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|---|--------------------|--|----------------------|---|--|--|
| APPLICATION FORM FOR FUNDING OF UNIONS AND ASSOCIATIONS FOR/AHD/25 | | NAMIBIAN AGRONOMIC BOARD Contact details: Telephone: +264 61 379 500 Fax office: +264 61 22 5371 Email: pro@nab.com.na Website: www.nab.com | | Physical address: Agricultural Boards' Building 30 David Hosea Merero Road Windhoek Namibia | Postal address: PO Box 5096 Ausspannplatz Windhoek Namibia |  NAMIBIAN AGRONOMIC BOARD Constituted by Act 20 of 1992 |
| Effective date: | 20 May 2025 | Compiled by: Manager: AD | Approved by: GM: AHD | Revision no. | 00 | |

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|---------------------------------------|--|
| Name of Organisation | |
| Company Registration No | |
| Residential Address | |
| Telephone Number | |
| Cellphone | |
| Email Address | |
| Contact Person | |
| Member Per Zone | Zambezi <input type="checkbox"/> Kavango <input type="checkbox"/> North Central <input type="checkbox"/> Karst <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/> Orange River <input type="checkbox"/> |
| Please mark X where applicable | |
| Type of organisation | Union <input type="checkbox"/> Association <input type="checkbox"/> |
| Specific Industry | Agronomy <input type="checkbox"/> Horticulture <input type="checkbox"/> |
| Category of Membership | Farmers <input type="checkbox"/> Processors <input type="checkbox"/> Traders <input type="checkbox"/> |
| Total Number of Members | <input type="text"/> |

| Checklist Items (Attach) | Please X |
|-----------------------------------|----------|
| 1. Company registration Documents | |
| 2. Approved Constitution (copy) | |
| 3. Approved Minutes of AGM (copy) | |
| 4. AGM Attendance List (copy) | |
| 5. Full list of members (copy) | |

Submitted By:

| | | |
|------------|-----------|------|
| Full Names | Signature | Date |
|------------|-----------|------|

FOR OFFICIAL USE ONLY

Received By:

| | | |
|------------|-----------|------|
| Full Names | Signature | Date |
|------------|-----------|------|

Recommended/ Not Recommended

| | | |
|----------------------|-----------|------|
| General Manager: AHD | Signature | Date |
|----------------------|-----------|------|

Approved/ Not Approved

| | | |
|------------------------------|-----------|------|
| Chief Executive Officer, NAB | Signature | Date |
|------------------------------|-----------|------|