

APPLICATION FOR THE LEASE OF LAND FOR AGRICULTURAL USE

Please review, complete, sign and date this application to authorise the Barbados Agricultural Development & Marketing Corporation (BADMC) to evaluate your request to lease or license land for agricultural use through the Land for the Landless (Land Lease) Programme.

TO BE COMPLETED BY THE APPLICANT

Applicant's Name			
Postal Address			
Nationality		National Reg. No.	<input type="text"/> - <input type="text"/>
Day-time Phone (Landline)		Phone (Mobile)	<input type="text"/>
Email Address			
Date of Birth (DD/MM/YYYY)			
Gender of Applicant Tick 'Male' or 'Female'.	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

TO BE COMPLETED BY THE CO-APPLICANT

Co-Applicant's Name			
Postal Address			
Nationality		National Reg. No.	<input type="text"/> - <input type="text"/>
Day-time Phone (Landline)		Phone (Mobile)	<input type="text"/>
Email Address			
Date of Birth (DD/MM/YYYY)			
Gender of Applicant Tick 'Male' or 'Female'.	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

LAND LEASE/LICENSE REQUEST

Proposed Use of Land			
Do you prefer/intend to lease/license Public land or Private land? Please tick relevant box.	<input type="checkbox"/> Public Land	<input type="checkbox"/> Private Land	<input type="checkbox"/> No preference
No. Acres Requested	<input type="text"/>	Preferred District/Parish	<input type="text"/>
Do you propose to erect a structure? Tick 'Yes' or 'No'.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Purpose of Proposed Structure Tick all that apply.	<input type="checkbox"/> Animal Pens	<input type="checkbox"/> Produce or equipment storage	<input type="checkbox"/> Other Please specify.
Do you currently own, lease or rent agricultural land? Tick all that apply.	<input type="checkbox"/> Own		<input type="checkbox"/> Lease/Rent
Acreeage and Location of Same Owned/leased/rented Land	<input type="text"/>	acres at	<input type="text"/>
Current Use of Same Owned/leased/rented Land.			



BUSINESS BACKGROUND INFORMATION

Agricultural Work Experience
Please provide details.

Agricultural Training
and/or Certification
Please provide details.

Agricultural Business
Proposal
Please provide details or
append your business plan to
this application. You will be
required to supply a business
plan to BADMC at your
interview.

Source(s) of Finance
Please tick all that apply.

Self (Savings)	Commercial Loan	Developmental Grant	Other Please specify.
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REFERENCES

Name

Occupation

Postal Address

Day-time Phone (Landline)

Phone (Mobile)

Name

Occupation

Postal Address

Day-time Phone (Landline)

Phone (Mobile)

FOR OFFICIAL USE ONLY

Application Received

Date DD/MM/YYYY

Signature
Receiving Officer

Acknowledgement Letter

Date DD/MM/YYYY

Signature
Receiving Officer

Interview

Date DD/MM/YYYY

Time 00:00 am/pm

Application Decision

Yes

No

Decision Letter

Date DD/MM/YYYY

Signature
Supplying Officer