DEVELOPMENT BANK OF MAURITIUS LTD  
In collaboration with the FOOD AND AGRICULTURAL RESEARCH AND EXTENSION INSTITUTE (FAREI) of the MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY

Application Form for Sheltered Farming Scheme  
“Company or Cooperative Society” Applicant

Application for *: (* - Please tick as appropriate)

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<tr>
<th>Hydroponic Farm</th>
<th>OR</th>
<th>Net Farm</th>
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A. Applicant’s details (* - Tick where applicable)

1. Applicant’s Name: ........................................................................................................................................
2. Applicant Type* : Company ........; Cooperative Society ..........; Other ........
3. Identification No. (Company/Cooperative Society No): ......................
4. Date of Incorporation/ Posting: .........................
5. Contact Person
   Surname + Other Names: ........................................................................................................................................
   Position held: ..........................................................................................................................................................
6. Address
   Correspondence: ...................................................................................................................................................
   Registered Office: ...................................................................................................................................................
7. Telephone No.: .......................; Mobile No.: .....................; Fax: ......................
8. Email address: .................................

B. Existing business details

9. Present Activity/ies: ........................................................................................................................................
10. Products/Services: ........................................................................................................................................

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11. Income/ Turnover for last financial year ending .............. : Rs ......................
12. Profit/ (Loss) for last financial year ending .................. : Rs ......................
13. Registration with local body/ies: ......................................................................................................................

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C. **Documents to be submitted together with this Application Form**

1. Certificate of Incorporation/ Posting
2. List of Shareholders and Directors/ Office Bearers - Full Name and NIC No.
3. Utility Bill (CEB/CWA) for applicant
4. Business Registration Card
5. Registration Certificate/Card with local body/ies

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D. **General Criteria for the Scheme**

1. The Scheme is open to SMEs, Registered Cooperative Societies, women entrepreneurs and the general public.
2. The closing date for submission of application is 28 December 2018.
3. Application must be submitted to the attention of: The Managing Director, Development Bank of Mauritius Ltd, Chaussee, Port Louis.
4. Applications received after the closing date will not be considered.
5. The DBM reserves the right to request any additional documents/information for processing of your application, and to select only the best qualified, eligible applicants to benefit of the Scheme.
6. The selected applicants will be required to execute a Lease Agreement with the DBM.
7. The beneficiaries under the Scheme will have to comply with a “cahier de charges” and follow crop calendars and cropping patterns to be established by the FAREI.
8. Your application may be rejected if found incomplete or if it is found that you have either willfully suppressed material facts or knowingly given false particulars. If, after engagement, it is found that you have knowingly made a false declaration on the Application Form, the DBM reserves the right to terminate your lease without notice.

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E. **Declaration of Applicant**

I/We declare that all the information given by me/us in this application and any documents attached hereto are true to the best of my/our knowledge and that I/we have not wilfully suppressed any material fact.

I/We understand and accept that if any of the information given by me/us in this application and any attached documents is in any way false or incorrect, my/our application may be rejected, any offer of lease may be withdrawn or my/our lease with DBM may be terminated without notice.

Signature/s : ........................................................../.................................................................................

Name/s : ........................................................................../.................................................................................

(Authorised Representative/s of ........................................................... (Company/ Cooperative Society’s name))

Date : ..............................................................

*Seal of Company/ Cooperative Society to be affixed*