

# REGISTRATION FORM

Customer Details	
Name:	Date of Birth: <span style="float: right;">Age:</span>
Fathers Name:	Email:
TIN#:	Mobile : Telephone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	2 <sup>nd</sup> Occupation:
Language: <input type="checkbox"/> I-Taukei (tick box ✓) <input type="checkbox"/> Fijian-Hindi <input type="checkbox"/> English <input type="checkbox"/> Other	Postal Address:

Commodities	
Primary Commodity:	Secondary Commodity:

Farm Details	
Farm Name:	Year Farming/Activity Started:
Total Farm Area (Acres):	Land Topography: <input type="checkbox"/> Flat <input type="checkbox"/> Rolling (tick box ✓) <input type="checkbox"/> Slope <input type="checkbox"/> Hilly
Type of Property: <input type="checkbox"/> Agriculture Lease (tick box ✓) <input type="checkbox"/> Mataqali Land <input type="checkbox"/> Freehold <input type="checkbox"/> Native Reserve <input type="checkbox"/> Crown Land	Farm Classification: <input type="checkbox"/> Commercial (tick box ✓) <input type="checkbox"/> Subsistence <input type="checkbox"/> Semi-Commercial
Farm Location	
Province:	District/Tikina: <span style="float: right;">Village:</span>
GPS Coordinates (to be filled in by staff)	
Latitude:	Longitude:

Farmers Current Level of Income	Farmers Current Level of Expense
Per week: \$	Per week: \$
Per month: \$	Per month: \$

Livestock	Variety/Type			Total Livestock/Units (including offspring)	Value (\$)
	For Consumption	For Breeding	For By-products (E.g. Egg-Layers & Dairy)		
Cattle					
Goat					
Pigs					
Sheep					
Chicken					
Duck					

Bee Farming			
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Current Plantation	Product	Variety/Type	Number of Units	Value (\$)
<b>Root Crops</b> (Cassava, dalo, yaqona, ginger etc.)				
<b>Fruits</b> (Banana, pawpaw, citrus, pineapple, etc.)				
<b>Vegetables</b> (Lettuce, bele, pumpkin, duruka, etc.)				
<b>Others</b> (aquaculture, floriculture, pulses, etc.)				

**Issues/Other Comments:** \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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FARMERS DECLARATION	FOR FCLC OFFICE USE ONLY
I (print full name) _____ _____ solemnly declare that the information provided is true to the credit of my verification	Date Received: _____ Date Entered: _____ Staff Signature: _____