



FOR OFFICE USE:	LOCAL MUNICIPALITY		DISTRICT MUNICIPALITY	
	REF. NO. (should link to application register)		REF. NO.	

PART A: APPLICANT DETAILS				
SURNAME AND INITIALS OF APPLICANT / CHAIRPERSON OF GROUP				
ID No. OF APPLICANT / CHAIRPERSON OF GROUP				
RESIDENTIAL ADDRESS	FARM NAME / STREET NAME AND No.			
	TOWN		CODE	
POSTAL ADDRESS (if different from residential address)	PO BOX No.			
	TOWN		CODE	
CONTACT DETAILS	TEL no.		CELL no.	
	FAX no.			
	E-mail address			

PART B: PROJECT DETAILS				
PROJECT NAME				
NAME OF FARM / VILLAGE NAME / COMMONAGE (if different from project name)				
ARE YOU REGISTERED ON FARMER REGISTER?	YES (mark with an X)		NO (mark with an X)	
	REGISTRATION NUMBER (if Yes)			
ARE YOU A REGISTERED ENTITY	YES (mark with an X)		NO (mark with an X)	
	TYPE OF ENTITY (if Yes)			
	REGISTRATION NUMBER (Attach a Business Certificate)			
DO YOU HAVE A BUSINESS ACCOUNT	YES (mark with an X)		NO (mark with an X)	
	If Yes attach the bank Statement not older than 3 months			
LOCAL MUNICIPALITY		TOWN / BUSINESS CENTRE		WARD
GIS COORDINATES	LONGITUDE		LATITUDE	
LOCATION OF FARM / PROJECT	THE FARM / PROJECT IS _____ km FROM _____ (town / business centre indicated above) ON THE ROAD TO _____			



NUMBER OF BENEFICIARIES <i>(Please complete attached list and attached clear copies of ID's of ALL beneficiaries)</i>								
ADULTS	MALE		YOUTH	MALE			MALE	
	FEMALE			FEMALE			FEMALE	

PART C: FARM RESOURCE DESCRIPTION							
LAND	FARM SIZE		Ha	WATER SOURCE <i>(mark with an X)</i>	RIVER		
	ARABLE LAND		Ha		SPRING		
	GRAZING LAND		Ha		DAM		
				BOREHOLE(S)			
ELECTRICITY SOURCE <i>(Yes/No)</i>				YES <i>(mark with an X)</i>		NO <i>(mark with an X)</i>	
				ESKOM GRID			
				RENEWABLE ENERGY			
MACHINERY, EQUIPMENT, IMPLEMENTS AND TOOLS			TYPE			QUANTITY	

PART D: FARMER CATEGORY <i>(Mark with an X)</i>	
SUBSISTENCE HOUSEHOLD	
SUBSISTENCE PRODUCER <i>(Turnover < R50 000 per annum)</i>	
SMALLHOLDER <i>(Turnover > R50 000 per annum)</i>	
COMMERCIAL <i>(Turnover > R20 000 000 per annum)</i>	



PART E: LAND OWNERSHIP / SECURITY OF TENURE (Please attach title deed, proof of allocation of land by Traditional Authority, lease agreement, approval by municipality to utilize commonage land, etc. whichever is applicable) (mark with an X)

LAND REFORM		COMMUNAL		COMMONAGE	
PRIVATELY OWNED		LEASED		OTHER (please specify)	

PART F: COMMODITY INFORMATION (Mark with an X)

AQUACULTURE		FORESTRY		POULTRY	
CHICORY		GRAIN		RED MEAT	
CITRUS FRUIT		MOHAIR		TROPICAL FRUIT	
DECIDUOUS FRUIT		NUTS		VEGETABLES	
DAIRY		PIGGERY		WOOL	
FODDER		PINEAPPLE		OTHER (please specify)	

PART G: SUPPORT REQUIRED

G1: ON / OFF FARM INFRASTRUCTURE (Mark with an X)

Fencing: Boundary		Bulk water supply structures		Poultry production facility	
Internal / camp fencing		Multipurpose shed		Large stock handling facility	
Arable land		Shearing shed		Small stock handling facility	
Dipping facility		Pack shed		Sales pen / marketing facility /	
Stock water reticulation		Storage facility		Agro-processing	
In-field irrigation structures (copy of water rights should be attached)		Pig production facility		Other (please specify)	

G2: SA GAP support Infrastructure

Commodity:

G3: INTEGRATED CROPPING

COMMODITY	Ha available	Ha to be cultivated	SUPPORT REQUIRED (Mark with an X)	
			Production Inputs	
			Mechanization	
			Production Inputs	
			Mechanization	
			Production Inputs	
			Mechanization	

G4: HOUSEHOLD FOOD PRODUCTION

PRODUCTION INPUTS FOR	VEGETABLES		GARDENING EQUIPMENT	
	CHICKEN PRODUCTION		OTHER (please specify)	

G5: GENETIC IMPROVEMENT**NATURE OF REQUEST**

ANIMAL CLASS	QUANTITY	TYPE OF BREED
Cattle bulls		
Cattle heifers		
Sheep Rams		
Sheep Ewes		
Goat bucks (Rams)		
Goat Does		

Current Herd Structure

Cattle	Number	Sheep	Number	Goat	Number
Oxen		Wethers		Hammel	
Bulls		Rams		Buck	
Cows & Heifers		Ewes		Does	
Male Calves		Male lambs		Male kids	
Female Calves		Female lambs		Female kids	

G6: POULTRY PRODUCTION**NATURE OF REQUEST***(Choose either Layers, Broilers or Indigenous Chicken)***QUANTITY**

Layers	
Broilers	
Indigenous Chickens	
Chicken Feed (Number of 50 kg bags)	
Medicine	

G7: PIGGERY PRODUCTION		
NATURE OF REQUEST		
ANIMAL CLASS	QUANTITY	TYPE OF BREED
Sows		
Boars		
Pig Feed (Number of 50 kg bags)		
Medicine		

G8: LANDCARE			
Soil conservation works		Conservation agriculture	
Eradication of alien invasive species		Water harvesting	
Junior LandCare		Other <i>(please specify)</i>	

We, the undersigned, certify that the information, facts and representations given above are true and correct.	SURNAME AND INITIALS	SIGNATURE	DATE
Farmer / Applicant / Chairperson of group			
Extension officer			
Control Technician			

FOR OFFICE USE:	RECOMMENDATIONS AND APPROVAL
PROJECT REF. NO.	
PROJECT NAME	
DISTRICT	

RECOMMENDED / NOT RECOMMENDED

Chairperson of Local Screening Committee (Deputy Director: Coordination)
DATE:

RECOMMENDED / NOT RECOMMENDED

Chairperson of District Screening Committee (District Director)
DATE:

APPROVED/ NOT APPROVED

Chairperson of Provincial Approval Committee
DATE: