



APPLICATION FORM FOR COMPREHENSIVE AGRICULTURAL SUPPORT PROGRAMME (CASP) FUND: 2022/2023 FOR MPUMALANGA PROVINCE

	Application Ref No: For office use only	
DISTRICT:	MUNICIPALITY:	
PROJECT CONTACT DETAILS Project/Farm Name		
Trading Name/ Legal Entity Name		
	Reg Number:	
Physical Address		
Area Code		
Alea Code		
CONTACT PERSON		
Title:- Mr/ Ms/ Dr Full Na	me(s):	
Surname:-	Position:	
Email:	Contact Number:	
PURPOSE OF GRANT APPLICATION (Mar	k with X appropriate box)	
Infrastructure development and type of	infrastructure required (specify)	
Fencing: Boundary	Bulk water supply structures	Poultry production facility
Internal / camp fencing	Business Development & Marketing	Large stock handling facility
Arable land	Shed nets	Small stock handling facility
Dipping facility	Pack shed	Capacity building
Stock water reticulation	Storage facility	Agro-processing





	ttach certified copies) Females	ID Number	/lales	Yout		Disa	bled Disability
FARMERS (a		. N	/lales	Youtl	1	Disa	bled
	ttach certified copies)						
Farm exter							
	nt in hectares	Propos develo	sed hectare	es to be			
Borehole							
River Dam							
Spring	PEIMES (III	w	.c.c appete		a.c. proo	17	
WATER SOL	IRCE DETAILS (m	ark with X wl	nere annlic	able and att	ach proc	A)	
Lease Tittle Deed							
Permission	to Occupy						
	RIGHTS (mark wi	th X where ap	plicable ai	nd attach pr	oof)		
FARM DETA	II C						
Grains Valu	e Chain			Aquaculture	Value Cł	nain	
Livestock Va	alue Chain			Horticulture (eg: fruits, v nuts, herbs	egetables		
COMMODIT	YAPPLYING FOR	(Mark with X in a	ppropriate box)			
	:ify)						
Other: (spec							



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SUMMARY OF CURRE	NT FARMING ACTIV	/ITIES		 	
SUMMARY OF PREVIO (Provide details in the Business Pla	n)	/I GOVERNMEN	т		
Year Supported	Activities			Institutio	1
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MUNICIPAL COMMITTEE



intended project. I/We are bearing on the adjudica information appears in Department shall be entit	e aware that information in this application is a true reflection of my/our e aware that information which I/we have submitted above will have a material ation of the application and if it therefore subsequently appears that any the application was not correct, or certain information is omitted, the tled to withdraw or amend its approval. I/We further authorise the Department ecordance to the Departments procedures in connection with this application.			
Signature of Applicant: _	Date			
FOR OFFICE USE:	RECOMMENDATIONS AND APPROVAL			
PROJECT REF. NO.				
PROJECT NAME				
DISTRICT				
COMMENTS BY	COMMENTS BY			





IMPORTANT NOTES TO APPLICANTS

- The application form must be filled in full.
- Please mark the relevant box of the application form with X and where the answer is not applicable, state N/A.
- Note that no direct transfers shall be made to any applicant in respect of the support requested. The Department shall use approved procurements procedures to deliver the service
- Public servants will not be considered
- All returnable documents must be attached to the application.

CHECK LIST/ RETURNABE DOCUMENTS

- 1. Fully Signed Application Form (please initial each page)
- 2. Signed Business Plan
- 3. Proof of Market
- 4. Certified ID Copies
- 5. Proof of water rights allocation
- 6. Proof of Land use rights
- 7. Proof of Legal Entity where applicable
- 8. Relevant Authorisations