

FORM - ABS Calculation on Ex-factory Sale

Information to be furnished for use of biological resources and sharing of benefits on the Ex-factory Sale

(Regulation 4 of the "Guidelines on Access to Biological Resources and Associated Knowledge and Benefit Sharing Regulations, 2014" notified in the Gazette of India: Extraordinary (G.S.R 827) on 21st November 2014 by the MOEF&CC)

Self-disclosure for the year _____

I. Full particulars of the applicant/company:

a. Name:

b. Permanent address with phone number and email:

c. Name and address of the Chief executive/contact person:

d. Nature of business:

e. Profile of the organization (Indian or Non-Indian): refer Section 3 (2) and Section (7) of the Biological Diversity Act, 2002

f. Purpose of accessing biological resources:

g. Particulars of manufactured products:

(Amount to include taxes)

Sl No.	Name of products manufactured	Bio-resources used	Locations / source from where Bio-resources are procured(if available)	Rate per unit (kg/litre/nos)	Total Sales in units (ex-factory) (kg/litre/nos)	Total ex-factory sale amount
	i	ii	iii	iv	v	vi
1.						
2.						

h. Amount of benefit sharing paid for the year:

II. Benefit sharing information:

- a. Total ex-factory sale of products(including taxes):
- b. Government taxes paid :
- c. Balance (a-b) :
- d. Benefit Sharing at the rate of : (*refer table under Regulation no. 4 of the Guidelines on ABS notified on 21st Nov 2014*)

III. Particulars of the amount paid:

(DD no./Cheque no. with the amount and Payee Bank

)

(To be paid in favour of '**Karnataka State Biodiversity Fund**' payable at Bangalore)

Undertaking

1. I have read and understood the terms and conditions of ABS guidelines (G.S.R 827 dated 21st Nov 2014 of MoEFCC) and I undertake to abide by relevant legal provisions applicable to biological resources.
2. I undertake to obtain the approval of the NBA/ SBB before making any change in the stated purpose.
3. I undertake to furnish/ share the relevant records with the NBA/ SBB, as and when required.
4. I further declare that the Information provided in the form is true and correct and I shall be liable for any incorrect/wrong information and wilful suppression of the facts.

Signature of the Authorized Signatory

Name of the trader/ company/manufacturer/ Authorized Representative

Place:

Date: