



# **SMALL FARMERS WELFARE FUND**

## **REGISTRATION FOR YEAR 2021-2022**

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

### **APPLICATION FORM – SMALL TEA 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 Tea Plantation

S/N	Licence No.	Tea	Total Extent of Plot (in Arpent)	Owner Type		Plot Location
				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"/>	<input type="checkbox"/>	

#### 5.0 Membership into Small Farmers Welfare Fund (SFWF)

(5.1) 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*)

(5.2) 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.

(5.3) 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.

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

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

(5.6) 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; and

(iii) site visits will be carried out and my application will be declared null and void if the livestock information I provided at time of registration turns out to be false or incorrect;

(5.7) 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 31<sup>st</sup> 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 SFWF Group Accident Cover and Life Scheme Cover (*Terms and Conditions apply*).

(5.8) Signature of Planter: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(5.9) Name of Registering Officer : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(5.10) Signature of Registering Officer: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
SFWF Sub Office <input type="checkbox"/>	Post Office <input type="checkbox"/>	Address: _____
Copy of National Identity Card (ID)	<input type="checkbox"/>	Field Visit by: _____ Sig: _____ Bonafide Planter Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks: _____ Date: ____/____/____
Existing SFWF Reg No (if any)	<input type="checkbox"/>	
Copy of Title Deed	<input type="checkbox"/>	
Copy of Registered / Non Registered Lease Paper	<input type="checkbox"/>	
Copy of Title Deed of land owner including cooperatives (for non-registered lease paper)	<input type="checkbox"/>	
Copy of Licence issued by NAPRO	<input type="checkbox"/>	
Date received: ____/____/____		Received by: _____ Signature of Receiver: _____