

SMALL FARMERS WELFARE FUND

REGISTRATION FOR YEAR 2023/2024

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

Please (✓) as appropriate

APPLICATION FORM – AGRO-PROCESSING ENTERPRISE

Serial No:

Membership 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:.....

(6.4) Payment Section

I opt to effect payment through (please tick as appropriate)

(a) **Cash**
Receipt No:.....

(b) **Mobile Applications:** (Juice, Blink, SBM mobile banking etc...)
Transaction ID:.....
Payment Reference:.....
(Please insert your name as reference for traceability)
Receipt No:.....

(c) **Internet Banking**
Payment reference:
(Please insert your name as reference for traceability)
Receipt No:

Note:

- i. Before leaving the counter, please ensure that transaction has been completed.
- ii. The SFWF holds the authority to request a proof of payment as and when required.
- iii. Farmers who miss to insert their name as reference shall be liable of any untraced payment.

6.5 Signature of Agro-processor/Representative: _____ **Date:** ____/____/____

6.6 National ID of Representative:

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Status: _____

6.7 Signature of Registering Officer: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY

Please (v) as appropriate

SPWF Sub Office **Post Office** **Address:** _____

Business Registration Card (ID)	<input type="checkbox"/>	
Certificate of Incorporation	<input type="checkbox"/>	
List of Directors / Associates	<input type="checkbox"/>	
Board Resolution of enterprise for appointment of representative(s)	<input type="checkbox"/>	
National Identity Card of representative	<input type="checkbox"/>	
National Identity Cards of all shareholders	<input type="checkbox"/>	
Location Plan	<input type="checkbox"/>	
Copy of SMEDA Certificate	<input type="checkbox"/>	
Copy of Utility Bill	<input type="checkbox"/>	

Visit by: _____ **Sig:** _____

Bonafide Agro-processor Yes No

Remarks: _____

Date received: ____/____/____

Received by: _____

Signature of Receiver: _____