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Ministry of Tourism and Environment

Male', Republic of Maldives.

**Application for Access and Benefit
Sharing of Genetic Materials under the
Nagoya protocol framework**

| 1. Permit Application | |
|--|------------------------|
| 1.1 Application no: <i>(Office use only)</i> | |
| 2. Information of Applicant | |
| 2a. Applicant details | |
| 2a.1 Type of Applicant: Individual Organization | |
| 2a.2 Name: | |
| 2a.3 NID/Passport No: <i>For individuals</i> | |
| 2a.4 Address: | |
| 2a.5 Country & Street name: | |
| 2a.6 Postal Code: | 2a.7 Telephone: |
| 2a.8 Mobile: | 2a.9 Email: |
| 2a.10 Organization name: | |
| 2a.11 Organization address: | |
| Registration | |
| Email: | |

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| 3. Details of the Research | | |
|--|-----------------------------|---------------------------------|
| 3a.1 Research name: | | |
| 3a.2 Research location: | | |
| 3a.3 Research details/Description | | |
| 3a.4 Research dates and duration of research From commencement to end | Research date: | Research duration: |
| 3a.5 Description of Genetic Resource and Traditional Knowledge included in research | | |
| 3a.5.1 Duration of access to genetic resources and Traditional Knowledge | | |
| 3a.6 Common name and Scientific name of genetic resources | Common name: | Scientific name: |
| 3a.7 Number of samples and measurements | Number of samples: | Weight and size: |
| 3a.8 Location and storage | Location of storage: | Storage conditions/care: |

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| 4. Checklist | |
|--------------------------|---|
| <input type="checkbox"/> | Copies of relevant permits |
| <input type="checkbox"/> | Copy of Passport / registration |
| <input type="checkbox"/> | Any other document(s). <i>Please specify below;</i> |
| <input type="checkbox"/> | |

| 5. Declaration by applicant | |
|--|----------------------------|
| I, the undersigned, hereby certify that all information provided in this document is true and correct. | |
| Name: _____ | |
| Date: _____ | |
| | Signature and Stamp |

| 6. Ministry use only | |
|---------------------------------|----------------------|
| Application received by: | |
| Name: | <input type="text"/> |
| Designation: | <input type="text"/> |
| Date: | <input type="text"/> |
| | Signature |