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|--|----------------------|---|--|--|-----------|
| VERIFICATION OF NONSUPPLY FORM: HORTICULTURE FOR/HD/19 | | NAMIBIAN AGRONOMIC BOARD | |  NAMIBIAN AGRONOMIC BOARD Constituted by Act 20 of 1992 | |
| | | 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 | |
| Effective date: | 01 April 2020 | Compiled by: Manager: HD | Approved by: GM: AHD | Revision no. | 01 |

Enquiries: Ms. Zita Nghilengwa, email address: Zita.Nghilengwa@nab.com.na,

Telephone No: 061379500

DETAILS OF PRODUCERS OF FRESH FRUITS AND VEGETABLES

| | |
|------------------------|--|
| FARM NAME: | |
| FARM NO: | |
| DISTRICT: | |
| CONTACT PERSON: | |
| TELEPHONE NO: | |
| CELLPHONE NO: | |
| FAX NO: | |
| EMAIL ADDRESS: | |

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PRODUCER DATE STAMP:

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Please note that unstamped application, will be declined.

DETAILS OF THE TRADER OF FRESH FRUITS AND VEGETABLE

| | |
|----------------------|--|
| NAME OF BUSINEESS: | |
| CONTACT PERSON: | |
| ADDRESS OF BUSINESS: | |
| TOWN: | |
| TELEPHONE NO: | |
| CELLPHONE NO: | |
| FAX NO: | |
| EMAIL ADDRESS: | |

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I, the abovementioned producer of fresh fruit and vegetables, hereby certify that:

The above trader has had a **written supply agreement (growing program)** with me to supply the produce listed in table 1 below. **Please attach copy of the signed supply agreement/ growing program. NB: Growing program must be signed by both the producer and the trader at least two months in advance.**

I did indeed not manage to supply the products in the table below and I have given all the reasons as required.

List of Fresh fruits and vegetables agreed to supply but not supplied. All fields in the table below must be completed.

| Products | Unit (kg) | Quantity not Supplied (kg) | Grade | Size | Approx. price per unit | Product total value not supplied (N\$) | Date of nonsupply | Reasons for non-supply |
|----------------|-----------|----------------------------|-------|------|------------------------|--|-------------------|------------------------|
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| | | | | | | | | |
| *TOTAL: | | * | | | N/A | * | | |

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*Please attach copy of the supply agreement or growing program stating the product, grade, size, unit price, quantity, total value, date of supply, and reasons of none-supply. NO adhoc- amnesty shall be approved without a supply agreement or growing program. Yours faithfully,

Name of producer.....Signature:Date: