



SMALL FARMERS WELFARE FUND

REGISTRATION FOR YEAR 2021/2022

(Under Small Farmers Welfare Fund Act No. 12 of 2002)
and Free Crop Loss Compensation Scheme (CLCS) cover for vegetable grower for a period of
one year*(2021)

APPLICATION FORM - SMALL PLANTERS

Serial No:

Membership No:

Please (✓) as appropriate

1.0 Personal Information

1.1 Title: Mr Mrs Miss

1.2 Surname _____ Other Names _____

1.3 National ID No. Gender: Male Female

1.4 Phone: Home Mobile Email: _____

1.5 Residential Address: Street _____ Locality _____

Village/Town _____ District _____ Postal Code: _____

1.6 Level of education: Primary Secondary Tertiary

1.7 Agricultural Activity: Full Time Part Time

1.8 Other occupation: _____

2.0 Family background

2.1 Marital Status: Single Married Divorced Widow

3.0 Particulars of Family & Beneficiaries

Family	Surname	Other Names	Gender	Date of Birth	Occupation	Beneficiary of:	
						Funeral Scheme	Group Accident Cover
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
*Child #1						<input type="checkbox"/>	<input type="checkbox"/>
*Child #2						<input type="checkbox"/>	<input type="checkbox"/>
*Child #3						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

* below 18 years

4.0 Particulars of Crop: Sugarcane and Tea Plantation

S/N	Organisation (A/c No)	Crop Type		Total Extent of Plot (in Hectare)	Owner Type		Plot Location
		Cane	Tea		Owner	Tenant	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

5.0 Particulars of Horticultural Plantations (Vegetables, Fruits, Flowers and/or Ornamental(s) grown or to be grown for Year 2021-2022

S / N	Plan if necessary) Field Locations	Total Extent of Plot (Arpent)	Region Code	Owner Type: Owner (O)/ Tenant (T)	Plantation Type: Interline (I)/ Full stand (F)	Crop growing at time of Registration/ Crop to be grown	Expected			Type of irrigation ¹	Source of water ²
							Date of Planting/ Seeding	Date of Harvest	Yield (Kgs)		
1											
2											
3											

Irrigation¹: 1: None, 2: Water cans, 3: Use of hose; 4: Overhead; 5: Micro Sprinkler; 6: Drip; 7: Other

Source of water²: 1: Well, 2: Bore hole, 3: Irrigation network; 4: Purchase, 5: CWA, 6: Rivers/canals, 7: Rain water harvesting

6.0. Membership into Small Farmers Welfare Fund (SFWF)

(6.1) I hereby declare that I agree / do not agree that my existing photograph for past registration roll, as may be available at the SFWF be used for my present application for registration and the printing of my Farmer's Card. In case I do not agree, I hereby submit a new photograph. (*strike off as required*)

(6.2) I agree to allow the SFWF use my contact details (address and phone numbers) obtained through this registration exercise to disseminate information related to my welfare.

(6.3) I have been informed that any farmer registering with the Fund for two or three particular areas of activity i.e. planter, breeder and agro-processing shall be eligible for single cover only, for the SFWF Group Accident Cover.

(6.4) I reserve the right to participate in any contributory scheme which is being set up by the SFWF.

(6.5) I agree to receive relevant information from the SFWF by electronic means and social media like Email, WhatsApp, Facebook and so on.

(6.6) I have been informed and I understand that:

(i) 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 prior to any refund;

(ii) in the event I lose my Farmer's Card, a fee of Rs 75 shall be claimed by the SFWF to issue a duplicate;

(iii) upon registering as farmer at the SFWF, I am also applying for a free cover for the Agricultural Calamities Solidarity Scheme (ACASS) where a compensation may be paid to me for one of my crops that may be damaged by natural calamities (cyclone, flood and drought) up 30th June 2021;

(iv) field visits will be carried out on a sample basis and my application for the ACASS will be declared null and void if the crop information I provided at time of registration turns out to be false or incorrect;

(v) my application to the ACASS does not warrant that the ACASS cover has become effective for my field/s. The coverage will be effective two (2) weeks after this application date for existing fields and after germination for a new field(s);

(vi) I must inform the SFWF as and when my crop/s has/have germinated, harvest is carried out and the start of my new plantation; and

(vii) I must fill in a claim form to report crop losses on field/s caused by calamities covered to avail for any financial support.

(6.7) I, _____ the undersigned, hereby declare that all the above information is correct to the best of my knowledge and that I have fully understood all the above terms and conditions. I hereby agree to pay a contribution of Rs 650 (six hundred and fifty rupees only) representing my membership fee 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 and to benefit from a FREE ACASS cover, SFWF Group Accident Cover and Life Scheme Cover (*Terms and Conditions apply*).

(6.8) Signature of Planter: _____ **Date:** ____/____/____

(6.9) Name of Registering Officer : _____ **Date:** ____/____/____

(6.10) Signature of Registering Officer: _____

FOR OFFICE USE ONLY	
SFWF Sub Office <input type="checkbox"/>	Post Office <input type="checkbox"/> Address: _____
Date received: ____/____/____	Received by: _____ Signature of Receiver: _____
Field Visit by: _____	Signature: _____
Bonafide Planter Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remarks: _____	
Date: ____/____/____	