

FORM - ABS Calculation

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

(Regulation no.4 of the "Guidelines on Access to Biological Resources and Associated Knowledge and Benefit Sharing Regulations, 2014" notified in the Gazette notification 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)	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 and I undertake to abide by relevant legal provisions applicable to biological resource.
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: