**Annex. 4. Sample of an application form for execution of Material Transfer Agreement**

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| **Application form for Material Transfer Agreement** |
| **Section 1. Details of the User**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 2. Purpose (tick the relevant box)**  □ specific academic research □ exchange of samples  □ sample testing □ others (specify) |
| **Section 3: Details of the Genetic Resources**  1. Scientific description of genetic resources  a. If it is for academic research  i) name of the university;  ii) name of the institution;  iii) location of the institution;  iv) name of the supervisor;  v) purpose of the study;  vi) affidavit from the institution affirming that it shall not be put to commercial use;  b. If it is for exchange of samples  i) name of the institution providing the genetic resources;  ii) name of the institution receiving the genetic resources;  iii) location of the institution;  iv) affidavit from the institution affirming that it shall not be put to commercial use.  c. If it is for sample testing  i) purpose of the testing;  ii) name of the laboratory;  iii) location of the laboratory;  iv) affidavit from the user affirming that it shall not be put to commercial use. |
| **Section 4. Declaration**  I/We, the undersigned, being duly authorized representative, declare to the best of my/our knowledge and belief that the information contained in this application is correct and complete and I/We authorize the National Focal Point to make all necessary inquiries and to conduct all necessary checks in relation to this application. In case the information provided in the application form is found to be false, the National Focal Point may take appropriate action as per the laws of the land.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In the capacity of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |