



Office Use
Ref. no _____

2023-2024 APPLICATION FORM

PERSONAL INFORMATION

1.	Title	Mr	Ms	Prof	Adv	Other	Specify
	[Cross X]						
2.	Surname						
3.	Names as appears in Identity Document (ID)						
4.	Identity Number						
5.	Gender [Cross X]						
	Male			Female			
6.	Ethnic Group [Cross X]						
	Black	White		Coloured		Indian	
	Other (specify)						
7.	People with Disability [Cross X]						
	Yes			No			
8.	Farming Experience (Specify)						
	Crop				Years		
	Livestock				Years		
	Horticulture				Years		
	Aquaculture				Years		
9.	Email Address						
10.	Cell Number						
11.	Telephone Number						
12.	Home Address						
13.	Postal Address						
14.	Highest Qualification [Specify]						





PROJECT INFORMATION

15. Project Name							
16. Project/ Business Registration Number (if applicable)							
17. Number of Project Beneficiaries							
Male		Female		Youth		Disability	
18. Farm Name / Description							
19. Farm Size (ha)							
20. GPS Coordinates							
S		E					
21. Access to Land [Cross X]							
Tribal		Municipal		Redistribution		Restitution	
Trust		Privately owned		Lease (min 5 years)		Other	
22. Ward number							
23. Local Municipality							
24. District Municipality							
25. Access to Water [Cross X]							
Ground water		Quantity		Canals		Quantity	
Irrigation		Quantity		Rain Water		Quantity	
26. Energy Source [Cross X]							
Electricity		Solar		Biogas		Generator	
27. Current operation (Specify)							
Crop						Years in operation	
Livestock						Years in operation	
Horticulture						Years in operation	
Aquaculture						Years in operation	





SUPPORT REQUIRED			
28.	<i>Support Required (Specify)</i>		
Infrastructure (e.g. handling facilities, storage, boreholes and etc)	<i>Description</i>	<i>Quantity</i>	<i>Amount</i>
	TOTAL		
Production inputs (e.g., seeds, breeding stock, fertilizer, and etc)	<i>Description</i>	<i>Quantity</i>	<i>Amount</i>
	TOTAL		
Enterprise Business Development (e.g. Agrologistics, marketing infrastructure, ablution facilities, pack house and etc)	<i>Description</i>	<i>Quantity</i>	<i>Amount</i>
	TOTAL		
Farmer Training (e.g. business management, animal production, crop production and etc)			





29. Checklist [Cross X]							
Business Plan Attached		Certified RSA ID copy Attached		Proof of Access to Land Attached		Company Registration Certificate Attached (If available)	
Tax Clearance Certificate Attached (If available)		Proof of water rights Attached (if applicable)		Fishing/Aquaculture permits (If applicable)		Environmental Impact Assessment (If applicable)	
Virgin land plough certificate attached (if applicable)		Market and off-take agreements attached (if available)					

30. Declaration

I hereby declare and confirm that I, as the person/entity/body/individual/company who is providing information, do hereby agree and understand that any/all information supplied or given to Department of Agriculture and Rural Development (DARD), is true and correct to the best of my knowledge. I understand that a false statement may disqualify me from any further consideration from DARD. I do not have any conflict of interest that would make me ineligible for funding. I am not employed by any organ of state as defined in section 239 of the constitution.

Applicants Signature

Applicants Surname		Initials		Date	
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31. Office Use

Received by		Date	
Checked by		Date	

Office Stamp

