

**FORESTRY DIVISION**  
**MINISTRY of AGRICULTURE, LAND and FISHERIES**  
**APPLICATION FORM**

For Official Use Only

Application Number:.....

Incentive Code:.....

Date:.....

Incentive Applied For:

Incentive Name: .....

Date: .....

**1.0 Data on Applicant**

1.1 Type of Applicant (tick)

001 – Individual

002 – Partnership

003 – Co-operative

004 – Company

1.2 Personal Data on Applicant

1.2.1 Surname: .....

First Name: .....

Middle initials or Alias: .....

1.2.2 Business Name: .....

Authorized Persons:

(i) Surname: ..... First Name: .....

(ii) Surname: ..... First Name: .....

1.2.3 (i) Driver's Permit/Passport/Electoral ID No. : .....

(ii) Driver's Permit/Passport/Electoral ID No. : .....

1.2.4 Home Address  Business Address

No./M.M./L.P./Plot No:.....

Street/Road/Trace Name: .....

Town/Village/Settlement/Block: .....

Telephone: .....

District:..... County:.....

Region:.....

1.2.5 Registration/Identification No:-.....

(Tick Type)

Agriculture  Forestry  Fisheries  Apiary

1.2.6 Business/Co-operative Registration No. : .....



3.0 **List of Supporting Documents**

Proof of Interest in Land documents

01. Land & Building Tax Receipt (s).....

02. Ownership Document (s).....

03. Lease Documents (s).....

04. Permission to use Document (s).....

05. Rental Receipt (s)

Original Tax Invoice (s) / Bill (s)/Receipt (s).....

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Additional Documents Submitted for Vehicle Incentive; Tranche #.....

(1) Recent Certificate of Ownership

(2) Inspector's Certificate

(3) Copy of Tax Invoice (Applicable for Tranches 2, 3, 4 & 5 ONLY)

Any Other Documents.....

4.0 **Declaration: I/We hereby declare that the above information is true and correct:**

Signature (s) or Thumb Print (s) of applicants

\_\_\_\_\_

Signature

Date: .....

Date: .....

Witness to thumb print (s)

.....

Signature

**FOR OFFICIAL USE ONLY**

5.0 **Eligibility**

Eligible

Not Eligible

If Not Eligible,

Application Pending:

(1) Documents (s):.....

(2) Further Information:.....

Application Returned to Applicant on

.....

DD/MM/YY

If Eligible,

Applicant Sent to Inspecting Officer:.....

Name & Post

Date Sent:.....

DD/MM/YY

