



agriculture

Department:
Agriculture
PROVINCE OF THE EASTERN CAPE

APPLICATION FOR HOUSEHOLD SUPPORT

FOR OFFICE USE:	LOCAL MUNICIPALITY REF. NO. (should link to application register)		DISTRICT MUNICIPALITY REF. NO.	
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PART A: APPLICANT DETAILS				
SURNAME AND INITIALS OF APPLICANT				
ID No. OF APPLICANT				
RESIDENTIAL ADDRESS	FARM NAME / STREET NAME AND No.			
	TOWN		CODE	
POSTAL ADDRESS (if different from residential address)	PO BOX No.			
	TOWN		CODE	
CONTACT DETAILS	TEL no.		CELL no.	
	FAX no.			
	E-mail address			

NUMBER OF BENEFICIARIES (Please attach the list and certified copies of ID's of ALL beneficiaries)								
ADULTS	MALE		YOUTH	MALE		DISABLED	MALE	
	FEMALE			FEMALE			FEMALE	

HOUSEHOLD SUPPORT				
INPUTS FOR	VEGETABLES		GARDENING EQUIPMENT	
	POULTRY PACK		OTHER (please specify)	
	PIGGERY PACK			

FOR OFFICE USE:	<i>RECOMMENDATIONS AND APPROVAL</i>			
PROJECT REF. NO.				
PROJECT NAME				
DISTRICT				
	BEEs			

We, the undersigned, certify that the information, facts and representations given above are true and correct.	SURNAME AND INITIALS	SIGNATURE	DATE
Farmer / Applicant / Chairperson of group			
Extension officer			
Control Technician			

RECOMMENDED / NOT RECOMMENDED

Chairperson of Local Screening Committee (Deputy Director: Coordination)

DATE:

APPROVED/ NOT APPROVED

Chairperson of District Screening Committee

DATE:

