SMALL FARMERS WELFARE FUND

**REGISTRATION FOR**

**FARMERS’ CARD - April 2025 to April 2026 (Under Small Farmers Welfare Fund Act No. 12 of 2002) and**

**Farmers' Protection Scheme (FPS) cover**

**APPLICATION FORM - SMALL PLANTERS**



**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 Level of education: Primary Secondary Tertiary

1.7 Agricultural 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*

**4.0 Particulars of Crop: Sugarcane and Tea Plantation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Organisation (A/c No) OR** **NAPRO Licence No** | **Crop Type** | **Total Extent of Plot** **(in Arpent)** | **Owner Type** | **Plot Location** |
| **Cane**  | **Tea** | **Owner**  | **Tenant** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**5.0**Particulars of Horticultural Plantations (Vegetables, Fruits, Flowers and/or Ornamental(s) grown or to be grown for April 2025 – April 2026 (strike off as required as per my application)

|  |
| --- |
| **PARTICULARS FOR REGISTRATION OF PLANTERS** |
| **S/N** | **Field Location(Copy of available site plan to be submitted)** | **Production system/ Open field (O)/ Sheltered farming (S)/ Aquaponics (A)** | **Total Extent of Plot(Arpent/ m2)** | **Crop grown at time of Registration/ Crop to be grown** | **Owner Type:****Owner (O)/ Tenant (T)**  | **Plantation Type:****Interline (I)/ Full stand (F)** | **Expected** |
| **Date of Planting/ Seedling** |
| 1 |  |  |  |  |  |  | **......./......./25** |
| 2 |  |  |  |  |  |  | **......./......./25** |
| 3 |  |  |  |  |  |  | **......./......./25** |

**6.0.** Particulars of Horticultural Plantations (Vegetables, Fruits, Flowers and/or Ornamental(s) grown or to be grown for April 2025 – April 2026 (strike off as required as per my application)**and to be declared under the FPS.**

|  |
| --- |
| **PARTICULARS FOR REGISTRATION OF FARMERS’ PROTECTION SCHEME (FPS)** |
| **S/N** | **Field Location(Copy of available site plan to be submitted)** | **Production system / Open field (O)/ Sheltered farming (S)/ Aquaponics (A)** | **Total Extent of Plot(Arpent/ m2)** | **Crop grown at time of Registration/ Crop to be grown** | **Crop Status** | **Owner Type:****Owner (O)/ Tenant (T)**  | **Plantation Type:****Interline (I)/ Full stand (F)** | **Expected****Date of Planting/ Date of Seedling** | **Contribution payable for FPS Cover/Rs** |
|  |
| 1 |  |  |  |  |  |  |  | **......./......./25** |  |
| 2 |  |  |  |  |  |  |  | **......./......./25** |
| 3 |  |  |  |  |  |  |  | **......./......./25** |
| **TOTAL** |  |  |

***\*Contribution for the FPS will be on a pro-rata basis based on acreage declared***

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

(7.1) 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*)

(7.2)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.

(7.3) I have been informed that, the Farmers’ Protection Scheme (FPS) will be linked with the Farmer’s Registration exercise for registration roll April 2025 – April 2026 and adherence to the FPS is set as a precondition for vegetable, fruits, flowers, tea and sheltered farming/hydroponics growers to benefit from all other facilities/incentives provided by the Government.

(7.4)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.

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

(7.6) 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 planter at the SFWF, I am also applying for a cover under the Farmers' Protection Scheme (FPS) where a financial support may be paid to me for one crop cycle per annum that may be damaged by natural calamities (cyclone, flood and/ or drought) from April 2025 – April 2026.

(iv) The total acreage I declared under the FPS will be used to calculate any financial support payable to me and to compute any benefits from the Government that I shall be eligible;

(v) Upon occurrence of catastrophic losses around the island, payment of financial support under FPS may be subject to delays due to national certification exercises conducted jointly by the SFWF & other concerned stakeholders. Payment of financial support are expedited promptly for localised perils as terms & conditions of the FPS.

(vi) I shall inform the SFWF upon cultivation on additional plots of land other than that at time of registration and pay the FPS accordingly OR if I have ceased plantation on any other land/s under the FPS.

(vii) Field visits can be carried out on my declared fields and my application for the FPS will be declared null and void if the crop and land tenure information l provided at time of registration turns out to be false or incorrect.

(viii)My application to the FPS does not warrant that the FPS cover has become immediately effective for my field/s. The coverage will be effective fifteen (15) days after this application date for existing fields and after germination for a new field(s). The waiting period of fifteen (15) days will also apply to any additional field/s that I will subscribe under the FPS;

(ix) I must inform the SFWF as and when my crop/s has/have germinated, harvest is carried out or crop failure caused by natural calamities or any other causes and the start of my new plantation; and

(7.7) 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:

|  |  |
| --- | --- |
| 1. Pay a contribution of Rs………………………………………………………………. representing my registration membership fee and FPS Contribution as per my acreage declared in my application for a period of one year ending **30 April 2026.** |  |

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 Insurance Scheme Cover *(Terms and Conditions apply).*

(7.8) 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 Number:

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

(7.9) **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.**

**(7.10)Signature of Planter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

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

**(7.12)Signature of Registering Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**SFWF Sub Office Post Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Receiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Field Visit by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Bonafide Planter Yes No** |
| **Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |