# POTATO VALUE CHAIN DEVELOPMENT SCHEME (PVCDS) SUBSIDY:

# APPLICATION FORM

#### FOR/HD/41

# NAMIBIAN AGRONOMIC BOARD

Contact details: Telephone: Fax office: Email: Website:

+264 61 379 500 +264 61 22 5371 pro@nab.com.na www.nab.com Physical address: Postal address:
Agricultural Boards' PO Box 5096
Building Ausspannplatz
30 David Hosea Windhoek
Meroro Road Windhoek
Namibia



Constituted by Act 20 of 1992

Effective date: 08 October 2025 | Compiled by: Manager: HD | Approved by: GM: AHD | Revision no. | 00

#### Applicants must attach the documents following to this subsidy form:

- a) A certified copy of the applicant's ID
- b) Proof of Land ownership (letter from Traditional Authority/ headman, lease agreement or title deed)
- c) Attach copy of supplier quotation or proforma invoice, and proof of seed certification from the supplier.
- d) Proof of funds or source of funds (i.e. Recent 3 months bank statement, letter of guarantee or financial support from the bank or sponsor and Loan approval letter)
- e) Soil Analysis Report

### PLEASE COMPLETE ALL THE FIELDS AS REQUEIRED

1. APPLICANT NAME		SE	X: MALE	FEMALE				
2. CONTACT PERSON								
3. CONTACT NUMBER		ЕМА	IL ADDRESS					
PRODUCTION ZONENAB PRODUCER NUMBER								
5. FARM /BUSINESS NAME:								
6. LOCATION (DISTRICT/ VILLAGE):								
7. FARM SIZE: FARMING STATUS, PART TIME FULLTIME								
8. HECTARES ALLOCATED FOR POTATO PRODUCTION:								
9. CROPS PREVIOUSLY PLANTED ON THE LAND								
10. TARGETED PLANTING MONTH								
11. DO YOU HAVE OFFTAKE AGREEMENT? YES NO								
12. TRAINING OR MENTORSHIP REQUIRED? YES NO								
13. INPUTS TO BE PURCHASED DETAILS (ATTACH SUPPLIER INVOICE OR QUOTE)								
13.1 POTATO SEEDS SUBSIDY								
Name of Supplier	Product Name	Quantity	Unit Price	Total Amount (N\$) Incl				
		(Units)	(N\$/bag	VAT				
Total Amount (Incl of VAT	<u>'</u>							
Subsidy Rate 50% or 25%								
Subsidy Amount N\$								
Farmer Amount N\$								

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**13.2 FERTILISER SUBSIDY** 

 Revision no. 00

Name of Supplier	Product Name	Quantity	Unit Price	Total Amount
		(Units)	(N\$/bag	
Total Amount (Incl of \	/AT)	I	I	
Subsidy Rate 50% or 2	5%			
Subsidy Amount N\$				
Farmer Amount N\$				
				<u> </u>
40.0 DECTIONS / ELL	USISIDE SUBSIDIV			
13.3 PESTICIDE/ FUI				
Name of Supplier	Product Name	Quantity	Unit Price	Total Amount
		(Units)	(N\$/bag	
Total Amount (Incl of \	/AT)		•	
Subsidy Rate 50% or 2	5%			
Subsidy Amount N\$				
Farmer Amount N\$				
PPLICANT (FULL NA	AME)	SIGNAT	URE	DATE
		FOR OFFICIAL U	SE	
OMMENTS/ REMAR				
ERIFIED BY		SIGNATUR	RE	DATE
ECOMMENDED/ NO	T RECOMMENDED			
MANAGER: HD (NAM	E)	SIGN <i>A</i>	TURE	DATE
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DDDOVED AND A ST	DOVED.			
APPROVED/ NOT API	-KUVED			
M: AHD (NAME)		SIGNATURE		DATE