

**Associated Traditional Knowledge Transfer
ACT**

//__//____ 20__

(place of transfer)

Under the Traditional Knowledge Associated with Genetic Resources Transfer Agreement No. __ of //__// ____ 20__ and the Internationally Recognized Certificate of Compliance No. _____ of //__// ____ 20__, _____(name of the Provider), hereinafter referred to as “the Provider”, represented by _____, acting by virtue of _____, transfers and _____ (name of the User), hereinafter referred to as “the User”, represented by _____, acting by virtue of _____, accepts:

Traditional knowledge associated with genetic resources (hereinafter referred to as “traditional knowledge”):

No.	Name of traditional knowledge with reference to associated genetic resources	Traditional knowledge transfer form with reference to the information holder	Comment
1.			
2.		

Associated traditional knowledge transfer date: //__//____ 20__

Provider's name: _____

\\ signature \\ \\ initials, family name \\
\\ stamp here \\

User's name: _____

\\ signature \\ \\ initials, family name \\
\\ stamp here \\