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: Agricultural Boards' Building 30 David Hosea Meroro Road Windhoek Namibia Postal address: PO Box 5096 Ausspannplatz 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 NUMBEREMAIL ADDRESS											
4.	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.	10. TARGETED PLANTING MONTH											
11.	11. DO YOU HAVE OFFTAKE AGREEMENT? YES NO											
12.	12. TRAINING OR MENTORSHIP REQUIRED? YES NO											
13. INPUTS TO BE PURCHASED DETAILS (ATTACH SUPPLIER INVOICE OR QUOTE)												
13	13.1 POTATO SEEDS SUBSIDY											
Na	ame of Supplier	Product Name	Quantity	Unit Price	То	tal Amount (N	l\$) Incl					
			(Units)	(N\$/bag	VA	NT						
Total Amount (Incl of VAT)												
Sı	ıbsidy Rate 50% or 25%											
Subsidy Amount N\$												
Fa	rmer Amount N\$											

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13.2 FERTILISER SUBSIDY										
Name of Supplier	Product Name	Quantity	Unit Price	Total Amount						
		(Units)	(N\$/bag							
Total Amount (Incl of VA	AT)									
Subsidy Rate 50% or 25%										
Subsidy Amount N\$										
Farmer Amount N\$										
13.3 PESTICIDE/ FUNGICIDE SUBSIDY										
Name of Supplier	Product Name	Quantity	Unit Price	Total Amount						
		(Units)	(N\$/bag							
Total Amount (Incl of VA	\T)									
Subsidy Rate 50% or 25%										
Subsidy Amount N\$										
Farmer Amount N\$										
Hereby declare that the information provided above is true and correct. APPLICANT (FULL NAME)SIGNATUREDATE										
	F	OR OFFICIAL US	SE							
COMMENTS/ REMARK	S									
VERIFIED BYDATEDATE										
RECOMMENDED/ NOT	RECOMMENDED									
MANAGER: HD (NAME)DATEDATE										
APPROVED/ NOT APPROVED										

GM: AHD (NAME)......DATE......DATE......