

MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY

APPLICATION FOR AGRICULTURAL STATE LAND

A. Applicant's Details

Name (Mr./Mrs/Ms): <i>(For Company or Cooperative Society, please indicate the name of the Director applying on its behalf also)</i>	
Age:	NID: <i>(Copy to be attached)</i>
Contact No.:	Email:
Address:	

(Section B & C to be filled by Individuals Only)

B. Applicant's Employment Details/Experience

1. Applicant's Occupation:	
2. Monthly Income (Rs.): <i>(Proof of income to be attached)</i>	
3. Tax Account No. (TAN):	
4. Planter's Card No. <i>(if any)</i> : <i>(Copy to be attached)</i>	
5. Business Registration No. <i>(If self-employed)</i> : <i>(Copy to be attached)</i>	
6. Experience in field of Agriculture:	
7. Motivation for Land Request:	Own livelihood <input type="checkbox"/> Income support <input type="checkbox"/> Business expansion <input type="checkbox"/>

C. Applicant's Household Members Details

Sn.	Name	Age	Relationship to Applicant	Occupation	Monthly Income (Where applicable)	Are you already a lessee of State Land? (Yes/No)
1.						
2.						
3.						
4.						

(i) Copy of birth certificate and marriage certificate (if applicable) to be attached.

(ii) Proof of household member(s) income to be attached (where applicable).

(Section D to be filled by Company/Cooperative Society Only)

D. Company/Cooperative Society Details

1. Nature of Business:	
2. BRN/Registration No. <i>(Copy to be attached)</i>	
3. Annual Turnover (Rs.): <i>(Latest Audited Financial Statement to be attached)</i>	
4. Tax Account No. (TAN):	

E. Request Details

1. Purpose:	
2. Project Details: <i>(Complete project write up as per attached template to be submitted)</i>	
3. Project Cost:	
4. Source of Finance:	Development Bank of Mauritius Loan <input type="checkbox"/> <input type="checkbox"/> Maubank Loan <input type="checkbox"/> <input type="checkbox"/> Private Bank Loan <input type="checkbox"/> <input type="checkbox"/> Own Funds <input type="checkbox"/> Other financing support (Family & Friends etc)
5. Extent of state land required:	
6. Location:	

IMPORTANT:

Please note that incomplete, inadequate or inaccurate filling of the form, or submission of false information as well as non-submission of relevant documents may cause the application to be rejected.

DECLARATION

I, (Mr./Mrs./Ms.), do hereby declare that the particulars in this application are true and correct.

Date

Signature.....

Training Courses followed

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MARKETING

- | | | | |
|--------------|--------------------------|---------------------|--------------------------|
| Wholesaler | <input type="checkbox"/> | Market Places | <input type="checkbox"/> |
| Merchants | <input type="checkbox"/> | Middlemen | <input type="checkbox"/> |
| Supermarkets | <input type="checkbox"/> | Established Clients | <input type="checkbox"/> |
| Own Stall | <input type="checkbox"/> | Retail Outlets | <input type="checkbox"/> |

Other Marketing Details

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Date

Signature.....