


<b>HORTICULTURE TRADER LICENSE RENEWAL CHECKLIST FOR/HMD/14</b>		<b>NAMIBIAN AGRONOMIC BOARD</b>		 <b>NAMIBIAN AGRONOMIC BOARD</b> Constituted by Act 20 of 1992
		Contact details Telephone: +264 61 379 500 Fax office: +264 61 22 5371 Website: <a href="http://www.nab.com">www.nab.com</a>	Physical address: Agricultural Boards' Building 30 David Hosea Meroro Road Windhoek	Postal address: PO Box 5096 Ausspannplatz Windhoek
Effective date:	<b>01 June 2022</b>	Compiled by: Manager: HMD	Approved by: GM: AHMD	Revision no. <b>01</b>

Enquiries: Ms. Tresia Simon  
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<b>Name of Business:</b>	
<b>Contact Person:</b>	
<b>Job Title:</b>	
<b>Tel/Cell No:</b>	
<b>Fax No:</b>	
<b>Email address:</b>	
<b>Postal Address of business</b>	
<b>Physical address where trade is conducted</b>	

**Checklist of attachments: Please attach the following documents:**

CHECKLIST ITEM (S)	Please Tick	
	Yes	No
• Latest Certificate of good standing with the Namibian Receiver of Revenue is attached (Certified copy)		
• Latest Certificate of good standing with Social Security Commission (Certified copy)		
• Twelve (12) months growing program from at least more than 1 producer (To be verified by NAB).		
• No outstanding statutory levies/fees from the previous license period (subject to confirmation with the finance division).		
• No outstanding monthly returns for the past 12 months (subject to confirmation with HMD).		
• NAB Hazard Analysis Critical Control Point (HACCP) certificate (Facility Inspection to be conducted by NAB).		
• Are you implementing the eye-catching display of Namibian products in stores and adverts?		

I hereby declare that all information given in this application is correct and true, and in case of approval of this application, I will accept and consider as binding the conditions of the Market Share Promotion rules and the Agronomic Industry Act 20 of 1992.

Name of Applicant: .....Signature: .....Date:  
.....

**FOR OFFICE USE ONLY**

Approved	<input type="checkbox"/>
Declined	<input type="checkbox"/>

If Declined, State reason:

.....

HMD Manager: Name.....Signature: .....Date: .....