



APPLICATION FORM

MAHANGU SEED PRODUCTION

NATIONAL DROUGHT SUPPORT PROGRAMME FOR SURPLUS AND COMMERCIAL GRAIN PRODUCERS - 2024

1. Applicants must attach the following to this application:
- A certified copy of the applicant's ID or land ownership certificate
 - Attach pictures of irrigation system and source of water for irrigation
 - Attach copy of invoice from the supplier and bank conformation letter from the supplier.
 - See attached **Call for the Expression of Interest** for more details and requirements.

NB: PLEASE COMPLETE ALL THE FIELD AS REQUEIRED

1. **APPLICANT NAME:**.....4. **SURNAME:**.....
2. **CONTACT NUMBER:**6. **NATIONALITY:**.....
1. **IDENTIFICATION NUMBER:**8. **SEX:** MALE FEMALE
3. **PRODUCTION ZONE:**10. **NAB PRODUCER NUMBER:**.....
4. **FARM NAME:**.....**LOCATION (DISTRICT/ VILLAGE):**.....
5. **TYPE OF LAND OWNERSHIP (Please tick where applicable)**

Commercial Farm	Communal Farm	Others
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6. **FARMERS STATUS (Please tick where applicable)**

Fulltime:	Parttime:	Youth:	Pensioner:	Others:
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7. **TYPE IRRIGATION SYSTEM IN PLACE (Please tick where applicable)**

Drip	Sprinkler	Center Pivot	Others
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8. **TYPE OF WATER SOURCE (Please tick where applicable)**

Borehole	Dam	Pipeline	Other
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9. **GRAIN PRODUCTION EXPERIENCE (YEARS)**

10. **TOTAL HECTARES ALLOCATED FOR IRRIGATED MAHANGU SEED PRODUCTION**.....

11. **DETAILS OF INPUTS TO BE SUBSIDISED (ATTACH SUPPLIER INVOICE)**

Name of Supplier	Input Type	Variety or Type	Quantity Purchased	Unit Price (N\$/bag)	Total Amount	Subsidy Rate %	Subsidy Amount N\$
Total				n/a		n/a	

12. EXPECTED DATE OF PLANTING:

Hereby declare that the information provided above is true and correct.

APPLICANT (FULL NAME)SIGNATURE.....DATE.....

FOR OFFICIAL USE

COMMENTS/ REMARKS

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VERIFIED BY..... SIGNATUREDATE.....

RECOMMENDED/ NOT RECOMMENDED

MANAGER: AD (NAME).....SIGNATUREDATE.....

APPROVED/ NOT APPROVED

GM: AHD (NAME).....SIGNATUREDATE.....