**Registration of Institutional Biosafety Committee (IBC)**

NBB/IBC/20/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: dob@biosafety.gov.my

**The completed form to be submitted as follows:**

Director General

Department of Biosafety

Ministry of Environment and Water

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.**

**Part 1: Applicant**

|  |  |
| --- | --- |
| 1. Organization:
2. Postal Address:
 |  |
| 2. Name of Head of Organization:1. Telephone (office):
2. Fax Number:
3. Email:
4. Postal Address:
 |  |
| 3. Organization’s Website: |  |
| 4.Modern Biotechnology Activities: |  **Description of Living Modified Organisms (LMO)**

|  |  |
| --- | --- |
| Microorganisms | [ ]  |
| Fungi | [ ]  |
| Animals | [ ]  |
| Invertebrates | [ ]  |
| Birds | [ ]  |
| Aquatic/Marine Organisms  | [ ]  |
| Plants | [ ]  |
| Others, please specify:  | [ ]  |

 |

**Part 2: Details of the contact person**

 **IBC Chairperson**

|  |  |
| --- | --- |
| 1. Name: |  |
| 2. Designation:  |  |
| 3. Qualifications: |  |
| 4. Contact Details:1. Telephone (office):
2. Telephone (mobile):
3. Fax Number:
4. Email:
5. Office Postal Address:
 |  |

**Biosafety Officer (BSO)**

|  |  |
| --- | --- |
| 1. Name: |  |
| 2. Designation:  |  |
| 3. Qualifications: |  |
| 4. Contact Details:1. Telephone (office):
2. Telephone (mobile):
3. Fax Number:
4. Email:
5. Office Postal Address:
 |  |

**Part 3: Membership of IBC**

*Please fill in the details of the rest of the members of IBC .The National Biosafety Board (NBB) should be informed of any changes in the membership.**Please duplicate the information box below as according to the number of the members.*

|  |  |
| --- | --- |
| 1. Name: |  |
| 2. Designation in Organization: |  |
| 3. Position within IBC: |  |
| 4. Qualifications: |  |
| 5. Email Address: |  |
| 6. Telephone: (Office): (Mobile): |  |

**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: