EXPORT DATA COLLECTION FORM FOR/TA/01	NAMIBIAN AGRONOMIC BOARD Tel office: +264 61 379 501 Mobile: +264 813190084 Fax office: +264 61 22 5371 E-mail: PRO@nab.com.na Website: www.nab.com.na Physical address: Agricultural Boards' Building 30 David Hosea Meroro Road Windhoek Namibia Postal address: PO Box 5096 Ausspannplatz Windhoek Namibia	NAMIBIAN AGRONOMIC BOARD Constituted by Act 20 of 1992

Effective date:	**01 June 2026**	Compiled by: SATA	Approved by: GM: A&HD	Revision no.	**00**

PLEASE COMPLETE ALL THE FIELDS AS REQUIRED

NOTICE: This form is only for agronomy and horticulture exporters (farmers, retailers, wholesaler, export agents, SMEs and cooperatives) already registered with the Namibian Agronomic Board (NAB). New exporters must first register with NAB using the applicable registration forms available on www.nab.com.na.

SECTION A: APPLICANT AND FARM PROFILE

1. Business Name……

(Tick where applicable)
□ Farmer
□ Export agent
□ Retailer/ Wholesale
□ Cooperative
□ SMEs

2. NAB Registration Number……

3. Contact Person: ……

4. Cell phone/ Telephone No: ……..

5. Email Address: ……

6. Farm Name: ……..
7. Physical Address……
……..

8. Total arable land size under production……..

9. Target Commodity & Production Forecast

Crop Name (e.g. Onion)	Variety/ Cultivar	Hectare under Planted	Hectares under Production – Ready to export	Tonnage expected to be Harvested	Tonnage expected to be exported	Harvest Period e.g. June – August

10. Zone (*tick where applicable*)

North Central	Karst	Kavango	Zambezi	Central	South	Orange

11. Which international markets are you currently exporting or interested in exporting to.....

12. Do you currently have a signed off-take agreement or confirmed buyer in export markets?

☐ Yes (Buyer name & Country) .....

☐ No, actively searching for buyer partnerships……

13. What is your current farm certification status

☐ GLOBALG.A.P. Certified (GGN / Number): …… Expiry: ……
☐ GLOBALG.A.P. In Progress (Expected audit date) ……
☐ Local G.A.P. / Primary Farm Assurance (PFA) level……...
☐ Not Certified (why)……

14. What infrastructure do you have on-farm to support export handling? (check all that apply)

☐ Secured Crop Chemical / Pesticide Storage Room
☐ Sorting, Grading, and Packaging Shed
☐ On-Farm Cold Room Facility (Capacity: _____ tons)
☐ Clean Running Water Connection for field sanitation
☐ Others (Specify)……

15. What pests are associated with your product or area of production.....

16. Do you have a post-harvest management programme in place?.....

17. Do you have an export programme in place?.....

18. What are your production conditions and climate in your area?.....

19. What is your estimated revenue per season?.....

20. Expected jobs to be created (permanent and seasonal workers) ……

21. Do you have quality control measures in place?.....

7. Attach copies of the following Documents

☐ ID

☐ Global G.A.P Certificate

☐ Post-harvest Management Programme (if available)

SECTION C: Declaration

I declare that the information provided is true and accurate.

APPLICANT (FULL NAME) _____

SIGNATURE_____

DATE _____