MUTUALLY AGREED TERMS (MAT)

ACCESS AND BENEFIT SHARING AGREEMENT

Agreement No: _____

Date: _____

1. PARTIES TO THE AGREEMENT

Recipient / User

Institution: _____

Contact Person: _____

Postal Address: _____

Telephone: _____

Email: _____

Provider

Organization: _____

Principal Investigator:

_____

Address: _____

Telephone: _____

Email: _____

2. GENETIC RESOURCE INFORMATION

Material Description:

_____

Scientific Name: _____

Collection Location:

_____

Collection Date: _____

Quantity: _____

3. PROJECT INFORMATION

Project Title: _____

Research Location:

_____

4. BENEFIT SHARING ARRANGEMENTS

Non-Monetary Benefits:

_____

_____

_____

_____

Monetary Benefits:

_____

_____

_____

_____

5. INTELLECTUAL PROPERTY RIGHTS

_____

_____

_____

_____

6. REPORTING REQUIREMENTS

Progress Reports: _____

Final Report Due: _____

7. DECLARATION

The parties agree to comply with the terms of this Agreement.

Provider Signature: _____ Date: _____

Name: _____

Recipient Signature: _____ Date: _____

Name: _____

Terms and Conditions

1. Use resources only for approved purposes.
2. No transfer to third parties without written consent.
3. Changes require written approval.
4. Comply with applicable ABS laws.
5. Acknowledge Provider in publications.
6. Submit reports/publications.
7. Commercialization follows agreed benefit-sharing.
8. IPR governed by this Agreement.
9. Resolve disputes through consultation first.
10. Agreement valid until: _____.