



## AGRICULTURE COVID 19 RESPONSE – FARM SUPPORT FORM

Agriculture Station: \_\_\_\_\_

Form No.

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Farmer Registration No. (Official Use Only)

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### A. Applicants Detail

<b>Name of Applicant(s)</b>	
<b>Date of Birth</b>	
<b>Photo ID (Optional)</b>	Type ..... Number.....
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Location of Farm:</b>	
<b>District/ Tikina</b>	<b>Province:</b>
<b>Phone Contact/Mobile (all)</b>	
<b>Land Tenure</b>	
<b>Total Land Area (Ha)</b>	

**B. Assistance Requested: Seed / planting material.** Under this program you would be assisted with any one crop at a time, to a maximum of three rounds (conditions apply).

Select any three (3) from the following;

No	Commodity	Tick	No	Commodity	Tick
1	Dalo		8	Okra	
2	Cassava		9	Tomatoes	
3	Rice		10	Maize	
4	Kumala		11	Bitter Gourd	
5	Duruka		12	Pigeon pea	
6	Eggplant		13	Cow pea	
7	Chillies		14	Squash	

Have you been assisted before under this COVID 19 Response  Yes  No If Yes Specify? .....

### C. Declaration

I, (full name).....of (address) ..... solemnly declare that all information contained in this form is true and correct, by virtue of the Statutory Declaration Act 1970. I also understand that all the materials received under this program is solely for the purpose intended under this program, and not for sale or monetary gain.

<b>Name of Applicant</b>		<b>Name of Receiving Officer</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	

### D. Recommendation from the Locality Field Officer:

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 .....

E. Approval: Senior Agricultural Officer / Principal Agricultural Officer

Approved / Not Approved

Name:.....

Signature:.....

Designation: .....

Date:.....