

AGRO-INVESTMENT CORPORATION LAND LEASE APPLICATION FORM for the

SOUTHERN PLAIN AGRICULTURAL DEVELOPMENT (SPAD) PROJECT

SECTION 1: APPLICANT INFORMATION

Applicants are required to complete Section A or Sections B and C

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Section	1A: To be completed by i	ndividuals and unregiste	ered entities.	
1.	1. Name of Applicant:			
2.				
3.	Age:_			
4.	Gender: Male Fem	ale Other		
5.	Telephone Number/s:			
6.				
7.				
10.	. Trading Name:			
	Company's Name / Name of Group: Trading Name:			
	Number of Members (Group):			
	TRN:			
	Address of Registered Office:			
	. Mailing Address of Company:			
	Date of Incorporation:			
16.	5. Date Operation Commenced:			
17. Shareholders and Shareholdings (kindly complete the table below):				
Name		% Holding	TRN	



18.	. Pai	rticulars of Chief Executive Officer/Manager/Managing	Director/Group Leader		
	a) Name:				
	b) Address:				
	c)	Tel. Number:			
	d)	Email address:			
	e)	Company's Attorney:			
SECT	ION	2. INFORMATION ON LAND/SPACE REQUIRED			
19.	. Fai	rm Size (acres):			
20.	. Na	ture of your business:			
SECT	ION	3. PRODUCTION INFORMATION			
21.	. Pro	oducts to be Cultivated/ Manufactured			
		Products to be cultivated/manufactured	Projected Quantity/Acres		
		,	L		
SECT	ION	4. FINANCIAL DATA			
22.	. Pro	pjected Capital Investment Required :			
23.	. Pro	pject Financing/Funding Source:			
24.	. Att	tach Audited Financial Statement (where applicable) and	Bank Statements.		
SECT		5. TECHNICAL COMPETENCE			
		Indicate by a tick in the box which one best suit you:	YES	NO	
25.	Ar	e you willing to participate as a group/Cooperative?			
		e you willing to contribute to cost share expenses?	H	H	
27.		e you willing to maintain up-to-date farm records?	ш	ш	
28.		e you willing to adopt prescribed farming techniques and	related		
		st practices as recommended by the Ministry of	Ш	Ш	
	·	riculture, Fisheries and Mining/ RADA Team?			
29.	Но	w long have you been involved in farming/agri-business	?		

30	30. State the type of training and institution training received?					
31.	31. Provide details on the Management of the facilities/ farm including name and contact information?					
SECT	ION 6. BUSINES	SS PROPOSAL SU	MMARY			
32	. List Available M	larkets (please subm	it market c	ontracts)		
Public Tertiar	Officer (SEG 1 ar	of the Peace, Credit nd Above), Medical I titution). (Not less th eferences below:	Practitione			
	Name	Company (individual)	Title	Address	Telephone #	Email Address
		OW & IMPLEME e relevant cashflow a			tion plan.	
		oplicant:				
CHEC	CKLIST:					
Docum	nents that must acc	company this applica	ation:			
	Document Type		Attache	ed (Yes or No)		
1 (Copy of TRN	4:				
	Copy of Identifica	tion e of incorporation (if	2			
3 C	copy of certificate	or incorporation (if	-			

No	Document Type	Attached (Yes or No)
1	Copy of TRN	
2	Copy of Identification	
3	Copy of certificate of incorporation (if	
	applicable)	
4	Cashflow statement	
5	Production/Implementation plan	
4	Letter/market contracts	
7	Proof of Finance	
8	Proof of Processing Fee Payment	
9	Business plan (If requested)	

