

MINISTRY OF AGRO-INDUSTRY & FOOD SECURITY

FOOD SECURITY FUND

SCHEME FOR PURCHASE OF EQUIPMENT (LIVESTOCK)

1. Name of applicant (Individual or group)
.....

2. Represented by.....(Applicable for groups)
In capacity of:(president, secretary, director or etc.)

3. I.D.No:

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4. Postal Address:.....

5. Farm address :.....

6. Telephone Number:

7. Fax No.:.....

8. E-mail address:.....

9. SFWF Breeder Card No.:.....(if applicable).

10. Business Registration Card No.:.....

For groups:

11. (a) No. of active members in group:....

(b) Date of registration of group with relevant authorities:...../...../.....

12. Present livestock or agro processing activity:.....

13. No. of years of experience in above activity:.....

14. List of equipment to be purchased:.....
15. Name of supplier:.....
16. Address of supplier:.....
17. Tel. No. of supplier:.....
18. Total buying price of equipment: Rs.....
19. Expected date of purchase:.....
20. Amount of grant applied: Rs.....

I,....., certify that above information provided is correct.

Name of farmer/group representative:.....

Signature:.....

Date of submission of application to FAREI:...../...../.....

Office:.....

Please note that

- The application form will only be accepted by FAREI only if all relevant documents (as per annex 1) are submitted with the application form.
- A contract agreement with the Ministry of Agro-Industry and Food Security shall be signed before grant is disbursed, and all terms and conditions therein shall be adhered to.

Annex 1. Documents to be submitted

<u>No</u>	<u>Item (Photocopies)</u>	<u>Submitted</u>	<u>Not submitted</u>	<u>Remarks</u>
1	I.D Card (Individual applicant or president/director of cooperative/company)			
2	SFWF card (if applicable)			
3	Business card			
4	Registration certificate (cooperative/company) if applicable			
5	Certificate as representative of group (if applicable)			
6	Title deed or other land contract of the farm/processing plant			
7	Building & Land Use permit			
8	Quotation from contractor			
9	Proof of remaining 50% of funds (statement from any financial institution)			

FAREI Field Report

Date of visit:../../..... Name of Officer:..... Date Submitted:../...../.....

OFFICE USE

Date application received	Name of Officer	Signature	Remarks
	Extension Officer		
	Senior Extension Officer		
	Principal Extension Officer		

