF BIOPROSPECTING

Notes on completing form:

1. If you are applying for a bioprospecting permit and you do not intend to export the relevant indigenous biological resources, you need only to complete part 1 of this form.
2. If you are applying for an integrated export and bioprospecting permit, you must complete parts 1 and 2 of this form.
3. If insufficient space is provided in this form, additional information may be included by way of Annexures.

KIND OF PERMIT APPLIED FOR (Tick relevant box)

Bioprospecting permit:

Integrated export and bioprospecting permit:

Identity or Passport No: (Attach a certified copy)												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

8. IS THE APPLICANT AFFILIATED TO A JURISTIC BODY?

Y	N
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9. IF YES, CONTACT DETAILS OF JURISTIC BODY:

Name of juristic body:												
Contact person:												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

The rest of this part to be completed by all applicants

10. NAME AND CONTACT DETAILS OF OTHER COLLABORATORS:

A.

Name:												
Identity or Passport No: (Attach a certified copy)												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

B.

Name:												
Identity or Passport No: (Attach a certified copy)												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

11. NAMES AND CONTACT DETAILS OF INDIVIDUALS CONDUCTING BIOPROSPECTING PROJECT:

A.

Name:												
Identity or Passport No: (Attach a certified copy)												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

B.

Name:												
Identity or Passport No: (Attach a certified copy)												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

C.

Name:												
Identity or Passport No: (Attach a certified copy)												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

12. ARE THERE INTERNATIONAL SPONSORS:

Y	N
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13. IF YES, CONTACT DETAILS OF INTERNATIONAL SPONSORS

Name:												
Contact Person:												
Tel No:												
Fax No:												
E-mail:												
Postal Address:						Physical Address:						

14. ARE THERE SOUTH AFRICAN SPONSORS:

Y	N
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15. IF YES, CONTACT DETAILS OF SOUTH AFRICAN SPONSORS

Name:	
Contact Person:	
Tel No:	
Fax No:	
E-mail:	
Postal Address:	Physical Address:

INDIGENOUS BIOLOGICAL RESOURCES

16. SET OUT THE TYPE OF INDIGENOUS BIOLOGICAL RESOURCES FOR WHICH A PERMIT IS SOUGHT, THE FAMILY, GENUS OR SPECIES, THE PART OF THE ORGANISM COLLECTED OR TO BE COLLECTED, THE QUANTITY OF THE RESOURCES COLLECTED OR TO BE COLLECTED OR OBTAINED AND THE SPECIFIC AREA OR SOURCE FROM WHICH EACH RESOURCE WAS COLLECTED/ OBTAINED OR IS TO BE COLLECTED/OBTAINED.

Type of organism	Family, genus or species (scientific and common names) (if possible)	Part of organism to be collected	Quantity	Full locality data (GIS readings if possible)
<i>Example: Plant</i>	<i>Aloe ferox</i>	Leaves	6 kg

PREVIOUS RESEARCH AND APPLICATIONS FOR PERMITS

17. IN RESPECT OF THE INDIGENOUS BIOLOGICAL RESOURCES SET OUT ABOVE, HAS ANY OTHER APPLICATION FOR A PERMIT IN TERMS OF THE ACT OR IN TERMS OF ANY OTHER LEGISLATION BEEN SUBMITTED, EITHER PREVIOUSLY OR SIMULTANEOUSLY WITH THIS APPLICATION?

Y	N
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18. IF YES.

Granted	Refused	Pending (Issuing authority's reference number)

19. IF GRANTED

Permit number	Issuing authority	Date of issue

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DISCLOSURE OF INFORMATION

20. HAS ALL MATERIAL INFORMATION BEEN DISCLOSED TO ANY PERSON, ORGAN OF STATE OR COMMUNITY PROVIDING OR GIVING ACCESS TO THE INDIGENOUS BIOLOGICAL RESOURCES AND TO ANY IDENTIFIED INDIGENOUS COMMUNITIES WITH TRADITIONAL KNOWLEDGE OR USE OF THE INDIGENOUS BIOLOGICAL RESOURCES?

Y	N
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21. SUBSTANTIATE ANSWER ABOVE:

STAKEHOLDERS

NOTE: If any person, organ of state or community is required to provide or give access to the indigenous biological resources, their consent must be obtained and a material transfer agreement (MTA) in the form of Annexure 7 and a benefit-sharing agreement (BSA) in the form of Annexure 8 must be attached to this application.

22. IDENTIFY THE PERSON, ORGAN OF STATE OR COMMUNITY WHOSE CONSENT IS REQUIRED AND IN EACH INSTANCE INDICATE IF A MTA AND A BSA HAVE BEEN CONCLUDED WITH THEM. THESE AGREEMENTS MUST BE ATTACHED TO THIS APPLICATION.

Access provider	MTA concluded and attached?	BSA concluded and attached?

NOTE: If any indigenous community/ies have been identified, a benefit-sharing agreement (BSA) in the form of Annexure 8 must be concluded with that/ those community/ies and must be attached to this application.

23. STEPS TAKEN TO IDENTIFY INDIGENOUS COMMUNITIES:

24. DESCRIPTION / NATURE OF TRADITIONAL KNOWLEDGE OR USE (ORAL / DOCUMENTED)

25. DESCRIPTION OF ANY INDIGENOUS COMMUNITIES IDENTIFIED AND IN EACH INSTANCE INDICATES IF A BSA HAS BEEN CONCLUDED WITH THEM AND IF THAT AGREEMENT IS ATTACHED TO THIS APPLICATION.

Indigenous community	BSA concluded?	BSA attached?

26. HAVE ANY AGREEMENTS BEEN CONCLUDED IN RELATION TO THE INDIGENOUS BIOLOGICAL RESOURCES WITH COLLABORATING PARTIES THAT ARE NOT STAKEHOLDERS IN TERMS OF THE ACT?

Yes	No	
If yes, have those agreements been disclosed to-		
	Yes	No
Access provider		
Knowledge holder / provider		

27.

Is any assistance required from issuing authority to conclude the necessary agreements?		
Yes	No	
If yes, specify nature of assistance and why.		

PROJECT PROPOSAL (Attach)

28. A detailed project proposal must be attached to this application setting out the following –

- 28.1. The objectives of the bioprospecting project;
- 28.2. The benefits that may result from the project;
- 28.3. The proposed methodology;
- 28.4. The proposed time-frames (i.e. required period of validity of permit);
- 28.5 Any relevant environmental considerations including impacts of the collection of the indigenous biological resources and proposed steps to minimise or remedy those impacts;
- 28.6. Reporting processes;
- 28.7. Desired outcomes of the project; and
- 28.8. What will happen to the discarded/ wasted specimens at the end of the study?

29. FEES

Departmental Bank Account ABSA Bank Account number: 1044240072 ACCOUNT TYPE: CURRENT Swift Account : ABSA ZAJJ CPT (OUTSIDE SA) REFERENCE NUMBER: 00946420/ COMPANY NAME	Pretoria South Africa Branch code : 632005
R5 000 application fee paid	
Yes	No
If yes (attach copy of invoice)	

Signature of Applicant	Date	Capacity

ENDORSEMENT OF JURISTIC BODY, IF APPLICABLE

Name	Signature of duly authorized officer	Date

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Name of inspection official	Signature of inspection official	Date:	Approved / Refused
Reasons for refusal:			

PERIOD OF VALIDITY OF PERMIT

From: (dd/mm/year)	To: (dd/mm/year)
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Name of permit official	Signature of permit official	Date:	Amount paid	Receipt no:	Approved / refused
Reason for refusal:					

PART 2: APPLICATION FOR AN EXPORT PERMIT FOR BIOPROSPECTING PURPOSES

An applicant completing this part must also complete and sign part 1

1. RECIPIENT OF INDIGENOUS BIOLOGICAL RESOURCES BEING EXPORTED (IMPORTER)

Name of recipient / importer:	
Tel No:	
Fax No:	
E-mail:	
Postal Address	Physical Address

2. REQUIREMENTS OF OTHER LEGISLATION

Name of Legislation	Reference number	Waybill numbers (where appropriate)

3. PURPOSE OF EXPORT

4.

Benefits of intended bioprospecting to:		
	Yes	No
The conservation of biodiversity of South Africa		
The economic development of South Africa		
Any other matter that is in the public interest		

IF YES, PROVIDE DETAILS

5. FEES

Departmental Bank Account ABSA Bank Account number: 1044240072 ACCOUNT TYPE: CURRENT Swift Account : ABSA ZAJJ CPT (OUDSIDE SA) REFERENCE NUMBER: 00946420/ COMPANY NAME	Pretoria South Africa Branch code : 632005
R5 200 application fee paid	
Yes	No
If yes (attach copy of invoice)	

Signature of Applicant	Date	Capacity

ENDORSEMENT OF JURISTIC BODY, IF APPLICABLE

Name	Signature of duly authorized officer	Date

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Name of inspection official	Signature of inspection official	Date:	Approved / refused
Reasons for refusal:			

PERIOD OF VALIDITY OF PERMIT

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Name of permit official	Signature of permit official	Date:	Amount paid	Receipt no:	Approved / refused
Reason for refusal:					

DEPARTMENTAL CONTACT DETAILS

All completed documents must be mailed to:

THE DIRECTOR-GENERAL

DEPARTMENT OF ENVIRONMENTAL AFFAIRS

Private Bag X447 or hand delivered to: 315 Pretorius Street

Pretoria

Pretoria

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FOR THE ATTENTION OF THE DIRECTOR: RESOURCE USE

Enquiries:

Mr. Muleso Kharika

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OR

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Cell: 079 699 5350

E-mail: Cmalherbe@environment.gov.za

OR

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For more information, go to www.environment.gov.za