

**MINISTRY OF AGRO INDUSTRY, FOOD SECURITY, BLUE ECONOMY AND FISHERIES
ENTOMOLOGY DIVISION**

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REGISTRATION OF ASSOCIATION/ COOPERATIVE /COMPANY OF BEEKEEPING

1	Company Name	
2	Surname of Representative	
3	Other Names of Representative	
4	Company Address	
5	Identification	Business Registration No: Beekeeper's Card No (of Representative): National Identity Card No (of Representative): Tel No: (Home)..... (Mobile).....
6	Nature of Business	Beekeeping <input type="checkbox"/> Location 1 Address of site: Number of Beehives without supers (Hausses):..... Number of Beehives with supers (Hausses):..... No. of Nuclei/ starter colonies: Location 2 Address of site: Number of Beehives without supers (Hausses):..... Number of Beehives with supers (Hausses):..... No. of Nuclei/ starter colonies: Location 3 Address of site: Number of Beehives without supers (Hausses):..... Number of Beehives with supers (Hausses):..... No. of Nuclei/ starter colonies: If land is leased, state name of owner: Area: <i>Location plan for each apiary site should be provided.</i>

7	Objective of Beekeeping	Honey Production <input type="checkbox"/> Wax (La cire) production <input type="checkbox"/> Propolis production <input type="checkbox"/> Royal jelly (Gelée Royale) Production <input type="checkbox"/>						
8	Type of Labour	<p>Does your company have hired labour? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please fill in the table below:</p> <table border="1" data-bbox="502 539 1513 656"> <thead> <tr> <th data-bbox="502 539 1007 577">Details of hired labour</th><th data-bbox="1008 539 1513 577">No. of employees</th></tr> </thead> <tbody> <tr> <td data-bbox="502 580 1007 618">Permanent basis</td><td data-bbox="1008 580 1513 618"></td></tr> <tr> <td data-bbox="502 620 1007 656">Part- time basis</td><td data-bbox="1008 620 1513 656"></td></tr> </tbody> </table>	Details of hired labour	No. of employees	Permanent basis		Part- time basis	
Details of hired labour	No. of employees							
Permanent basis								
Part- time basis								
9	Marketing	<p>Does your company market its produce? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(a) For export through a local agency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please state name of agency:</p> <p>(b) Through the Agricultural Marketing Board <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Through a co- operative society <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please state name of co-operative/ Association:</p> <p>(d) Direct sale to consumers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Sale to markets/ supermarkets <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Other, please specify:</p>						
10	Declaration	<p>I,, representative (full name in BLOCK LETTERS) of Company/Association/ Cooperative (full name in BLOCK LETTERS) do hereby declare that the information in this form is true and correct.</p> <p>Date: Signature:</p>						

For Office Use Only

Name of reporting officer:

Signature of officer:

Date:

Registration No:

Name of Issuing Officer:

Signature:

Date:

REMARKS:

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