



KWAZULU-NATAL PROVINCE

AGRICULTURE AND RURAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

APPLICATION FORM

District: _____ Locality: _____ Ward No.: _____

Inkosi/ Cllr: _____ Isigodi: _____ No. of Beneficiaries: _____

No. of Females: _____ No. of Youth: _____ No. of People with Disability: _____ No. of Military Veterans _____

Project/Entity Name : _____ Reg No: _____ Contact No.: _____

Commercial Farmer ☐ Smallholder Farmer ☐ Subsistence Household ☐ Vulnerable Household ☐

Grain Commodity ☐ Red Meat Commodity ☐ Citrus Commodity ☐ Cotton Commodity ☐ Other ☐

If Other commodity specify _____

I.....ID NO

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Male ☐ Female ☐ Youth ☐ PWD ☐ Military Veteran ☐ (Mark the appropriate box/es)

hereby wish to make a request for the agricultural items listed below to be used solely for agricultural purposes. I will be accountable for it and failure to do so, the department may repossess neglected goods and redistribute them to new applicants who will utilize them effectively.

DESCRIPTION OF GOODS/SERVICES REQUESTED

Requested by (Farmer): _____ Signature: _____ Date: _____

Agricultural Advisor _____ Signature: _____ Date: _____

Supported/ not Supported (Deputy Director) _____ Signature: _____ Date: _____

Important notes:

It is compulsory that this application form is accompanied with copies of Identity Document/Smart Cards of applicant(s), Proof of land ownership, Business Plan and compliance documents such as EIA, Water use authorization where necessary. Failure to do so may result in your application not being considered.

GROWING KWAZULU-NATAL TOGETHER

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APPLICATION – CONTINUATION

Project/ Entity Name : _____ Project Type: _____

DETAILS OF BENEFICIARIES / PROJECT PARTICIPANTS

SURNAME AND NAME	ID NUMBER + Copy	W	Y	PWD	MV	CONTACT NUMBER	SIGNATURE

NB: W – Woman, Y – Youth, PWD – People with Disability, MV – Military Veterans (Mark the appropriate box / es)

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