

BANANA FIELD TRIAL PARTICIPATION: APPLICATION FORM FOR/R&D/24		NAMIBIAN AGRONOMIC BOARD Contact details: Telephone: +264 61 379 500 Fax office: +264 61 22 5371 Email: pro@nab.com.na Website: www.nab.com.na Physical address: Agricultural Boards' Building 30 David Hosea Windhoek Postal address: PO Box 5096 Ausspannplatz Windhoek Namibia		 NAMIBIAN AGRONOMIC BOARD Constituted by Act 20 of 1992
Effective date:	01 July 2026	Compiled by: Manager: R&D	Approved by: GM: AHD	Revision: 0

Applicants must attach the following documents to this application form:

- A certified copy of the applicant's ID
- Land ownership certificate (letter from Traditional Authority or title deed)
- Proof of funds or source of funds (bank balance letter, loan approval letter, grant/sponsorship letter)
- Soil test results with recommendation, as well as water test report, upon field assessment.

PLEASE COMPLETE ALL THE FIELDS AS REQUIRED

- APPLICANT NAME:SEX: MALE ☐ FEMALE ☐
- CONTACT PERSON:
- CONTACT NUMBER: EMAIL ADDRESS:
- PRODUCTION ZONE: NAB PRODUCER NUMBER:
- FARM /BUSINESS NAME:
- LOCATION (DISTRICT/ VILLAGE):
- FARM SIZE: & FARMER TYPE: PART TIME ☐ FULLTIME ☐
- HECTARES INTENDED FOR BANANA TRIAL:HECTARES FOR FUTURE EXPANSION.....
- TARGETED PLANTING MONTH:
- TRAINING OR MENTORSHIP REQUIRED? YES ☐ NO ☐
- WAS THE DESIGNATED TRIAL SITE PLANTED WITH BANANA BEFORE: YES ☐ NO ☐
- ARE YOU WILLING AND FINANCIALLY ABLE TO COVER THE REQUIRED TRIAL PRODUCTION COSTS (IRRIGATION, LAND PREPARATION, LABOR, FERTILISER, ETC)? YES ☐ NO ☐
- DO YOU CURRENTLY HAVE AT LEAST ONE PERSONNEL ON-SITE WITH THE TECHNICAL CAPACITY TO MANAGE DAY-TO-DAY ACTIVITIES OF THE TRIAL OR WILL YOU BE ABLE TO EMPLOY ONE BEFORE THE TRIAL COMMENCES? YES ☐ NO ☐

15. APPLICANT DECLARATION AND ACKNOWLEDGEMENT

I hereby declare that the information provided in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that selection for the Banana Trials Project is subject to a mandatory site verification conducted by the project team. I further understand that the provision of false, misleading, or incomplete information may result in the rejection of my application or disqualification from the project.

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

FOR OFFICIAL USE

COMMENTS/ REMARKS:

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VERIFIED BY: SIGNATURE: DATE:

RECOMMENDED/ NOT RECOMMENDED

MANAGER: R&D (NAME): SIGNATURE: DATE:

APPROVED/ NOT APPROVED

GM: AHD (NAME): SIGNATURE: DATE: