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| **DISCOVERY 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 1, if discovery is conducted in South Africa only * Please sign Annex 1, 2, 11, 12 & 13, if discovery is conducted outside the Republic of South Africa * 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 DFFE 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](mailto:BABS@environment.gov.za) .  **Note:**   * The Discovery Phase Notification is free. * The permit application fee is non-refundable for Export Discovery Permit. * After completing this checklist, please attach it to the front of your permit application documentation. | | | | | | | |
| **KIND OF PERMIT APPLIED FOR:** | | | | | | | |
| 1. Discovery Notification |  | | | | | | |
| 1. Discovery Export Permit |  | | | | | | |
| **APPLICATION FORM- ANNEXURE 1, 2** | | | **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 discovery bioprospecting 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) | | |  | |  | | |
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| 1. Detailed Proposal ( *Annexure 1: Section 10)* | | |  | |  | | |
| 1. Commitment signed (*Annexure 1: Section C)* | | |  | |  | | |
| **INDIGENOUS BIOLOGICAL RESOURCES** | | | | | | | |
| 1. Type(s) of organism specified | | |  | | | |  |
| 1. Scientific and common name(s) specified | | |  | | | |  |
| 1. Part of all organisms(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) | |  | | | |  | |

**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.

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

SIGNATURE OF APPLICANT CAPACITY DATE