

APPLICATION FOR AUTHORIZATION TO IMPORT/EXPORT GMOs THAT HAVE BEEN APPROVED FOR FOOD/FEED/ PROCESSING IN NIGERIA

[this form is to be filled by commodity importers or exporters only]

Please tick (√) as appropriate I am seeking permit to: Import □ Export □

| | PART A: GENERAL INFORMATION | | | | |
|------------------------|-----------------------------|--|--|--|--|
| 1. | Name of Applicant: | | | | |
| | | | | | |
| | | | | | |
| 2. | Contact detail | | | | |
| | a. Postal Address | | | | |
| | | | | | |
| | b. Physical address | | | | |
| | | | | | |
| | c. Telephone | | | | |
| | d. Email | | | | |
| | e. Website (if | | | | |
| | available) | | | | |
| 3. Name and details of | | | | | |
| | contact person (if | | | | |
| | different from above): | | | | |
| | a. Name | | | | |
| | b. Postal Address | | | | |
| | | | | | |
| | c Physical address | | | | |

| | T | | | | |
|--|---|--|--|--|--|
| | | | | | |
| d. Telephone | | | | | |
| e. Email | | | | | |
| f. Website (if available) | | | | | |
| PART B: ADDITIONAL INFORMATION FOR IMPORT/EXPORT | | | | | |
| Name and contact | | | | | |
| details of exporter (or | | | | | |
| importer in case of | | | | | |
| export): a. Name: | | | | | |
| b. Postal Address | | | | | |
| | | | | | |
| | | | | | |
| c. Physical address | | | | | |
| | | | | | |
| d. Telephone | | | | | |
| e. Email | | | | | |
| 2. Website (if | | | | | |
| available) | | | | | |
| | | | | | |
| 2. Common and Scientific | | | | | |
| Name of commodity | | | | | |
| being | | | | | |
| imported/Exported | | | | | |
| | | | | | |
| | | | | | |
| 3. Country(ies) of Origin | | | | | |
| or Destination (in case of export) | | | | | |
| (please attach relevant | | | | | |
| proof of origin or destination) | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| 4. List of events of the | | | | | |
| commodity in 2 above | | | | | |
| that are approved in | | | | | |
| the country(ies) of | | | | | |
| origin or destination (in case of export) | | | | | |
| (5055 51 57501 67 | | | | | |

| [please provide a link to the approvals on BCH or other relevant authoritative databases] | |
|--|--|
| 5. Intended use of the commodity in Nigeria and current use in party of export (In case of export, provide current use in Nigeria and intended use in the importing country) | |
| 6. Projected volume (Mt) of import/export [within the duration of the permit] | |
| 7. Import/Export permit number [Any relevant permit issued by other relevant Nigerian competent authorities responsible for approving the import and use of this commodity] | |
| 8. Port (select as appropriate): a. Entry into Nigeria (for imports) b. Shipment out of Nigeria (for exports) | |
| PLEASE PROVIDE THE E | OLLOWING ADDITIONAL INFORMATION IF YOU ARE AN IMPORTER |
| 9. Methods and plans for safe handling, storage, transport and use, including packaging, labelling, documentation, disposal and | |

| contingency procedures | | | | | | |
|---|-----------------------------------|--|--|--|--|--|
| 10. Emergency procedures that will be applied in Nigeria in the event of an accident with the GMO | | | | | | |
| | PART C: CERTIFICATION | | | | | |
| I certify that the information given above is correct and I understand the consequence of giving false information. | | | | | | |
| Signed: | (append a Nigerian postage stamp) | | | | | |
| Date: | | | | | | |
| NB: Completed application form should be returned to: National Biosafety Management Agency National Parks Service Building Umaru Musa Yar'Adua Way Express Way (Airport Road) Abuja | | | | | | |
| For further enquiries Website: www.nbma.gov.ng E-mail Address: nbma@nbma.gov.ng GSM: +2348180805451 | | | | | | |
| PART D: OFFICIAL USE ONLY | | | | | | |
| Application reference/Tracking number: | | | | | | |
| Name of vessel | | | | | | |

| (to be provided at least 7 days prior to arrival at specified port in Nigeria) | |
|--|--|
| Contact details of the competent authority for biosafety in the Exporting country | |
| | |
| Expected date of arrival of first shipment (Date of arrival of subsequent shipments to be communicated to NBMA at least 7 days prior to arrival) | |
| Summary of technical review | |
| | |
| | |
| | |
| | |
| | |
| | |
| Recommendation for decision making | |
| | |
| | |
| | |
| | |
| | |
| | |
| Final decision | |
| | |
| Permit duration | |
| | |