



NATIONAL MUSEUMS OF KENYA

WHERE HERITAGE LIVES ON

**Material Transfer Agreement (MTA)
(Two Originals to be signed)**

Transferring Institution
National Museums of Kenya
CITES REG. NO. KE001
P. O. Box 40658 00100
Nairobi, Kenya

Loan Ref. No. _____

Recipient Institution and Address

i). Description of the Material and Purpose of Transfer

ii). Quantity

Upon completion of the intended studies, the material will be

a) Returned _____ b) Destroyed _____ (depends on type of material).

The above described material is released to recipient under the following conditions.

- a) This MTA shall be entered into under the laws of Kenya and relevant MEAs
- b) It is the responsibility of the recipient to comply with all laws and regulations governing the material's accessibility including permits, before it is released
- c) Proof that Bio-safety and phytosanitary requirements have been met, where necessary, should be attached to this form
- d) Replicate samples have been deposited in relevant NMK department as the organization representing the country of origin. Evidence must be herewith attached.

- e) The material shall not be transferred to third party without NMK's consent, or under different arrangement
- f) The material shall not be used for commercial or profit purposes without proper understanding from NMK
- g) NMK will be updated of progress or results, and any publication emanating from the material shall acknowledge source of origin and copies deposited at NMK library.
- h) NMK gives no warrants on use or applicability of the transferred material
- i) In the event of innovations from material transferred, further consultations will be made between NMK, the recipient and other Kenya government bodies on IPR matters and Access and Benefit Sharing
- j) Confidential or proprietary material shall not be disclosed to third party, unless the material and information is in public interest.
- k) Duration from effective date, based on final signature, will bedays/months/years

SIGNED FOR NMK

Head of Section/Research Scientist in Charge

Name: _____ Date _____

Signature: _____

Head of Department

Name: _____ Date _____

Signature: _____

Director General

Name _____ Date _____

Signature: _____

SIGNED FOR RECIPIENT INSTITUTION

Research Scientist in Charge

Name: _____ Date _____

Signature: _____ Email Address: _____

Head of Institution

Name: _____ Date _____

Title _____

Signature: _____