Form VII

 (Regulation 9(2) and 11(2))

(To be completed in duplicate)

Application No….



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

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

**and Expressions of Folklore Act**

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

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

**Expressions of Folklore Regulations, 2021**

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| **APPLICATION FOR PRIOR INFORMED CONSENT**  |
| **Please write in BLOCK LETTERS** | Shaded fields for official use only | Application No. |  |
| Date/Time  |  |
| **TO: AGENCY/HOLDER\*** |  |
| **DETAILS OF APPLICANT**  |  |
| 1. Full names
 |  |
| (b) Nationality |  |
| (c) Identity number |  |
| (d) Telephone number |  |
| (e) Mobile number |  |
| (f) Physical address |  |
| (g) Email address |  |
| I/we\* apply for prior informed consent in respect of the following traditional knowledge/genetic resources/expression of folklore\* ………………………………………………………………………………………1. Traditional knowledge/ genetic resources/expression of folklore\* registration number (where applicable) ………………………………………………………………………..
2. The reasons for prior informed consent:…………………………………………………………………………

……………………………………………………………………………………………………………………………..1. I/we\* declare that I am/we are willing to enter into an agreement on mutually agreed terms.
2. I/we\* declare further that to the best of my/our knowledge, the information given in this application is correct and true and that the prior informed consent will only be used for the reasons stated in this application.

Dated this……………. day of ……………………… 20 …………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of applicant |
| **FOR OFFICIAL USE ONLY** Application received by: ………………………………………………Date received:……………………………………………………………**OFFICIAL STAMP** |