



# 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

#### 1.0 Personal 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						<input type="checkbox"/>	<input type="checkbox"/>
*Child #1						<input type="checkbox"/>	<input type="checkbox"/>
*Child #2						<input type="checkbox"/>	<input type="checkbox"/>
*Child #3						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

\* 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	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**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 / m <sup>2</sup> )	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/ m <sup>2</sup> )	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	
<b>TOTAL</b>									

*\*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;

(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 <b>30 April 2026.</b>	<input type="checkbox"/>
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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.

[illegible]

### **(7.9) Payment Section**

(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.

(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: \_\_\_/\_\_\_/\_\_\_