

<b>FRUIT VALUE CHAIN DEVELOPMENT SCHEME (FVCDs) SUBSIDY: APPLICATION FORM</b>  <b>FOR/HD/43</b>		<b>NAMIBIAN AGRONOMIC BOARD</b> Contact details: Telephone: +264 61 379 500 Fax office: +264 61 22 5371 Email: <a href="mailto:pro@nab.com.na">pro@nab.com.na</a> Website: <a href="http://www.nab.com">www.nab.com</a>			Physical address: Agricultural Boards' Building 30 David Hosea Meroro Road Windhoek Namibia		Postal address: PO Box 5096 Ausspannplatz Windhoek Namibia		 <b>NAMIBIAN AGRONOMIC BOARD</b> Constituted by Act 20 of 1992	
Effective date:	<b>19 February 2026</b>	Compiled by: Manager: HD	Approved by: GM: AHD	Revision	<b>00</b>					

**Applicants must attach the following to this subsidy form:**

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

**PLEASE COMPLETE ALL THE FIELDS AS REQUIRED**

1. APPLICANT NAME.....SEX: MALE  FEMALE
2. CONTACT PERSON .....
3. CONTACT NUMBER .....EMAIL ADDRESS.....
4. PRODUCTION ZONE .....NAB PRODUCER NUMBER.....
5. FARM /BUSINESS NAME: .....
6. LOCATION (DISTRICT/ VILLAGE):.....
7. FARM SIZE :.....PART TIME  FULLTIME
8. HECTARES ALLOCATED TO FRUIT PRODUCTION.....
9. TARGETED PLANTING MONTH.....
10. DO YOU HAVE OFFTAKE AGREEMENT? YES  NO
11. TRAINING OR MENTORSHIP REQUIRED? YES  NO
12. EXISTING PRODUCTION INFORMATION:

Fruit name	Total Hectares planted

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

13.1 FRUIT TREE SEEDLINGS SUBSIDY				
Name of Supplier	Cultivar	Quantity (Number of trees)	Unit Price (N\$/plant/tree)	Total Amount
<b>Total Amount</b>				
<b>Subsidy Rate 30%</b>				
<b>Subsidy Amount N\$</b>				
<b>Farmer Amount N\$</b>				

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13.2 FERTILISER SUBSIDY				
Name of Supplier	Cultivar	Quantity	Unit Price (N\$/bag)	Total Amount
<b>Total</b>				
<b>Subsidy Rate 30%</b>				
<b>Subsidy Amount N\$</b>				
<b>Farmer Amount N\$</b>				

13.3 PESTICIDE/ FUNGICIDE SUBSIDY				
Name of Supplier	Cultivar	Quantity	Unit Price (N\$/Item)	Total Amount
<b>Total</b>				
<b>Subsidy Rate 30%</b>				
<b>Subsidy Amount N\$</b>				
<b>Farmer Amount N\$</b>				

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

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

FOR OFFICIAL USE

**COMMENTS/ REMARKS**  
 .....  
 .....

**VERIFIED BY..... SIGNATURE .....DATE.....**

**RECOMMENDED/ NOT RECOMMENDED**

**MANAGER: HD (NAME).....SIGNATURE .....DATE.....**

**APPROVED/ NOT APPROVED**

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