

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

Reduit Tel: 454-6390; 466 4983; Fax: 466 6434

Email: moa-entomology@govmu.org

REGISTRATION OF BEEKEEPER

1. Surname: (Mr/ Mrs / Miss)

1.1 Other Name:

2. National Identity Card No.:

3. Beekeeper's Registration Number:

4. Phone: (Residence)..... (other)..... (Fax).....

Email:

5. Residential Address:

.....

.....

6. Level of Education:

Primary	Secondary	Tertiary
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7. Beekeeping Activity:

Full Time	Part Time
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7.1 Year started:

7.2 Main Occupation:

7.3 Other Occupation (if any):

7.4 Membership & Name (Co-operative/ Beekeeping Association):

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8. Objective of Beekeeping:

Honey Production	
Wax (La cire) Production	
Propolis Production	
Royal Jelly (Gelée Royale) Production	
Pollination	

9. No. of full-time labour: (Male)..... (Female)

9.1 No. of family labour: (Full-time) (Part-time)

10. Apiary sites

S/ N	Address	No. of beehives without supers (Hausses)	No. of beehives with supers	No. of nuclei / starter colonies	Site Tenure: Owner/ Rented
1					
2					
3					
4					
5					

11. Declaration

I, hereby declare that the above information is correct to the best of my knowledge, and request that I be registered as a beekeeper.

11.1 Signature of Beekeeper:

11.2 Date:

12. Name of Reporting Officer:

12.1 Signature of Officer:

12.2 Date:

13. For Office Use Only

Registration No.

Name of Issuing Officer:

Signature:

Date: