



# FARMS CARE – APPLICATION FORM



**WARNING: Providing false information to Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to imprisonment for up to 10 years.**

**SECTION A: PERSONAL INFORMATION**

Full name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: (T): \_\_\_\_\_ (M): \_\_\_\_\_  
 Location of Farm: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 District/Tikina: \_\_\_\_\_ Province: \_\_\_\_\_

SECTION B: IDENTIFICATION CARD	SECTION C: FARMING BUSINESS-(Tick One Applicable)
<input type="checkbox"/> Voter ID Card No.: _____ - _____ - _____ <input type="checkbox"/> Drivers Licence/Passport.: ____ - _____ - ____ - ____	Crop <input type="checkbox"/> Livestock <input type="checkbox"/> Subsistence <input type="checkbox"/> Small Commercial <input type="checkbox"/> Large Commercial <input type="checkbox"/>

**FOR THOSE RECEIVING E-CARDS, THE FOLLOWING MINIMAL VALUES WILL COME PRE-LOADED:**

Subsistence Farmers (Crop & Livestock)	Small Commercial Farmers (Crop & Livestock)	Large Commercial Farmers (Crop & Livestock)
\$300.00	\$1,200.00	\$2,300.00

**SECTION D: BASIC FARM DETAILS (to be verified by MOA Locality Officers)**

Features	Applicant(s)	MOA verification
Land Ownership:		
Total Land Area:		
Accessibility:		
Rehabilitation Assistance Required:		

**SECTION E: DETAILS OF CROPS/LIVESTOCK LOSS (verified by Extension Officer)**

Crop/Livestock	Quantity	Area/No Loss	Value (\$)

**SECTION F: DECLARATION**

I, (Full Name) \_\_\_\_\_,  
 of (Address) \_\_\_\_\_,  
 solemnly and sincerely declare that the information contained in this form is true and correct and I make this solemn declaration believing the same to be true and by virtue of the Statutory Declaration Act 1970.  
 Declared at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 2018, before me and I certify that the declaration was read over in the \_\_\_\_\_ language to the declarant fully to understand the meaning thereof.

\_\_\_\_\_  
**Signature of Declarant**

(Witness Name & Signature)  
 Name: \_\_\_\_\_  
 Office held: \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION G: OFFICIAL USE**

Amount Approved (\$): \_\_\_\_\_

**SECTION H: ISSUING DETAILS- VODAFONE**

Card No.: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Amount Loaded (\$): \_\_\_\_\_

**SECTION I: RECEIPT OF CARD**

I confirm receipt of my Card.  
 Signature/Thumbprint \_\_\_\_\_  
 Date: \_\_\_\_\_