APPLICATION FORM	Code:	
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## MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY Certification Scheme for Organic Farming

1.	Name of Applicant:											
2.	Represented by: In capacity of:											
3.	I.D. Number											
4.	SFWF Card No (In case of Individual applicant).:											
5.	Business Registration Card No (If available):											
6.	Postal Address:											
	•••••	•••••								 	 	
7.	Tel. No.: Mob. No.:											
8.	Fax No.:											
9.	E-mail Address:											
10.	10. Proposed Sites for Organic Certification											
	SN	Addr	ess of S	Site			Acrea	ge			ivation or fruit)	1
		1										
11.	11. No. of years involved in Organic Farming:											
12.	.2. Name of proposed Certification Body:											

APPLICATION FORM Cod	de:
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## MINISTRY OF AGRO-INDUSTRY AND FOOD SECURITY Certification Scheme for Organic Farming

13. Total cost of certification:						
I Mr/Mrs certify that the above information						
is correct.						
Signature:						
Please note that:						
The Application Form will be	pe considered only if all appropriate documents (as per Annex					
I) are attached.						
·						
signed before grant is disbursed, and all terms and conditions therein should be						
	adhered to.					
	try and Food Security is not responsible and liable for any					
mishap in the implementat	tion of your project.					
Annex I						
Documents to be supplied						
SN Item (Photocopies)	Remarks					
1. Identity Card						
Planters Registration Card						
3. Valid Registration Certificate /						
Business Registration card (if						
available)  4. Title deed or other land contract						
4. Title deed or other land contract for organic site						
5. Site and Location of plot of land						
6. Quotation from supplier						
7. Proof of funds if applicable						
OFFICE USE						
Date application received:						

Name of Evaluator: .....