



## **FARMER SUPPORT APPLICATION FORM**

FOR OFFICE USE:	Local Municipality Ref. No Should link with register of the date when submitted at LM Deposit Centre			Ntinga Ref No. REF. NO. (should link to application register)								
PART A: APPLIC	ANT DETAILS											
SURNAME AND INICHAIRPERSON OF TH	TIALS OF APPLICANT / IE ENTERPRISE											
ID No. OF APPLICANT ENTERPRISE	/ CHAIRPERSON OF THE											
RESIDENTIAL ADDRESS	STREET NAME AND No.								l	I		I
	TOWN						C	CODE				
POSTAL ADDRESS	PO BOX No.						•					
(if different fron residential address)	TOWN						C	CODE				
	TEL no.				CELI	L No.	•					
CONTACT DETAILS	FAX no.											
	E-mail address											
PART B: PROJEC	CT/COMPANY DETAILS	3										
PROJECT/COMPANY	DETAILS											
TRADING NAME												
CONTACT PERSON												
ARE YOU REGISTERED AND PERMITTED TO TRADE WITH INDUSTRY AUTHORITIES AND LOCAL AUTHORITIES		YES (mark with an X)			NO	NO (mark with an X)						
Applicable authorities		Name				Registration No. if applicable						
		YES (ma	ark with	an X)			NO	(mark v	with an	) X)		
DO YOU HAVE A CIPC	REGISTRATION NUMBER	TYPE O	F ENTIT	<b>Y</b> (if Ye	es)						•	

		REGISTRATION NUMI (Attach a Business Cer				
DO YOU HAVE A BUSINESS ACCOUNT		YES (mark with an X)	NO (mark with an X)			
		If Yes attach the bank Statement not older than 3 months				
LOCAL MUNICIPALITY		TOWN / BUSINESS CENTRE			WARD	
GIS COORDINATES	LONGTITUDE		LATITUDE			
LOCATION OF ENTERPRISE / PROJECT	State Directions in term	s of roads to and fro	m the busine	ss site:		

NUMBER OF BENEFICIARIES (Please attach the list and certified copies of IDs of Directors and employees if any								
ADULTS	MALE		YOUTH	MALE		DISABLED	MALE	
ADULIS	FEMALE			FEMALE		DISABLED	FEMALE	

		TYPE			QUANT	TITY
			RENEWABLE ENERGY			
	000110E( 100/110)		ESKOM GRID			
ELECTRICITY SOURCE( Yes/No)			YES (mark with an X)		NO (mark with an X)	
	PARKING			CARTAGE		
	ADMIN			BOREHOLE		
	STORAGE			DAM		
	PRODUCTION LINE			SPRING		
FACTORY/SHO	P TOTAL SQUARE METRES		WATER SOURCE (mark with an X)	RIVER		
	GRAZING LAND	На	На			
			with an X)	DAM		
LAND	ARABLE LAND	На	WATER SOURCE (mark	SPRING		
	FARM SIZE	На		RIVER		

PART D: PRODI	JCT/SERVICE	ERANG	βE				
Fresh Produce							
Processed product	s						
Logistics							
Storage							
Retail							
Annual turnover							
		L					
PART E: LAND ( Traditional Authority, with an X)	OWNERSHIP I	/ SECU t, approva	RITY OF TENU al by the municipali	RE (Please att	tach title nmonage	e deed, proof of allocate e land, etc. whichever	tion of land by is applicable) (mark
LAND REFORM		co	OMMUNAL			COMMONAGE	
PRIVATELY OWNED		LE	ASED			OTHER (please specify)	
		•					
PART F: SUPPO	RT REQUIRE	D					
F 1: ON / OFF FA	ARM INFRAST	TRUCT	JRE (Mark with ar	n X)			
Fencing: Boundary			Bulk water supply structures		Pack	shed	
Internal / fencing			Multipurpose sl	hed	Other	specify below.	
Arable land			Storage facility				
<b>Production inputs</b>			Pig production facility				
Water reticulation	ater reticulation Sales pen/mai		Sales pen/mark	eting facility			
In-field irrigation str	n-field irrigation structures Agro-processing		g				
F2: SA GAP sup	port	Vegetab	le commodity				
		Piggery	commodity				
General knowledge on standards, export protocols and compliance requirements							irements

F3: PIGGERY PRODUCTION					
NATURE OF REQUEST					
ANIMAL CLASS		QUANTITY	1	TYPE OF BREED	
Sows					
Boars					
Pig Feed (Number of bags - kg)					
Medicine					
F4: LANDCARE					
Soil conservation works			Conservation	on agriculture	
Eradication of alien invasive species			Water harve	esting	
Junior Landcare			Other (pleas	se specify)	
We, the undersigned, certify that the information, facts and representations	SU	IRNAME AND	INITIALS	SIGNATURE	DATE

We, the undersigned, certify that the information, facts and representations given above are true and correct.	SURNAME AND INITIALS	SIGNATURE	DATE
Farmer / Applicant / Chairperson of group			
Extension officer			
Service Provider (BDSP) Control Technician			

	FOR OF	FICE USE	
Recommendations and Approval	Recommended for Approved	Recommended for further detail & Information	Not recommended for Approved
Project Ref. No.		1	
Project Name			
Local Municipality			
Ward			
Village			
DETAILED COMMENTS BY ASSESS RECOMMENDATION	SOR PROVIDING	ABOVE	
APPROVED/ NOT APPROVED			
Chairperson of Operational Committee			
Name:			
Date:			
CRITICAL COMMENTS FROM THE (	OPERATIONAL C	OMMITTEE	