

APPLICATION FOR THE FEED PROGRAMME

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 **Farmers' Empowerment & Enfranchisement Drive (FEED)** Programme.

TO BE COMPLETED BY THE APPLICANT

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

TO BE COMPLETED BY THE CO-APPLICANT

Co-Applicant's Name			
Postal Address			
Nationality	National Reg. No.	-	
Day-time Phone (Landline)	Phone (Mobile)		
Email Address			
Date of Birth (DD/MM/YYYY)			
Gender of Applicant Tick 'Male' or 'Female'.	Male	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.	Public Land	Private Land	No preference
No. Acres Requested	Preferred District/Parish		
Do you propose to erect a structure? Tick 'Yes' or 'No'.	Yes		No
Purpose of Proposed Structure	Animal Pens	Produce or equipment storage	Other Please specify.
Tick all that apply.			
Do you currently own, lease or rent agricultural land? Tick all that apply.	Own	Lease/Rent	
Acreeage and Location of Same Owned/leased/rented Land	acres at		
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.

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