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BIOSAFETY ACT 2007

BIOSAFETY REGULATIONS 2010

NBB/IBC/10/FORM G

REGISTRATION OF INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)

NBB/IBC/10/FORM G is to be used to register the IBC as according to Part II of the Biosafety (Approval and Notification) Regulations 2010.

For further information

Please contact the Director General by:

Telephone: 603-8886 1579 Email: biosafety@nre.gov.my

The completed form to be submitted as follows:

Director General
Department of Biosafety
Ministry of Natural Resources and Environment Malaysia
Level 1, Podium 2
Wisma Sumber Asli, No. 25, Persiaran Perdana
Precinct 4, Federal Government Administrative Centre
62574 Putrajaya, Malaysia.

Please retain a copy of your registration form.

NBB REF.NO	:
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Part 1 Applicant

1. Organization:		
2. Name of Head of organization:		
Telephone (office):		
Telephone (mobile):		
Fax number:		
Email:		
Postal Address:		
3. Website:		
4.Nature of Modern Biotechnology activities:	Description of Living Modified Organisms (LM	10)
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	Microorganisms Fungi Parasites Animals Invertebrates Birds Aquatic Animals/Plants Plants	

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Part 2 Details of the contact person

Name:	
Position within the IBC:	
Qualifications:	
Telephone (office):	
Telephone (mobile):	
Fax number:	
Email:	
Postal Address:	

Part 3: Membership of IBC

Please fill in the details of the Chair, Biosafety Officer, Secretary & Members. NBB should be informed of any changes in the membership. Please duplicate the information box below as according to the number of the members.

Name:	
Position within the organization:	
Position within IBC:	
Qualifications:	
Telephone (office):	
Telephone (mobile):	
Fax number:	
Email:	
Postal Address:	

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Part 4 Signatures and Statutory Declaration

We declare that all information herein is true and correct. We understand that providing misleading information to the NBB, deliberately or otherwise, is an offence under the Biosafety Act 2007.

IBC Chairperson:		
Signature:	Date:	
Name as in Identity Card/Passport: _		
Official Stamp:		
Head of organization/ Authorized representative:		
Signature:	Date:	
Name as in Identity Card/Passport:		
Official Stamp:		