REGISTRATION FORM: HORTICULTURE TRADERS **FOR/HMD/13**	**NAMIBIAN AGRONOMIC BOARD** Contact details Telephone: +264 61 379 500 Fax office: +264 61 22 5371 Website: www.nab.com	Physical address: Agricultural Boards' Building 30 David Hosea Meroro Road Windhoek Postal address: PO Box 5096 Ausspannplatz Windhoek	NAMIBIAN AGRONOMIC BOARD Constituted by Act 20 of 1992
Effective date: **01 May 2021**	Compiled by: Manager: HMD	Approved by: GM: AHMD	Revision no. **02**

Enquiries: Ms. Tresia Simon, email address: Tresia.Simon@nab.com.na, Telephone No: 061-379500

Name of Business:	
Contact Person:	
Job Title:	
Tel/Cell No:	
Fax No:	
Email address:	

Legal status of Enterprise (Please tick where applicable) No unregistered company will be accepted.

*Limited Company		*Partnership	
*Unlimited Company		*Sole Proprietor	
*Closed Corporation			

List of directors, partners or members:	1. 2.
Postal address of Business:	
Physical Business address where trade is conducted:	

Checklist of attachments: Please attach the following documents:

	* Company Owner/s ID required (Certified copies)
	*Company registration certificate/Founding statement (Certified copies)
	*Certificate of Fitness (Facility handling fresh fruits and vegetable) from Municipality or Ministry of Health (Certified copy).
	*NAB Hazard Analysis Critical Control Point (HACCP) certificate (Facility Inspection to be conducted by NAB)
	*Certificate of good standing with the Namibian Receiver of Revenue is attached (latest)
	*Certificate of good standing with Social Security Commission (latest)
	*6-months growing programme (To be signed by both parties i.e. trader and producer) from at least 5 producers.

Total Amount (N$) ……………………………. To be imported in the first month (Subject to an advance levy payment of twice the import levy (5%) and trader levy (1.4%), which is equivalent to _12.8%_ and it is to be paid by all first-time importers based on the declared import value. The levy paid in advance is 100% refundable, should importation not materialize or credited if imported less than the declared import value.

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	
Declined	

If Declined, State reason: ………………………………………...

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