Small Farmers Welfare Fund

2nd Floor, MCIA Building, Saint Pierre

Tel: (230) 433 2052 - (230) 433 1564/65/66 Fax: (230) 433 3249 Email: info@sfwfund.com Website: sfwf.govmu.org

BRN: F11000021

Scan me

APPLICATION FORM

- SUBSIDY FOR AGRICULTURAL MECHANISATION SCHEME (SAM) -

Serial No.: SAM/……../……../26-27

SECTION 1:-

1.1 Planter's Details:

Mr ☐ Mrs ☐ Miss ☐ SFWF Reg No.: ☐☐☐☐☐☐

a) Surname: _____

b) Name: _____

c) Tel No: ☐☐☐☐☐☐☐ / Mob No: ☐☐☐☐☐☐☐☐

d) ID No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐

e) Bank A/C No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐ (if available) / Bank Name: _____

Documents submitted:

- Site Plan ☐
- Copy of title deed/lease agreement ☐
- Receipt from Service Provider ☐
- Proof of Bank A/c no. ☐

SECTION 2:-

2.1 Field Information / Particulars of work/s:

SN	FIELD/S ADDRESS	O/L*[1]	ACREAGE (ARPENT)	CROP/S TO BE GROWN	AGRICULTURAL MECHANISATION WORK/S CONDUCTED (Choose from below codes[2])	WORKS CONDUCTED ON	WORKS CONDUCTED BY	RECEIPT NO. / DATE	TOTAL COSTS OF WORKS (Rs/arp)	TOTAL AMOUNT OF SUBSIDY REQUESTED (@ Rs 3,000/arp)	OFFICE USE		REMARKS
											TOTAL ACREAGE CERTIFIED	MECHANISATION WORK COMPLETED YES NO	
1	Pin code[3]:												
2	Pin code[3]:												
3	Pin code[3]:												

1. *[1] Own/leased
2. *[2]A :Routé *B: Silloné *C: Disqué * D: Fer plate bande *E: Fer drain *F: Lezot operation agricole
3. *[3] To provide Pin Code number where available

2.2 I, Mr/Mrs/Ms …….. the undersigned, hereby declare that all the above information/documents provided and quantum of subsidy requested are true and correct to the best of my knowledge and that I have fully understood all the terms and conditions attached herewith and I also affirm that the supplier/s of mechanization services mentioned above has/have undertaken the said mechanisation works on my field/s to my satisfaction.

2.3 I affirm that

(i) The works have been done strictly within the boundaries of my land and that the SFWF would not bear any liability if there is any dispute arising from third party.

(ii) The land mechanized will be used solely for crop production.

2.4 I have noted that,

(i) Payment of the subsidy applied for will be effected only after site visit/s made by the officers of the SFWF certifying that, the mechanization works, has/have been conducted satisfactorily on the said field/s.

(ii) In case, I have provided inaccurate information and/or have tampered with the system, I will be disqualified from all Schemes, including the Subsidy for Agricultural Mechanisation, as provided by the Small Farmers Welfare Fund (SFWF).

2.5 Name of Applicant: ……..……..…….. **2.6** Signature: ……..

2.7 Name of Registering Officer: ……..…… **2.8** Signature: …….. **2.9** Date: ……/……/……

SECTION 3:- OFFICE USE

3.1 Field visited by: ……..…….. **3.2** ……...…….…...…...
(Name of SFWF Officer) (Signature of SFWF Officer)

3.3 Application certified as**:** ELIGIBLE: ☐ NOT ELIGIBLE: ☐

3.4 Remark/s: ……..…..…. **3.5** Date: ……/……./……

3.6 Verified by: ……..…….. **3.7** ……..…..... **3.8** Date: ……/……./……
(Name of SFWF Officer) (Signature of SFWF Officer)

3.9 Certified by: ……..…….. **3.10** ……..…..... **3.11** Date: ……/……./……
(Name of SFWF Officer) (Signature of SFWF Officer)

3.12 Remark/s: ……..…..….

APPROVAL FOR PAYMENT

3.13 Approved / Not Approved by (tick as appropriate) **3.14** Remark/s: ……
☐ ☐

3.15 Authorize signature: ……..…… **3.16** Date: ……/……/……