VERIFICATION OF NONSUPPLY FORM:

HORTICULTURE

FOR/HMD/19

NAMIBIAN AGRONOMIC BOARD

Contact details

Website:

Telephone: +264 61 379 500 Fax office: +264 61 22 5371

www.nab.com

Physical address:
Agricultural Boards' Building
30 David Hosea Meroro Road

Windhoek

Postal address: PO Box 5096 Ausspannplatz Windhoek



Constituted by Act 20 of 1992

Effective date:

01 April 2020

Compiled by: Manager:HMD

Approved by: GM: AHMD

Revision no.

01

Enquiries: Ms. Zita Nghilengwa, email address: Zita.Nghilengwa@nab.com.na,

Telephone No: 061379500

DETAILS OF PRODUCERS OF FRESH FRUITS AND VEGETABLES

FARM NAME:	
FARM NO:	
DISTRICT:	
CONTACT PERSON:	
TELEPHONE NO:	
CELLPHONE NO:	
FAX NO:	
EMAIL ADDRESS:	

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Windhoek

PRODUCER DATE STAMP:	
	PRODUCER DATE STAMP

Please note that unstamped application, will be declined.

DETAILS OF THE TRADER OF FRESH FRUITS AND VEGETABLE

NAME OF BUSINEESS:	
CONTACT PERSON:	
ADDRESS OF BUSINESS:	
TOWN:	
TELEPHONE NO:	
CELLPHONE NO:	
FAX NO:	
EMAIL ADDRESS:	

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I, the abovementioned producer of fresh fruit and vegetables, hereby certify that:

The above trader has had a written supply agreement (growing program) with me to supply the produce listed in table 1 below. Please attach copy of the signed supply agreement/ growing program. NB: Growing program must be signed by both the producer and the trader at least two months in advance.

Windhoek

I did indeed not manage to supply the products in the table below and I have given all the reasons as required.

List of Fresh fruits and vegetables agreed to supply but not supplied. All fields in the table below must be completed.

Products	Unit (kg)	Quantity not Supplied (kg)	Grade	Size	Approx. price per unit	Product total value not supplied (N\$)	Date of nonsupply	Reasons for non- supply
*TOTAL:		*			N/A	*		

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*Please attach copy of the supply agreement or growing	g program stating the product, grade	, size, unit price, quantity, total value, date of	of supply, and reasons
of none-supply. NO adhoc- amnesty shall be approved	without a supply agreement or grow	ing program. Yours faithfully,	
Name of producer	Signature:	Date:	