



Genetic Resources Unit

Seed/Seedling Request Form

Date: _ _ / _ _ / _ _ _ _

1. Requester

Name	
Designation/Title	
Organization	
Address	
Tel no.	
Mobile no.	
Email	

2. Nature of institution (tick as appropriate)

ICRAF	Research institutions/ Universities	Farmer organization/CBO/NGO	Individual farmer	Commercial sector	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Intended use: Research Community Project Private Project
 Commercial business Other

Where applicable, clarify project details:

Project Title: _____

Project location: _____ / _____ / _____ (Nearest Town/District/County)

4. Details of authorized person to sign MTAs

Name	
Designation/Title	
Organization	
Address	
Tel no.	
Mobile no.	
Email	

5. Shipping address (if different from 3 above)

Name	
Designation/Title	
Organization	
Address	
Tel no.	
Mobile no.	
Email	

6. Import permit required? Yes **No**

7. Mode of shipment requested (tick as appropriate)

Registered air mail	DHL	EMS	Other (specify)

NB: requestor shall pay for the costs of shipment

8. Mode of payment for seed dispatch processing and shipping fees

Credit card (Visa, Mastercard, American express)	Paypal	Bank Transfer	Other (specify)

9. Details of request

Accession/species	Quantity (g)	Availability (for official use)

Signature of the requestor: _____

10 For official use

Date received: _____

Request/order No. _____