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 – FARMERS' CO-OPERATIVE ASSOCIATION, SOCIETY OR COMPANY

Serial No: Membership No:
1.0 Main Information Association/Society/Company name: 1.1
1.2 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:
2.0 Status of Applicant Sole Trader Others Please specify
3.0 Product details (List of products manufactured)
(i)
(iv)(vi)(vi)
4.0 Particulars of Business 4.1 No. of persons employed: 4.2 Actual Annual Turnover (Rs):
4.3 Status of business: New

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 compliance, a processing fee of Rs 140 will be withheld from the contribution I made for membership fee prefund;	
(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 dup	olicate;
6.0 Declarations	
(6.1) I, the undersigned, hereby declare that all the above	ve 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 representing my registration membership	
fee for a period of two years ending 31 st December 2024.	
OR 2.Pay a contribution of Rs representing my registration membership	
fee for a period of one year ending 31 st December 2023.	+ f FDFF
to the Small Farmers Welfare Fund, allowing me to be registered as a member of the Fund and to benefi SFWF Accident Insurance Cover and Life Scheme Cover (<i>Terms and Conditions apply</i>).	t from a FREE
(6.2) The reserves the right to participate in any contribu	utory scheme
(6.2) The reserves the right to participate in any contribution 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 give a copy of my Bank Statement to the SFWF. I also acknowledge that the SFWF is not liable in case I provid incorrect bank account details.	_
Bank:	
Branch:	
Personal Bank Account Number:	

pt to effect	payment through (please tick		
)	Cash		
	Receipt No:		
)	Mobile Applications:		(Juice, Blink, SBM mobile banking etc)
	Transaction ID:		
	Payment Reference:		
	(Please insert your nan	me as referen	ce for traceability)
	Receipt No:		
)	Internet Banking		
	Payment reference:		
	(Please insert your nan	me as referen	ce for traceability)
	Receipt No:		
		name as rere	erence shall be liable of any untraced payment.
Signature o	f Representative:		
National ID	of Representative:		Date:/
National ID			Date:/
National ID Signature o	of Representative: of Registering Officer: as appropriate	FOR	Date:/
National ID Signature o Please (V) a SPWF Sub C	of Representative: of Registering Officer: as appropriate	FOR	Date:
National ID Signature of the second of the s	of Representative: of Registering Officer: os appropriate Office Post Office	FOR Address:	Date:
National ID Signature of Please (V) a SPWF Sub C Business Re Certificate of	of Representative: of Registering Officer: os appropriate Office Post Office orgistration Card (ID)	FOR Address:	Date:/
National ID Signature of Please (V) a SPWF Sub C Business Re Certificate of List of Direct Board Reso	of Representative: of Registering Officer: os appropriate Office Post Office orgistration Card (ID) of Incorporation	FOR Address:	Date:/
National ID Signature of Please (V) a SPWF Sub C Business Re Certificate of List of Direct Board Resolution appointment	of Representative: of Registering Officer: os appropriate Office Post Office of Incorporation otors / Associates lution of enterprise for	FOR Address:	
National ID Signature of Please (V) of SPWF Sub C Business Re Certificate of Direct Board Resonappointment National Idea	of Representative: of Registering Officer: os appropriate Office Post Office of Incorporation otors / Associates lution of enterprise for nt of representative(s)	FOR Address:	Date: Status: Date:
National ID Signature of Please (V) of SPWF Sub C Business Re Certificate of Direct Board Resonappointment National Idea	of Representative: of Registering Officer: os appropriate Office Post Office of Incorporation of Incorporation otors / Associates lution of enterprise for nt of representative(s) entity Card of representative entity Cards of all shareholders	FOR Address:	Date: Status: Date: Date: Date: Date: Date: Date: Date: Date received: Date received:
Please (V) a SPWF Sub C Business Re Certificate of List of Direct Board Resonappointment National Ide National Ide Location Pla	of Representative: of Registering Officer: os appropriate Office Post Office of Incorporation of Incorporation otors / Associates lution of enterprise for nt of representative(s) entity Card of representative entity Cards of all shareholders	FOR Address:	Date: Status: Date: D

(6.4) Payment Section