



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 (if applicable)

Reg Number:

Physical Address

Area Code

CONTACT PERSON

Title:- Mr/ Ms/ Dr

Full Name(s):- _____

Surname:- _____ Position:- _____

Email:- _____ Contact Number:- _____

PURPOSE OF GRANT APPLICATION (Mark with X appropriate box)

Infrastructure development

Capacity building

Business Development & Marketing

Production Inputs

COMMODITY APPLYING FOR (Mark with X in appropriate box)

Livestock Value Chain

Horticulture Value Chain

Grains Value Chain

Aquaculture Value Chain



FARM DETAILS

LAND USE RIGHTS (mark with X where applicable and attach proof)

Permission to Occupy	<input type="checkbox"/>
Lease	<input type="checkbox"/>
Title Deed	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Farm extent in hectares Proposed hectares to be developed

FARMERS (attach certified copies)

Number	Females	Males	Youth	Disabled
--------	---------	-------	-------	----------

Name	ID Number	Gender		Youth	Disability
		F	M		

Please add if more

SUMMARY OF CURRENT FARMING ACTIVITIES

(Provide details in the Business Plan)

.....

.....

.....

.....

.....

.....

.....

.....



SUMMARY OF PREVIOUS SUPPORT FROM GOVERNMENT

Provide details in the Business Plan)

Year Supported	Activities	Institution

I/ We the under signed declare that the information in this application is a true reflection of my/our intended project. I/We are aware that information which I/we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information appears in the application was not correct, or certain information is omitted, the Department shall be entitled to withdraw or amend its approval. I/We further authorise the Department to make any queries in accordance to the Departments procedures in connection with this application.

Signature of Applicant: _____

Date _____



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/ RETURNABLE 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 Land use rights
6. Proof of Legal Entity where applicable
7. Relevant Authorisations