|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMERCIALISATION BABS PERMIT APPLICATION CHECKLIST**  This document lists the information and supporting documents required to submit a fully completed permit application. It also lists additional documents that you may need to provide depending on your individual circumstance.  **Important:**   * Please tick the appropriate box. * Please provide original documents. * Please provide certified copies of ID or Passport. Copies should be certified no more than three months prior to submission * Please complete in English. * Please sign Annex 5, 11, 12 & 13 * Please ensure that you submit a fully completed permit application as decisions made are based on information provided. The Department may ask you to provide additional information. * It is recommended that you visit the DEA website at [www.environment.gov.za](http://www.environment.gov.za) to access the guidelines on the BABS Regulatory Framework for more information on the regulatory requirements. Alternatively, contact the Department for a copy at   BABS @environment.gov.za.  **Note:**   * The permit application fee is non-refundable. * After completing this checklist, please attach it to the front of your permit application documentation. | | | | | | | |
| **KIND OF PERMIT APPLIED FOR:** | | | | | | | |
| 1. Bioprospecting Permit |  | | | | | | |
| 1. Biotrade Permit |  | | | | | | |
| 1. Integrated Bioprospecting and Biotrade Permit |  | | | | | | |
| **APPLICATION FORM- ANNEXURE 5** | | | **Y** | | **N** | | |
| 1. Fully completed and signed application form attached | | |  | |  | | |
| **SUPPORTING DOCUMENTS TO BE ATTACHED** | | | | | | | |
| 1. Certified ID copy of the applicant | | |  | |  | | |
| 1. Certified ID copy of contact person in the Juristic body | | |  | |  | | |
| 1. Certified ID copies of all other collaborators in the proposed bioprospecting or biotrade activity | | |  | |  | | |
| 1. Fully completed and signed Material Transfer Agreement/s *(Annexure 11)* | | |  | |  | | |
| 1. Fully completed and signed Benefit Sharing Agreement/s *(Annexure 12)*   **Note:**   * *Part one is Access to Indigenous Biological Resources* * *Part two is for Access to Traditional Knowledge associated with Indigenous Biological Resources* | | |  | |  | | |
| 1. Community resolution attached (*Annexure 13*) 2. Proof of steps taken to identify holders of traditional knowledge associated with indigenous biological resources attached (Minutes of the meeting and Attendance Register) | | |  | |  | | |
|  | |  | | |
| 1. Informed consent Letter attached | | |  | |  | | |
| 1. Detailed Project Plan or Summary *( Annexure 5: Section G.14)* | | |  | |  | | |
| **INDIGENOUS BIOLOGICAL RESOURCES** | | | | | | | |
| 1. Type(s) of organism specified | | |  | | | |  |
| 1. Scientific and common name(s) specified | | |  | | | |  |
| 1. Part of all organism(s) to be collected specified | | |  | | | |  |
| 1. Quantity to be collected specified for each organism type | | |  | | | |  |
| 1. Collection locality data specified for each organism type | | |  | | | |  |
| **FEES (N.B Check Annexure 4 for your structured permit application fees category)** | | | | | | | |
| 1. Non-refundable prescribed permit application fee paid |  | | |  | | | |
| 1. Proof of payment attached |  | | |  | | | |
| **OTHER DOCUMENTS, IF RELEVANT & AVAILABLE** | | | | | | | |
| 1. Copies of previous permits attached (e.g CITES, TOPS or Collection/Harvesting permit) | |  | | | |  | |
| 1. Sustainability/ Resources Assessment Report on the Species attached. | |  | | | |  | |

**Declaration by the Applicant:**

I………………………………………………………………………………………………………………………………………., confirm the content of this checklist to be true and accurate. The applicant certifies that he /she is informed of the legal and administrative consequences in terms of the BABS Regulations of furnishing false or incomplete information in the course of this permit application process.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **c** | **c** | **y** | **y** | **m** | **m** | **d** | **d** |

SIGNATURE OF APPLICANT CAPACITY DATE