

MINISTRY OF AGRO INDUSTRY & FOOD SECURITY
ENTOMOLOGY DIVISION
Reduit Tel: 454-6390; 466 4983; Fax: 466 6434
Email: moa-entomology@govmu.org

Registration of Beekeepers

1. Surname: (Mr / Mrs / Miss).....

1.1 Other Name:.....

2. National Identity Card No.:

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

Email

4. Residential Address:

.....

5. Level of Education:

Primary	Secondary	Tertiary
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6. Beekeeping Activity:

Full Time	Part Time
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6.1 Year started:

6.2 Main Occupation:

6.3 Other Occupation (if any):

6.4 Membership (Co-operative/Beekeeping Association):

7. Objective of Beekeeping:

Honey production	
Wax (La cire) production	
Propolis production	
Royal jelly (Jellé Royal) production	
Pollination	

8. No. of full time labour: (Male) (Female)

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

9. 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					
6					

10. 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.

10.1 Signature of Beekeeper:

10.2 Date:

11. Name of Reporting Officer:

11.1 Signature of Officer:

11.2 Date:

12. For Office Use Only

Registration No.:

Name of Issuing Officer:

Signature:

Date: