

FEDERAL REPUBLIC OF NIGERIA



**APPLICATION FOR AUTHORIZATION TO IMPORT/EXPORT GENETICALLY MODIFIED ORGANISMS (GMOs) FOR USE AS FOOD OR FEED OR FOR PROCESSING IN NIGERIA**

Pursuant to section 23 of the National Biosafety Management Agency Act, 2015, this form shall be completed by importers or exporters wishing to obtain an import/export permit for GMOs for direct use as food or feed or for processing.

**Please tick (v) as appropriate:** I am seeking permit to: Import  Export

<b>PART A: GENERAL INFORMATION</b>	
<b>1. Name of applicant:</b>	..... ..... .....
<b>2. Contact detail</b>	
a. Postal address:	..... ..... ..... .....
b. Physical address:	..... ..... ..... .....
c. Telephone:	..... .....
d. Email:	..... .....

e. Website (if available):	..... .....
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<b>3. Name and details of contact person (if different from above):</b> a. Name:	..... ..... ..... .....
b. Postal address:	..... ..... ..... .....
c. Physical address:	..... ..... ..... .....
d. Telephone:	..... .....
e. Email:	..... .....
f. Website (if available):	..... .....

**PART B: ADDITIONAL INFORMATION FOR IMPORT/EXPORT**

<b>1. Name and contact details of exporter (or importer in case of export):</b> a. Name:	..... ..... .....
b. Postal address:	..... .....



<p><b>5. Intended use of the commodity in Nigeria and current use in party of export</b> <i>(In case of export, provide current use in Nigeria and intended use in the importing country)</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>6. Projected volume (Mt) of import/export</b> <i>[within the duration of the permit]</i></p>	<p>.....</p>
<p><b>7. Import/export permit number</b> <i>[Any relevant permit issued by other relevant Nigerian competent authorities responsible for approving the import and use of this commodity]</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>8. Name of port (indicate as appropriate):</b></p> <p><i>a. Entry into Nigeria (for imports):</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><i>b. Shipment out of Nigeria (for exports):</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION IF YOU ARE AN IMPORTER</b></p>	
<p><b>9. Methods and plans for safe handling, storage,</b></p>	<p>.....</p> <p>.....</p>

<p><b>transport and use, including packaging, labelling, documentation, disposal and contingency procedures</b></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p><b>10. Emergency procedures that will be applied in Nigeria in the event of unintended release of the GMO. (Please attach extra sheets if needed)</b></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**PART C: CERTIFICATION**

I certify that the information given above is correct and I understand the consequence of giving false information.

Signed: \_\_\_\_\_ (Append signature on affixed Nigerian postage stamp)

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

**NB: Completed application form should be returned to:**  
National Biosafety Management Agency,  
National Parks Service Headquarters,  
Umaru Musa Yar'Adua Express Way (Airport Road),  
Abuja.

**For further enquiries**  
Website: [www.nbma.gov.ng](http://www.nbma.gov.ng)  
E-mail Address: [nbma@nbma.gov.ng](mailto:nbma@nbma.gov.ng)  
GSM: +2348180805451

**PART D: OFFICIAL USE ONLY**

Application reference number: .....

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

**CERTIFICATION**

Name:	.....
Signature:	.....
Date	.....