


FOR/HMD/08		ADHOC AMNESTY CHECKLIST FORM		 NAMIBIAN AGRONOMIC BOARD	
Effective date:	01 May 2021	Compiled by: HMD	Approved by: GM: AHMD	Revision no.	00

CONTACT DETAILS OF THE HORTICULTURE PRODUCER / SUPPLIER

Name of the Farm / Business:

Production area: Region:


Contact person: Cell phone no.:

Telephone no.: Email:

PRODUCT DETAILS

Crop Name	Class / Grade	Size	Total Quantity (Kg)	Total value (N\$)	Reason for non-supply	Comment
Total						

Attached: copy of the Adhoc Amnesty application form

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- Attached: copy of the verification of non-supply form from the producer / supplier
- Attached: copy of the written agreement / growing programme

Name of NAB official: Signature:

Name of producer/supplier: Signature:

Date of verification on farm:

FOR OFFICE USE ONLY

Amnesty granted	Amnesty not granted
If amnesty not granted, state the reason why:	

HMD manager: Signature: Date: