



## **APPLICATION FORM FOR MASIBUYELE ESIBAYENI (LIVESTOCK IMPROVEMENT) PROGRAMME 2015/2016**

Please cross the commodity you are applying for:  Bull & Heifers /  Nguni /  Goats /  Sheep /  Pigs

\*One application form per commodity of livestock

### **PROJECT'S DETAILS**

Project name / Co-operative name \_\_\_\_\_

Co-operative registration number \_\_\_\_\_

Representative's Name & Surname \_\_\_\_\_

Representative's ID number \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Physical/Business address \_\_\_\_\_

Postal Address \_\_\_\_\_

District \_\_\_\_\_

Local Municipality \_\_\_\_\_

Area name \_\_\_\_\_

Ward Number \_\_\_\_\_

GPS Coordinates \_\_\_\_\_

Type of farm: **Please tick the appropriate box**  Own  Lease  RTO / PTO

If Lease agreement indicate period of lease in years \_\_\_\_\_

Please **attach proof of ownership**

Total land size (ha) \_\_\_\_\_ Natural grazing (ha) \_\_\_\_\_ Planted pasture (ha) \_\_\_\_\_

Arable (ha) \_\_\_\_\_ and Plantations (ha) \_\_\_\_\_

Livestock Brand mark  Yes  No





**PROJECT'S / COOPERATIVE'S BENEFICIARIES**

Total number of beneficiaries in Co-op / project \_\_\_\_\_

Men \_\_\_\_\_

Women \_\_\_\_\_

Youth \_\_\_\_\_

People living with disability \_\_\_\_\_

**AVAILABLE INFRASTRUCTURE: (please cross where applicable)**

Boundary fence:  Yes  No    Grazing camps  Yes  No

Water sources: River  Yes  No    Streams  Yes  No    Windmill  Yes  No    Borehole  Yes  No

Handling Facilities: Kraals  Yes  No    Crush pens  Yes  No    Dipping facilities  Yes  No

**CURRENT NUMBER OF STOCK ON THE FARM**

Cattle: \_\_\_\_\_ Breeding Bulls: \_\_\_\_\_ Steers: \_\_\_\_\_ Cows/ Heifers: \_\_\_\_\_

Goats: \_\_\_\_\_ Bucks: \_\_\_\_\_ Does: \_\_\_\_\_

Sheep: \_\_\_\_\_ Rams \_\_\_\_\_ Ewes \_\_\_\_\_

Pigs: \_\_\_\_\_ Boars \_\_\_\_\_ Sows \_\_\_\_\_

I hereby declare that the above-mentioned information is true and correct and acknowledge that any misleading information provided will lead to disqualification.

\_\_\_\_\_  
Signature of applicant / representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agricultural Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agricultural Municipal Manager

\_\_\_\_\_  
Date

**NB. Project profile and proof of land ownership must be attached**

