

FRUIT VALUE CHAIN DEVELOPMENT SCHEME (FVCDS) SUBSIDY: APPLICATION FORM FOR/HD/43	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: 19 February 2026	Compiled by: Manager: HD	Approved by: GM: AHD	Revision	01

Applicants must attach the following to this subsidy form:

- A certified copy of the applicant's ID
- Land ownership certificate (letter from Traditional Authority or title deed)
- Attach copy of supplier invoice/quotation
- Proof of fund or source of fund (bank balance letter, loan approval letter, grant/sponsorship letter)

PLEASE COMPLETE ALL THE FIELDS AS REQUIRED

- APPLICANT NAME.....SEX: MALE FEMALE
- CONTACT PERSON
- CONTACT NUMBEREMAIL ADDRESS.....
- PRODUCTION ZONENAB PRODUCER NUMBER.....
- FARM /BUSINESS NAME:
- LOCATION (DISTRICT/ VILLAGE)
- FARM SIZEPART TIME FULLTIME
- HECTARES ALLOCATED TO FRUIT PRODUCTION.....
- TARGETED PLANTING MONTH.....
- DO YOU HAVE OFFTAKE AGREEMENT? YES NO
- TRAINING OR MENTORSHIP REQUIRED? YES NO
- EXISTING PRODUCTION INFORMATION:

Fruit name	Total Hectares to be planted

13. INPUTS TO BE PURCHASED DETAILS (ATTACH SUPPLIER INVOICE OR QUOTE)

13.1 FRUIT TREE SEEDLINGS SUBSIDY				
Name of Supplier	Cultivar	Quantity	Unit Price (N\$/bag)	Total Amount
Total Amount				
Subsidy Rate 30%				
Subsidy Amount N\$				
Farmer Amount N\$				

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13.2 FERTILISER SUBSIDY				
Name of Supplier	Fertilizer Name/Type	Quantity	Unit Price (N\$/bag)	Total Amount
Total				
Subsidy Rate 30%				
Subsidy Amount N\$				
Farmer Amount N\$				

13.3 PESTICIDE SUBSIDY				
Name of Supplier	Pesticide Name/Type	Quantity	Unit Price (N\$/bag)	Total Amount
Total				
Subsidy Rate 30%				
Subsidy Amount N\$				
Farmer Amount N\$				

Hereby declare that the information provided above is true and correct.

APPLICANT (FULL NAME)SIGNATURE.....DATE.....

FOR OFFICIAL USE	
COMMENTS/ REMARKS	
VERIFIED BY.....	SIGNATUREDATE.....
RECOMMENDED/ NOT RECOMMENDED	
MANAGER: HD (NAME).....	SIGNATUREDATE.....
APPROVED/ NOT APPROVED	
GM: AHD (NAME).....	SIGNATUREDATE.....