Form XVI

 (Regulation 12(10))

(To be completed in duplicate)

Application No…..



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Protection of Tradition Knowledge, Genetic Resources**

**and Expressions of Folklore Act**

**(Act No. 16 of 2016)**

**\_\_\_\_\_\_\_\_\_\_\_\_**

**The Protection of Traditional Knowledge, Genetic Resources and**

**Expressions of Folklore Regulations, 2021**

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| **APPLICATION FOR RENEWAL OF ACCESS PERMIT OR EXPLORATION PERMIT****ACCESS PERMIT EXPLORATION PERMIT****(Tick [√] where applicable)** |
| **Please write in BLOCK LETTERS** | Shaded fields for official use only | Application No. |  |
| Date/Time  |  |
| **TO THE REGISTRAR:** |
| **Details of Permit Holder** |
| Full names ………………………………………….………………….……………………..Identity Number.............................................................................................Nationality……................................................................................................Residential address…………………...................................................................Telephone Number………………………………………………………………………….. Mobile number…………………………………….………………………………………….Email address………………………………………………………………………………… |
| 1. Here insert the date of expiry of the Access/ Exploration\* permit
 | The access/exploration\* permit holder applies for the renewal of the access/exploration\* permit which is due to expire on (1)……………….day of……………………………….20……………… |
| **Accompanying documents** |
| 1. Here describe full details and conditions of Access/Exploration\* Permit and any other accompanying documents
 | 1. The following documents are attached to this application:
2. current permit
3. written prior informed consent\*
4. an access agreement\*
5. an Environmental Impact Assessment Report\* (where applicable)
6. a detailed project proposal where there is a new project or the project has changed\*

Dated this ……………… day of ……….………………… 20………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of applicant |

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| **DECLARATION** I, the applicant declare that the information provided herein and the accompanying documents are true and correct to the best of my knowledge.* Officer to tick box where relevant document attached.
 |
| Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer’s name and signature Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OFFICIAL STAMP** |