**SMALL FARMERS WELFARE FUND**

**REGISTRATION FOR YEAR 2023/2024**

**FARMERS’ CARD YEAR 2023/2024(Under Small Farmers Welfare Fund Act No. 12 of 2002) and Farmers'Protection Scheme(FPS) cover**

**APPLICATION FORM - SMALL BREEDERS**





**Serial No: Membership No:**

*Please (√) as appropriate*

**1.0Personal 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:** |
| **Life Insurance Scheme** | **Accident Insurance Scheme** |
| **Spouse** |  |  |  |  |  |  |  |
| **\*Child #1** |  |  |  |  |  |  |  |
| **\*Child #2** |  |  |  |  |  |  |  |
| **\*Child #3** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*\* below 18 years*

**4.0Livestock 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 |
| **DEER** |  |  |  | Meat |
| **RABBIT** |  |  |  | Meat |
| **SHEEP** |  |  |  | Meat |
| **HONEY BEEE (No. Of Hives)** |  |  |  |

**5.0. Particulars for Cattle (Cows and Bulls) to be registered under the Farmers Protection Scheme (FPS).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **MICROCHIP NO** | **SEX (M/F)** | **AGE** | **Contribution payable for FPS Cover/Rs** |
| **1** |  |  |  | 1 YearRs 600/ animal | 2 YearsRs 1200/ animal |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **TOTAL** |  |  |

**6.0 Membership into Small Farmers Welfare Fund (SFWF)**

(6.1) 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*)

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

(6.3) I have been informed that, the Farmers’ Protection Scheme (FPS) will be linked with the Farmer’s Registration exercise as from registration roll 2023/24 and adherence to the FPS will be set as a precondition for cattle breeders to benefit from all other facilities/incentives provided by the Government.

(6.4)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.

(6.5) Besides the Farmers’ Protection Scheme, I reserve the right to participate in any other contributory scheme which is being set up by the SFWF.

(6.6) 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 and the FPS 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;

(iii) Upon registering as breeder at the SFWF, I am also applying for a cover under theFarmers' Protection Scheme (FPS) where a financial support may be paid to me upon death of my cattle following a disease or death during gestation of authorised euthanasia by the DVS.

(iv) Thenumber of animals declared at time of Registration would be used to calculate any financial support payable to me and to compute any benefits from the government that shall be established;

(v) I shall inform the SFWF upon animals purchased or took birth other than that at time of registration and pay the FPS accordingly OR if I have ceased the activityor sold animal(s) declared under the FPS.

(vi) Farm visit(s) can be carried out on my farm and my application for the FPS will be declared null and void if the information l provided at time of registration turns out to be false or incorrect.

(vii)My application to the FPS does not warrant that the FPS cover has become immediately effective for my cattle/s. The coverage will be effective after twenty (20) working days as from date of application;

(viii) I must inform the SFWF and fill a claim form and produce a Death Certificate specifying the cause of death from the Livestock Veterinary Division (LVD) in case of death of any animal to benefit from a compensation; and

(6.7) 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:

|  |
| --- |
| (Strike off as appropriate) |
| 1.Pay a contribution of Rs ………………………………………………………..representing my registration membership fee and FPS Contribution as per no of cattle/s declared in my application for a period of two years ending 31**st December 2024.**OR |  |
| 2.Pay a contribution of Rs ………………………………………………………..representing my registration membership fee and FPS Contribution as per no of cattle/s declared in my application for a period of one year ending 31st December 2023. |  |

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

(6.8) I agree that any benefits I would be eligible be credited to my bank account details as given below. I also acknowledge that the SFWF is not liable in case I provided any incorrect bank account details.

Bank:........................................................................

Branch:.....................................................................

Personal Bank Account Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**(6.9) Payment Section**

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

1. **Cash**

Receipt No:………………………..

1. **Mobile Applications**: …………………….. (Juice, Blink, SBM mobile banking etc…)

Transaction ID:………………………………

Payment Reference:………………………

(Please insert your name as reference for traceability)

Receipt No:…………………………………..

1. **Internet Banking**

Payment reference: ………………………..

(Please insert your name as reference for traceability)

Receipt No: ………………………………………

**Note:**

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

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

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

**(6.12)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-RegisteredLease 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**