

#### **SMALL FARMERS WELFARE FUND**

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BRN: F11000021

#### **APPLICATION FORM**

## **Fertiliser Subsidy Scheme (FSS)**

SEC	TION1:-				Seriai No.: FSS/						
1.1	Planter's Details:  Mr Mrs Miss SFWF Reg No.:										
	a) Surname										
	b) Name:										
	c) Tel No:		/ Mob No:								
	d) ID No.:										
1.2	Type of A	Agricultural Activity:									
	SN   Type of Agricultural Activity		Tick accordingly		Documents submitted:						
	1	Open Field			• Site Plan						
	2	Hydroponics			Copy of title deed/lease agreement						
1.3	for the above provided by this applicate crop, acreage of fertiliser for protected advice should ornamentals.  I have been availability warrant that I also have	r a fertilizer subsidy under we field/s, acreage, crop/s at me in every respect is truction. I have also been inform ge cultivated and type/s of the as made by the FAREI in the did culture, provided I submitted be sought from the Foots) for the utilization and appearance and aware that the second the subsidy will be made at the subsidy will be made.	and types of fertiliser/s and packar and correct and I have not with med that quantum of subsidy that varietiliser/s required taking into correct and Agricole (2019) up to a sit all relevant land tenure docume and Agricultural Research and polication of the fertiliser on my field subsidy is being provided on a supplier andtherefore the comple available to me.	ging. held vill b sider max nts. I Ext d/s. first	am hereby operated under the Fertiliser Support Programme) I declare and warrant that the above information any information likely to affect the acceptance of e provided to me will be calculated on the types of ration relevant recommendations for the utilisation imum of ten (10) arpents for open field or 1500m² have also been informed that necessary technical ension Institute (FAREI) - (vegetables, fruits and a come first serve basis and depending on the on of this application form does not necessarily the SFWF to the supplier for the planning and						
1.4	Name of A	pplicant:	1	.5	Signature:						
1.6	Name of R	egistering Officer:	1	.7	Signature:						
			1	.8	Date:/						

### **SECTION 2 (i) :-**

	Fertiliser Support Programme (FSP)						
	Schemes (Tick accordingly)						
1	Fertiliser Subsidy Scheme (FSS) only 50% subsidy on imported fertilisers (chemical).						
2	Fertiliser Subsidy Scheme (FSS) and BioFert OR 50% subsidy on imported fertilisers (chemical) and 75% subsidy on liquid fertilisers (bio).						
3	Fertiliser Subsidy Scheme (FSS) and Compost OR 50% subsidy on imported fertilisers (chemical) and 75% subsidy on compost.						
4	Fertiliser Subsidy Scheme (FSS) and Seaweed compost OR 50% subsidy on imported fertilisers (chemical) and 75% subsidy on seaweed-based compost.						

## SECTION 2 (ii):-

**Locally Produced Fertilizers (Open Field):-**

SN	PRODUCT/S	NAME OF SUPPLIER	(Tick as appropriate)	CROP	CROP STAGE	REMARKS
1	<b>D</b> : 0	MCAF				
1	Biofert	MCFI				
	Compost	MCAF				
		MCFI				
2		ADAMSON				
		O FORMULATION				
3	Seaweed Compost	SEALIFE ORGANIC				

### <u>Fertiliser Support Programme [Fertiliser Subsidy Scheme (FSS)]</u>

#### SECTION3 (i):-

Field Information (Open field):

SN	FIELD LOCATION*1	O/L*2	ACREAGE/ (ARP)	CROP/S	CROP/S STAGE/S	NAME OF APPROVED SUPPLIER/S	TYPES OF FERTILISER	REMARKS
1								
	Pin Code <sup>1</sup> :							
2	Pin Code <sup>1</sup> :							
3								
t lm	Pin Code <sup>1</sup> :			4 <sup>2</sup> O				

<sup>\*&</sup>lt;sup>1</sup>To provide Pin Code number where available

### SECTION 3 (ii):-

**Field Information (Hydroponics):** 

SN	FIELD LOCATION*1	O/L*2	ACREAGE/ (ARP)	CROP/S	CROP/S STAGE/S	NAME OF APPROVED SUPPLIER/S	TYPES OF FERTILISER	REMARKS
1	Pin Code <sup>1</sup> :							
2	Pin Code <sup>1</sup> :							
3	Pin Code <sup>1</sup> :			*20 9				

<sup>\*1</sup>To provide Pin Code number where available

2.1	31 04 1:	2.1		2.1	ъ.	, ,
<b>3.1</b>	Name of Applicant:	3.1	Signature:	3.1	Date:	///

<sup>\*2</sup> Own/Leased

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# Fertiliser Support Programme [Fertiliser Subsidy Scheme (FSS)]

SECTION 3:- OFFIC	CE USE	
<b>3.1</b> Field visited by:	(Name of SFWF Officer)	3.2(Signature of SFWF Officer)
3.3 Application certified	as: ELIGIBLE: NOT	ELIGIBLE:
<b>3.4</b> Remark/s:		
<b>3.5</b> Date://		
<b>+</b>		•
<b>3.6</b> Verified by:	(Name of SFWF Officer)	3.7(Signature of SFWF Officer)
<b>3.8</b> Date:/		
200 45 11		2.10
3.9Certified by:	(Name of SFWF Officer)	3.10(Signature of SFWF Officer)
<b>3.11</b> Date:/		
<b>3.12</b> Remark/s:		