

SMALL FARMERS WELFARE FUND

REGISTRATION FOR YEAR 2021/2022

(Under Small Farmers Welfare Fund Act No. 12 of 2002)

Please (✓) as appropriate

APPLICATION FORM – AGRO-PROCESSING ENTERPRISE

Serial No:

Membership No:

1.0 Enterprise Information

1.1 Enterprise name: _____

1.2 Name of Agro-processor / Represented by: _____

1.3 Business Registration No. (BRN):

1.4 Certificate of Incorporation No.(where applicable): _____

1.5 Activity:

Part Time ☐

Full Time ☐

1.6 Phone: Office

Mobile

Email: _____

1.7 Office Address: _____

1.8 Enterprise Address _____

2.0 Product details (List of products manufactured)

(i) (ii) (iii)

(iv) (v) (vi)

3.0 Status of Applicant

Sole Trader ☐

☐ Company

Société/Partnership ☐ Cooperative Society ☐

Association ☐ Others Please ☐ specify

4.0 Particulars of Business

4.1 No. of persons employed:

4.2 Actual Annual Turnover (Rs):

4.3 Status of business: New ☐

Existing ☐

No. of years of operation:

5.0. Declaration

(5.1) I, _____ the undersigned, on behalf of _____ hereby declare that all the above information is correct to the best of my knowledge, and hereby agree to pay a contribution of Rs 650 (six hundred and fifty rupees only) representing my membership fee of the _____ for a period of two years ending 31st December 2022 to the Small Farmers Welfare Fund allowing me to be registered as a member of the Fund.

(5.2) Farmers registered with the Fund for two or three particular areas of activity i.e. planter, breeder and agro processing, are apprised that incumbents shall be eligible for single cover only, for the SFWF Group Accident Cover and Funeral Scheme.

(5.3) The _____ reserves the right to participate in any contributory scheme which is being set up by the SFWF.

(5.4) I have been informed and I understand that filling of this registration form and payment of membership do not entitle me to be automatically registered with the Fund as my application shall be subject to compliance with all eligibility criteria set by the SFWF. In case of non-compliance, a processing fee of Rs 140 will be withheld from the contribution I made for membership fee before, any refund.

(5.5) I have also been informed that in the event I will lose my Farmer's Card, a fee of Rs 75 shall be claimed by the SFWF to issue a duplicate.

5.6 Signature of Agro-processor/Representative: _____ Date: ____/____/____

5.7 National ID of Representative:

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 Status: _____

5.8 Signature of Registering Officer: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Please (V) as appropriate

SPWF Sub Office ☐ Post Office ☐ Address: _____

Business Registration Card (ID)	<input type="checkbox"/>	
Certificate of Incorporation	<input type="checkbox"/>	
List of Directors / Associates	<input type="checkbox"/>	
Board Resolution of enterprise for appointment of representative(s)	<input type="checkbox"/>	
National Identity Card of representative	<input type="checkbox"/>	
National Identity Cards of all shareholders	<input type="checkbox"/>	
Location Plan	<input type="checkbox"/>	
Copy of SMEDA Certificate	<input type="checkbox"/>	
Copy of Utility Bill	<input type="checkbox"/>	

Visit by: _____ Sig: _____

Bonafide Agro-processor Yes ☐ No ☐

Remarks: _____

Date received: ____/____/____

Received by: _____

Signature of Receiver: _____