


HORTICULTURE TRADER LICENSE RENEWAL FORM FOR/HD/14		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 Meroro Road Windhoek Namibia		Postal address: PO Box 5096 Ausspannplatz Windhoek Namibia		 NAMIBIAN AGRONOMIC BOARD Constituted by Act 20 of 1992	
Effective date:	01 June 2022	Compiled by: Manager: HD	Approved by: GM: AHD		Revision no.	03			

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

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		
• Latest Certificate of good standing with Social Security Commission		
• Certificate of Fitness (Facility handling fresh fruits and vegetables) from Municipality, Ministry of Health, Local authority, or the relevant issuing authority (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 HD).		
• 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	
Declined	

If Declined, State reason:

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HD Manager: Name.....Signature:Date: