**FORM A**

(See regulation 2)

**Information to be furnished for use of biological resources by the applicant**

**Self-disclosure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Common Name of the biological resource proposed to be used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scientific Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plants or animals or parts thereof traded :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specific purpose of access :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Location/ source from where procured\* | Quantity in Kgs | Rate per unit | State Biodiversity Board | Prospective Buyers/Users  (if known) |
|  |  |  |  |  |

\*List of local body/BMCs, if already identified shall be attached.

**Undertaking**

1. I have read and understood the terms and conditions of ABS guidelines and I undertake to abide by relevant legal provisions applicable to biological resource.
2. I undertake to obtain the approval of the NBA/SBB before making any change in the stated purpose.
3. I undertake to furnish/ share the relevant records with the NBA/ SBB, as and when required.
4. I further declare that the Information provided in the form is true and correct and I shall be liable for any incorrect/ wrong information and willful suppression of the facts.

Signature

Name of the trader/ company/manufacturer/ Authorized Representative

Complete Address of the trader/ company/ manufacturer along with phone number and email address

Place

Date