**SMALL FARMERS WELFARE FUND**

**REGISTRATION FOR YEAR 2021/2022**

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

**APPLICATION FORM - SMALL BREEDERS**





**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 Farm Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.7 Livestock 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** |  |  |  |  |  |  |  |
| **\*Child #1** |  |  |  |  |  |  |  |
| **\*Child #2** |  |  |  |  |  |  |  |
| **\*Child #3** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*\* below 18 years*

**4.0 Livestock Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Species** | **Number of** | **Total Heads** | **Reasons for keeping animals** |
| **Male** | **Female** |
| **CATTLE** | **COW** |  |  |  | Milk |
| **BULL** |  |  |  | Meat  |
| **PIG** | **SOW** |  |  |  |  |
| **FATTENING** |  |  |  | Meat |
| **POULTRY** | **BROILER** |  |  |  |  |
| **LAYER** |  |  |  |  |
| **DUCK** |  |  |  |  |
| **TURKEY** |  |  |  |  |
| **GOAT** |  |  |  | Meat |
| **RABBIT** |  |  |  | Meat |
| **SHEEP** |  |  |  | Meat |
| **HONEY BEEE (No. Of Hives)** |  |  |  |

**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 l 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
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 SFWF Group Accident Cover and Life Scheme Cover *(Terms and Conditions apply).*

**(5.8) Signature of Breeder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

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

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

**FOR OFFICE USE ONLY**

*Please (√) as appropriate*

**SPWF Sub Office Post Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Copy of National Identity Card (ID) |  |  |  |
| Existing SFWF Reg No (if any) |  |  |  **Field Visit by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sig: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Copy of Title Deed |  |  |  |
| Copy of Registered / Non Registered Lease Paper |  |  | **Bonafide Breeder Yes No** |
| Copy of Title Deed of land owner including cooperatives (for non-registered lease paper) |  |  | **Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Preliminary Environmental Report, Building and Land Use Permit and Health Clearance |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Location Plan of farm including size |  |  |  |
| List of Tag Nos. (except poultry and pig) |  |  | **Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_** |
| Animal Card DVS, where applicable |  |  |  |

**Date received: \_\_\_\_/\_\_\_/\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Receiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**