SMALL FARMERS WELFARE FUND

REGISTRATION FOR YEAR 2023/2024

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

Please (V) as appropriate
APPLICATION FORM – AGRO-PROCESSING ENTERPRISE
Serial 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 Membership into Small Farmers Welfare Fund (SFWF)

(5.1) 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 by electronic/digital means and social media like Email, WhatsApp, Facebook and so on.

(5.2)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 Accident Insurance Scheme.

(5.3) 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/damage my Farmer's Card, a fee of Rs 75 shall be claimed by the SFWF to issue a duplicate;

6.0 Declaration

(6.1) 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:

	(Strike off as
	appropriate)
1.Pay a contribution of Rs membership fee for a period of two years ending 31 st December 2024.	
OR	
2.Pay a contribution of Rsrepresenting my registration membership fee for a period of one year ending 31 st December 2023.	

to the Small Farmers Welfare Fund, allowing me to be registered as a member of the Fund and to benefit from a **<u>FREE</u>**SFWF Accident Insurance Cover and Life Scheme Cover (*Terms and Conditions apply*).

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

(6.3) I agree that any benefits I would be eligible be credited to my bank account details as given below and I also agree to give a copy of my Bank Statement to the SFWF. I also acknowledge that the SFWF is not liable in case I provided any incorrect bank account details.

Bank:		
Branch:		
Personal Bank Account Numbe	er:	

	Cash		
	Receipt No:		
	Mobile Applications:	(.	Juice, Blink, SBM mobile banking etc)
	Transaction ID:		
	Payment Reference:		
	(Please insert your nam	e as reference f	for traceability)
	Receipt No:		
	Internet Banking		
	Payment reference:		
	(Please insert your nam	e as reference f	for traceability)
:	Receipt No:		
			Date://
ational ID	of Representative:		Status:
ational ID gnature of ease (V) as	f Registering Officer:	FOR OF	Status:
ational ID gnature of ease (√) as PWF Sub O	f Registering Officer:	FOR OF	Status:
ational ID ignature of ease (√) as PWF Sub O Business Re	f Registering Officer:	FOR OF	Status:
ational ID ignature of lease (V) as PWF Sub O Business Re Certificate	f Registering Officer:	FOR OF	Status:
ational ID gnature of ease (V) as PWF Sub O Business Re Certificate List of Direc Board Reso	f Registering Officer:	FOR OF	Status:
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Copy of Utility Bill