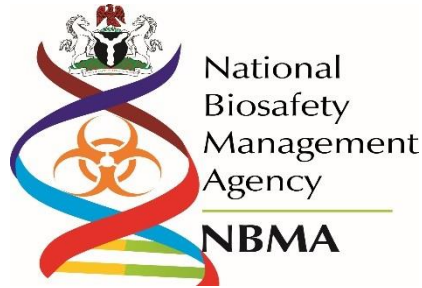


**FEDERAL REPUBLIC OF NIGERIA**



**APPLICATION FOR AUTHORIZATION OF GENETICALLY MODIFIED ORGANISMS (GMOs) FOR USE AS FOOD, FEED OR FOR PROCESSING FOR BIOTECHNOLOGY DEVELOPER**

Pursuant to section 24 of the National Biosafety Management Agency Act, 2015 (as amended), this form shall be completed by Biotechnology developer wishing to obtain authorization for GMOs intended for direct use as food, feed or for processing.

I am seeking authorization for use of GMOs as:

**Please tick (v) as appropriate:** Food  Feed  Processing  Food, Feed and Processing

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

e. Website (if available)	.....
<b>PART B: ADDITIONAL INFORMATION FOR BIOTECHNOLOGY DEVELOPER</b>	
<b>1. Common and scientific name of GMO</b>	..... ..... ..... ..... .....
<b>2. Provide the OECD unique identifier(s)</b>	..... ..... .....
<b>3. Provide a description of the trait(s)</b>	
<b>4. List of countries where approvals have been granted for use of this GMO event and the nature of the approval in each of the countries (e.g. for cultivation and/or for use as food, feed or for processing (FFP))</b>	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....
<b>5. Provide evidence of approvals in countries listed in No. 4 where approvals have been granted</b>	
<b>6. Provide available safety assessment reports (review reports) for the countries listed in Part B. 4. [provide copies or submit links to publicly available safety assessment reports or decision documents available on credible databases e.g. OECD BioTrack product database]</b>	

**7. Provide a summary of a contingency plan in case of any unintended release**  
***[Provide the detailed Risk Management Plan as provided for in the NBMA Act 2015, (As amended)]***

**PART C: CERTIFICATION**

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

Name of applicant/representative of applying institution/organisation : \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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:  
NBMA/BTD/FFP/.....

Additional Comments	..... ..... .....
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Affirmation of accuracy and completeness of required information	
Information accurate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information complete	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendation(Recommended)  (Not recommended)**

Name	.....
Signature	.....
Designation	.....
Date	.....