BIOSAFETY ACT 2007

**BIOSAFETY (APPROVAL AND NOTIFICATION)** **REGULATIONS 2010**

**NBB/IBC/22/FORM G(1)**

**NOTICE OF CHANGES IN INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) DETAILS**

NBB/IBC/22/FORM G(1) is to be used to notify the Department of Biosafety of any changes in the IBC details that has already been previously registered under the National Biosafety Board (NBB)

###### For further information

Please contact the Director General by:

Telephone: 603-8091 7318

Email: dob@biosafety.gov.my

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

Director General

Department of Biosafety

Level 4, Block F11, Complex F

Lebuh Perdana Timur, Precinct 1

62000 Putrajaya

**Please retain a copy of your completed notice form.**

**Notice Check List (Please tick changes that have been made)**

|  |  |  |
| --- | --- | --- |
| **Part 1: Applicant** | Postal Address |  |
| Name of Head of Organization |  |
| Modern Biotechnology Activities |  |
| **Part 2: Details of the Contact Person** | IBC Chairperson |  |
| Biosafety Officer (BSO) |  |
| **Part 3: Membership of IBC** | Details of the members of IBC |  |

**Part 1: Applicant**

|  |  |
| --- | --- |
| 1. Organization: 2. Postal Address: 3. Organization’s Website: |  |
| 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**

**A. 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: |  |

1. **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 the 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: |  |

**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: