



MINISTRY OF AGRICULTURE LAND AND FISHERIES

DISASTER ASSESSMENT CLAIM FORM – CROPS

COUNTY

PLEASE COMPLETE IN BLOCK LETTERS

Application #: Date Received: LAND: PRIVATE [] STATELAND []

NATIONAL ID/PP #:		FARMER'S ID #		TENURE TYPE: OWNED [] LEASED [] RENTED [] PERMISSION [] RECOGNISED OCCUPIER [] SQUATTER []	
FIRST NAME		MIDDLE NAME		SURNAME	
HOME ADDRESS		KM/MM/LP/LOT/HOUSE #:		ROAD/ STREET/ TRACE:	
TOWN / VILLAGE / SETTLEMENT:				CONTACT NUMBER	
FARM ADDRESS		KM/MM/LP/PLOT/HOUSE #:		ROAD/ STREET/ TRACE:	
TOWN / VILLAGE / SETTLEMENT:				OTHER DIRECTIONS:	

EMAIL ADDRESS:

	Name of Crop	Variety	Ha Damage	Month Planted / Age of Tree	*Stage of Crop		
					E	G	H
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*Stage of Crop E – Newly Established G - Growing H-Harvesting

ADDITIONAL DAMAGE:

CAUSE OF DAMAGE:

PERIOD OF DISASTER:

SIGNATURE OF CLAIMANT:

DATE:

RECEIVING OFFICER:

SIGNATURE OF RECEIVING OFFICER: POSITION: DATE:

Parcel verified through FRP Database [] by

[] COPY OF CLAIMANT NATIONAL IDENTIFICATION AND FARMERS ID CARDS ATTACHED

OFFICIAL USE ONLY

DISTRICT.....

GPS LOCATION: *EASTING* *NORTHING*

CROP AFFECTED	TOTAL AREA DAMAGED (Ha)	PLANT DENSITY-SPACING	BEARING HORIZON (TREE CROPS)	STAGE OF MATURITY/ AGE OF TREE	VALUATION OF DAMAGE (MALF Cost of Production Data)			AVERAGE COST OF PRODUCTION / Ha (MALF Cost of Production Data)			OTHER PERTINENT INFORMATION
					LAND PREP COST	PLANTING MATERIAL	OTHER COSTS	AVG. CROP COSTS (Ha)	AVG. CROP YIELD (Kg/Ha)	AVG. PRICE	
										
										
										
										
										
										
										
										
										
										
										
										
										
										

Date of 1st Visit **REMARKS:**

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OFFICER 1 **POSITION** **DATE**

OFFICER 2 **POSITION** **DATE**

Date of 2nd Visit **REMARKS:**

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OFFICER 1 **POSITION** **DATE**

OFFICER 2 **POSITION** **DATE**

APPLICATION APPROVED NOT APPROVED DNQ (Did Not Qualify)

Supervising Officer **Position:** **Date:**