



# Small Farmers Welfare Fund

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## APPLICATION FORM

### - SUBSIDY FOR AGRICULTURAL MECHANISATION SCHEME (SAM) -

Serial No.: SAM/ / /22-23

#### SECTION 1:-

##### 1.1 Planter's Details:

Mr  Mrs  Miss  SFWF Reg No.:

a) Surname: \_\_\_\_\_

b) Name: \_\_\_\_\_

c) Tel No:  / Mob No:

d) ID No.:

e) Bank A/C No.:  (if available) / Bank Name: \_\_\_\_\_

##### Documents submitted:

- Site Plan
- Copy of title deed/lease agreement
- Receipt from Service Provider
- Proof of Bank A/c no.

#### SECTION 2:-

##### 2.1 Field Information / Particulars of work/s:

S N	FIELD/S ADDRESS	O/ L* <sup>1</sup>	ACREA- GE (ARPENT)	CROP/S TO BE GROWN	AGRICULTU- RAL MECHANISA- TION WORK/S CONDUCTED (Choose from below codes <sup>2</sup> )	WORKS CONDUCTED ON	WORKS CONDUCTED BY	RECEIPT NO. / DATE	TOTAL COSTS OF WORKS (Rs/arp)	TOTAL AMOUNT OF SUBSIDY REQUESTED (@ Rs 3,000/arp)	OFFICE USE		REMARKS
											TOTAL ACREAGE CERTIFIED	MECHANISATIO- N WORK COMPLETED YES NO	
1	Pin code <sup>3</sup> :												
2	Pin code <sup>3</sup> :												
3	Pin code <sup>3</sup> :												

1. \*<sup>1</sup> Own/leased

2. \*<sup>2</sup>A :Routé

\*B: Silloné

\*C: Disqué

\* D: Fer plate bande

\*E: Fer drain

\*F: Lezot operation agricole

3. \*<sup>3</sup> To provide Pin Code number where available

**2.2** I, Mr/Mrs/Ms ..... the undersigned, hereby declare that all the above information/documents provided and quantum of subsidy requested are true and correct to the best of my knowledge and that I have fully understood all the terms and conditions attached herewith and I also affirm that the supplier/s of mechanization services mentioned above has/have undertaken the said mechanisation works on my field/s to my satisfaction.

**2.3** I affirm that

- (i) The works have been done strictly within the boundaries of my land and that the SFWF would not bear any liability if there is any dispute arising from third party.
- (ii) The land mechanized will be used solely for crop production.

**2.4** I have noted that,

- (i) Payment of the subsidy applied for will be effected only after site visit/s made by the officers of the SFWF certifying that, the mechanization works, has/have been conducted satisfactorily on the said field/s.
- (ii) In case, I have provided inaccurate information and/or have tampered with the system, I will be disqualified from all Schemes, including the Subsidy for Agricultural Mechanisation, as provided by the Small Farmers Welfare Fund (SFWF).

**2.5** Name of Applicant: .....

**2.6** Signature: .....

**2.7** Name of Registering Officer: .....

**2.8** Signature: .....

**2.9** Date: ...../...../.....

**SECTION 3:- OFFICE USE**

**3.1** Field visited by: .....  
(Name of SFWF Officer)

**3.2** .....  
(Signature of SFWF Officer)

**3.3** Application certified as: ELIGIBLE:  NOT ELIGIBLE:

**3.4** Remark/s: .....

**3.5** Date: ...../...../.....

**3.6** Verified by: .....  
(Name of SFWF Officer)

**3.7** .....  
(Signature of SFWF Officer)

**3.8** Date: ...../...../.....

**3.9** Certified by: .....  
(Name of SFWF Officer)

**3.10** .....  
(Signature of SFWF Officer)

**3.11** Date: ...../...../.....

**3.12** Remark/s: .....

**APPROVAL FOR PAYMENT**

**3.13** Approved / Not Approved by (tick as appropriate)

**3.14** Remark/s: .....

**3.15** Authorize signature: .....

**3.16** Date: ...../...../.....