



MINISTRY OF AGRICULTURE
DEPARTMENT OF LAND RESOURCES PLANNING & DEVELOPMENT

CANE FARMING
APPLICATION FORM FOR FARMING ASSISTANCE

This form is to be filled by ALTA Resettled Farmer and ALTA New Farmers who are intending to plant cane)

PART A - Personal Detail

1. Applicant's full name :
Father's name (if Indian) :
Date of Birth : ____/____/____

**APPLICANT'S
PASSPORT
SIZE PHOTO**

2. Marital Status :

3. Name of Spouse :

4. Postal Address :

5. Residential Address :

6. Telephone Number

7. Race : a) Fijian Indo-Fijian Others
b) Male or Female

8. Are you a : Resettled Farmer
Replacement New Farmer
Existing Farmer - lease renewal
Ex-ALTA Farmer - purchase new farm

Please provide historical details : _____

9. Immediate Family members staying with Applicant.

Name	Date of Birth	Sex	Relation to Applicant

PART B - Lease Detail

- Name of Land :
- District : Province :
- Lease Tenure : Native Freehold Crown
- Area of Land :
- Term of Lease : Effective From
- Annual Rental :
- Registration No : _____ Sector : _____ Mill : _____

PART C - Request Detail

1. Establishment Cost (FSC)

Total Area under cane _____

Total Area to be planted _____

Planting Material \$ _____

Land Preparation/Ha _____ \$ _____

Fertilizer and other inputs \$ _____

Total Establishment Cost \$ _____

2. List of Housing Materials not to exceed \$3,000.00

3a) What Farm Implements do you have at present? _____

3b) List of Farm Implements/ Bullocks / Horses Requested

a)	List (Items)	Unit	Quantity	Unit Cost	Total Cost
	Horse				
	Bullock				

• Attach (3) quotations for implements

PART E - Applicants Declaration

Warning : There are penalties for deliberately giving false or misleading information

- I declare that I am a citizen of Fiji and not a resident or citizen of any other country and I declare that the information I have supplied in this application is correct in every detail.
- I understand that if this application is approved either full or part, no other person will have the right to claim for the payment of the farm assistance.
- I will inform the Ministry of Agriculture, Sugar and Land Resettlement of any changes to my personal circumstances, while my application is being considered.
- I authorised the Government of Fiji to make any enquiries necessary to determine my eligibility for the Farming Assistance and to use any information supplied in this application for that purpose.
- This was explained to me in Hindi/ Fijian/ English and I understand about the information required to fill this application form.

Signature of Applicant or Left Thumb print

.....
signature

left thumb print

Date: Day Month Year

Witness

Declared before me at this day of 20__.

This is to declare that I have filled in this application form as per information provided by the applicant

Name of Extension Officer (MOA) or Designated Official of SCGC

Name _____

Designation _____

Signature _____

(If the applicant has been assisted in filling this form)

Witness by Extension Officer MOA

Name _____

Designation _____

Address _____

Signature _____

Date : Day Month Year

OFFICIAL USE

Details of Farming Assistance

1. Purpose of Request

- a) Farming Assistance
- b) Housing Assistance
- c) Farming Implements

2. General Remarks _____

3. Recommendation _ _____

4. Approved Amount Date : ___/___/___

PAYMENT

1. Amount Paid _____
a) Payee : _____

2. Cheque No: _____

3. Date : ___/___/___