



6 APPENDICES

APPENDIX I : SAMPLE PRIOR INFORMED CONSENT (PIC) FORM

PART A: Details of the Resource User and Local Partners/Affiliates

This part shall be filled by the person seeking to access the GR and/or associated knowledge. The person can be either an individual, corporate or organization

Resource User

1. Individual

- a. Name.....
- b. ID No. /Passport No.....PIN No/ Visa No.....
- c. Country of OriginNationality.....
- d. Valid Work permit No/Research Permit (If applicable).....
- e. Telephone No: Include area codes.....
- f. Applicants home Organization:
 - (i) Postal address:
 - (ii) Physical Address.....
 - (iii)Fax.....
 - (iv)E-mail.....Website.....
- g. Official contact person (in *case of legal entity*).....

2. Corporate / Other Organizations

- a. Name of Corporate/Organization.....
 - i. Postal address.....
 - ii. Physical Address.....
 - iii. Fax.....
 - iv. E-mail.....Website.....
- b. Name of person completing the form.....
 - (i) ID No. /Passport No.....PIN No. / Visa No.....
 - (ii) Valid Work permit No..... (If applicable)
- c. Telephone No: Include area codes.....
- d. Person to contact (in *case of legal matters*).....

3. Local Partner/Affiliates (if applicable)





- a. Name.....
- b. Postal address.....
- c. Physical Address.....
- d. ID No. /Passport No/PIN No.....
- e. Tel No.....
- f. Fax. No.....
- g. E-mail.....
- h. **Official contact person (Chief executive officer of affiliating institution):**
 - i. Name.....
 - ii. Title.....

4. Project type

- a. **Proposed Project** (Indicate by placing X in the box provided)

- (i) Educational research ☐
- (ii) Commercial Use ☐
- (iii) Industrial application ☐
- (iv) Bio - prospecting ☐
- (v) Conservation ☐
- (vi) Other (specify).....

- b. **Genetic resource(s) to be accessed**

- (i) Plants ☐
- (ii) Animals ☐
- (iii) Vertebrates ☐
- (iv) Invertebrates' ☐
- (v) Micro-organisms ☐

- (vi) Scientific nameCommon name:
Local name (if known).....

- (vii) **Status of conservation**

☐
☐
☐



- Abundant
- Endemic
- Rare
- Threatened
- Endangered

☐☐



- c. **Details about Genetic Resource to be accessed** (Indicate by placing X in the box provided)

Type (whole or part)	Unit of measurement	Quantity	Frequency of collection

- d. **Methodologies of collection** (briefly describe how genetic material above will be collected from the organism).

.....
 ...

- e. **Sites/habitat in which collection will be undertaken** (County, locality, GPS where possible)

- f. **Attach** **documented** **bio-cultural** **protocols**

.....

- g. **Duration of material collection activity** (*Days, Months, Years*)

- How long will analysis take

- h. **Location/ where the analysis and development will take place**

- i. **Further details required in case of applied research**

- i. Are you aware of any product made of the material you are proposing to access? Yes / No...
- ii. Are you aware of any specific uses of the material by the local community where it is found? Yes/ No
- iii. Are you aware of any current industrial application of the material
Yes/ No

- j. **Role of local community in the project** (provide details on how the community where material is found will participate in the project)

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- k. **Potential Impacts**

Describe briefly the potential impacts of accessing the genetic resource(s) on the environment and the socio-economics of the provider community.

- (i) Impacts on the environment





-
- (ii) Socio-economic impacts
.....
- iii Proposed mitigation measures
.....

k. Third Party Involvement

Indicate potential involvement of third parties

- i.
- ii.
- iii.

5. Benefit Sharing Arrangements

The benefits derived from accessing genetic resource will be shared in accordance with the Mutually Agreed Terms (MAT) annexed hereto.

6. Communicating project implementation

Provide the ways in which an audit of accrued benefits agreed under MAT will be ensured during and after the project period.

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7. Project Budget

Indicate the overall project budget.....

8. Additional Information:

Provide any additional information the provider should know in order to make an informed decision of permitting your access to the genetic resource(s).

.....

PART B (The Persons /Community to be involved)

Details of Genetic Resource Provider

This part shall be filled by the person providing Genetic Resource (GR Provider). The person can either be an individual, corporate, organization or community.

1. Community /Corporate or organization/ Individual





- a) Name
- b) Address.....
- c) Physical Address.....
- d) ID No/Passport No.....
- e) PIN No.....
- f) Tel. No.....Fax No.....
- g) E-mail

Notes on documents to enclose

- a) For community attach authority to act on behalf of the community duly executed by the community's representatives and or a resolution to that effect in case of the more organized communities e.g. duly signed minutes.
- b) For Corporate/organization above attach authority/resolution to act on behalf of the organization

DECLARATION

Read carefully the information provided in Part A before appending your signature below

I/We a resident
of.....;(county; sub-county;
location) and of P.O. Box.....

County hereby declare that:

- 1. I /we understand the scope, aims, and purposes of this project and the activities that are involved and the expected duration and manner of my/our participation.
- 2. I/we have received a description of reasonable foreseeable risks associated with this project; I/we have had them explained to me/us, and understand them.
- 3. I/we have received a description of potential benefits that may accrue from this project and understand how they will be shared
- 4. I/we understand that the confidentiality of all data, records and IP rights associated with my/our participation in this project must be within the extent of the law.
- 5. I/we understand my/our obligations as citizen to the state and county governments as pertains to access to and benefit-sharing from genetic resources and associated TK in Kenya.





6. I/we confirm that no coercion or inducements of any kind was used in seeking my participation in this project.
7. I/we understand that if my/our rights as a genetic resource(s) provider are infringed upon, I/we have the right to be given the opportunity to negotiate with the above named user, failure to which I/we have the right to seek redress through the available legal mechanisms
8. I/we understand that any outputs from this project will be associated with me/us.
9. I/We understand that I/we have a duty to cooperate with state organs and other persons to protect and conserve the environment and ensure ecologically sustainable development and use of natural resources.
10. I/We hereby consent to the access of
..... *(Name (s) of biological resources and/ or state the associated knowledge)* by
..... *(Name of the person/institution seeking to access)* for the uses stated in Part A, 4 (e)).

Signatures

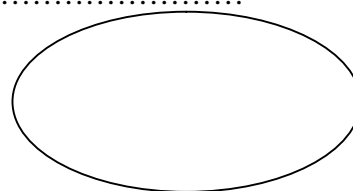
Genetic Resource Material Provider

Name.....

ID NO-/Passport No...../PIN. No/visa number.....

Date.....Signature.....

(Seal/stamp)



In the presence of (witness)

Name.....

Official rubber stamp

ID No/Passport No..... PIN. No.....

Date.....Signature.....





Genetic Resource User

Name.....

ID NO. /Passport No.....

PIN. No

Consent

☐

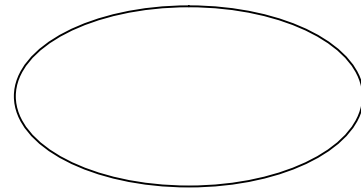
Do not Consent

☐

to the contents of this

Prior Informed Consent.

Date.....Signature..... (Seal/stamp)



In the presence of (witness)

Name.....

ID No. /Passport No.

Date.....Signature.....

NB: Where the provider is a Private GR owner the relevant lead agency must witness.

