

**Annex 1. Application form for genetic resources research for foreign entities in Myanmar.**

**Application to conduct research on genetic resources and/or traditional knowledge in Myanmar under ABS**

- This application form is a requirement as a part of the approval process to access genetic resources and traditional knowledge for research purposes.
- The purpose of the form is to inform the Government of Myanmar, Competent National Authority, of the research intent, so that he/she can direct and assist the applicant through the complete application process.
- This form will become a part of the final application for project approval.

**1. Name of applicant:** \_\_\_\_\_

**2. Passport or ID no.:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**3. On behalf of (company or institution):** \_\_\_\_\_

**4. Company or institution address (complete physical address):** \_\_\_\_\_

\_\_\_\_\_

**Company email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Registration number and country:** \_\_\_\_\_

- 5. Purpose (check one or all as required):**
- Basic or non-commercial research
  - Commercial research
  - Require access to traditional knowledge (TK)
  - Will require 'Material Transfer Agreement'\*

\*required to export genetic materials out of Myanmar

**6. Names of co-applicants:**

**Name:** \_\_\_\_\_ **Passport or ID No.** \_\_\_\_\_ **Affiliation** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Passport or ID No.** \_\_\_\_\_ **Affiliation** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Passport or ID No.** \_\_\_\_\_ **Affiliation** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Passport or ID No.** \_\_\_\_\_ **Affiliation** \_\_\_\_\_

**7. Name(s) of person(s) and institution(s) of Myanmar that are co-applicant(s):**

**Name:** \_\_\_\_\_ **Institution:** \_\_\_\_\_ **email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Institution:** \_\_\_\_\_ **email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Institution:** \_\_\_\_\_ **email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Institution:** \_\_\_\_\_ **email address:** \_\_\_\_\_

8. Role(s) of Myanmar co-applicants and institutions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Project name: \_\_\_\_\_

10. Project summary (attach draft proposal): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Sector of the research (Pharmaceutical, agriculture, biotechnology, etc.): \_\_\_\_\_  
\_\_\_\_\_

12. Name and address of sponsor, if different from company affiliation of main applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Genetic resources: List the genetic resources to which you are seeking access, including the approximate quantity of each species to be collected, and a collection schedule. Please provide a description of collection methods for each species to be collected. Add a separate table if needed.

Common name	Scientific name	Part collected	Collection period	Collection method	Expected amount (g)

14. Expected use of the genetic resources (provide details):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Duration of project:  
\_\_\_\_\_

**16. Describe type and intended use of traditional knowledge (if applicable):**

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**17. Declaration:**

**I/ We declare that the information contained in this application form is true and accurate, and I/we shall be responsible for any incorrect information.**

**Signed:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**18. Co-signature of the CNA who has reviewed the proposal: (must be obtained prior to negotiating PIC and MAT)**

\_\_\_\_\_ **Date:** \_\_\_\_\_