

CORPORATE CONTRACT FARMING APPLICATION FORM**Supporting Documents:**

1. Memorandum & Articles of Association
2. Certificate of Incorporation/ Constitution
3. Directors' Valid ID & Passport Photos
4. Directors' Proof of Residence
5. MOLAWRR Contract
6. Copy of Land Offer Letter/ Signed Lease agreement/Joint Venture

Applicant Details

Registered Name _____

Trading Name _____

Country of Incorporation _____ Cert of Incorporation No. _____

Business Partner No. _____ Email for receiving E-statements _____

Postal Address _____

Telephone Number _____ Mobile Number _____

Website _____

Facebook _____ LinkedIn _____

Description of Business _____**Form of Ownership**☐ Private Ltd Company ☐ Partnership ☐ Informal Bodies ☐ Public Company**Company/organisation Ownership Details (10% and above)**

	Name of Shareholder	Percentage		Name of Shareholder	Percentage
1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>
	Name of Shareholder	Percentage		Name of Shareholder	Percentage
3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
	Name of Shareholder	Percentage		Name of Shareholder	Percentage
5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>

Financial Declaration

Estimated Annual Sales _____ Net Profit _____

Banking Details

Bank Name _____ Account Name _____

Branch Name _____ Account Number _____

Branch Code _____ Account type _____

Directors'/Partners'/Authorised Signatories'/Shareholders' (holding 10% & above) Information

Director 1/Partner 1 /Signatory 1/ Shareholder 1																	
Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR <input type="checkbox"/> OTHER _____																
Full Names	_____ Middle Name _____ Surname _____																
ID Number	_____ Passport Number _____																
Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
Nationality	_____ Country of Birth _____ Citizenship _____																
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>																
Residential Address	_____																
Mobile Number	_____ Telephone Number _____																
Email	_____ Position _____																
Period with Organisation	Years <input type="text"/> Months <input type="text"/> % Ownership <input type="text"/>																

Directors'/Partners'/Authorised Signatories'/Shareholders' (holding 10% & above) Information

Director 2/Partner 2 /Signatory 2/ Shareholder 2																	
Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR <input type="checkbox"/> OTHER _____																
Full Names	_____ Middle Name _____ Surname _____																
ID Number	_____ Passport Number _____																
Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
Nationality	_____ Country of Birth _____ Citizenship _____																
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Residential Address	_____																
Mobile Number	_____ Telephone Number _____																
Email	_____ Position _____																
Period with Organisation	Years <input type="text"/> Months <input type="text"/> % Ownership <input type="text"/>																

Directors'/Partners'/Authorised Signatories'/Shareholders' (holding 10% & above) Information

Director 3/Partner 3 /Signatory 3/ Shareholder 3																	
Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR <input type="checkbox"/> OTHER _____																
Full Names	_____ Middle Name _____ Surname _____																
ID Number	_____ Passport Number _____																
Passport Expiry Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
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Residential Address	_____																
Mobile Number	_____ Telephone Number _____																
Email	_____ Position _____																
Period with Organisation	Years <input type="text"/> Months <input type="text"/> % Ownership <input type="text"/>																

Directors'/Partners'/Authorised Signatories'/Shareholders' (holding 10% & above) Information

Director 4/Partner 4 /Signatory 4/ Shareholder 4

Title MR ☐ MRS ☐ MISS ☐ DR ☐ OTHER _____

Full Names _____ Middle Name _____ Surname _____

ID Number _____ Passport Number _____

Passport Expiry Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality _____ Country of Birth _____ Citizenship _____

Gender Male ☐ Female ☐ Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Residential Address _____

Mobile Number _____ Telephone Number _____

Email _____ Position _____

Period with Organisation Years Months % Ownership

Directors'/Partners'/Authorised Signatories'/Shareholders' (holding 10% & above) Information

Director 5/Partner 5 /Signatory 5/ Shareholder 5

Title MR ☐ MRS ☐ MISS ☐ DR ☐ OTHER _____

Full Names _____ Middle Name _____ Surname _____

ID Number _____ Passport Number _____

Passport Expiry Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality _____ Country of Birth _____ Citizenship _____

Gender Male ☐ Female ☐ Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Residential Address _____

Mobile Number _____ Telephone Number _____

Email _____ Position _____

Period with Organisation Years Months % Ownership

Directors'/Partners'/Authorised Signatories'/Shareholders' (holding 10% & above) Information

Director 6/Partner 6 /Signatory 6/ Shareholder 6

Title MR ☐ MRS ☐ MISS ☐ DR ☐ OTHER _____

Full Names _____ Middle Name _____ Surname _____

ID Number _____ Passport Number _____

Passport Expiry Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality _____ Country of Birth _____ Citizenship _____

Gender Male ☐ Female ☐ Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

Residential Address _____

Mobile Number _____ Telephone Number _____

Email _____ Position _____

Period with Organisation Years Months % Ownership

To CBZ Agro-Yield

Resolution of the Board of Directors/Partners

We hereby certify that the following Resolution of the Board of Directors of _____

Was passed at a meeting of the Board held on the _____ day of _____

and has duly been recorded in the minute book of the said company.

Resolved

_____ will act on behalf of the Board/Partnership in terms of the concluded

with Agro-Yield at their _____ branch/offices. CBZ Agro-Yield will be and is hereby

empowered to act on any instruction given by the persons so authorised with regard to any transaction that CBZ Agro-Yield be furnished with:

(a) an up-to-date copy of the Company's Memorandum and Articles of Association.

(b) the Company's Certificate of Incorporation

(c) the company's Certificate to commence Business (Public Companies only)

That the company give CBZ Agro-Yield the name of a director, secretary, or other officer of the company and advice CBZ Agro-Yield in writing of any changes that may take place and CBZ Agro-Yield shall be entitled to act upon.

That these resolutions be communicated to CBZ Agro-Yield and shall constitute the company's mandate to CBZ Agro-Yield to remain in force until revoked by notice in writing to CBZ Agro-Yield signed by the Chairman or any Director or the Secretary acting or purporting to act on behalf of the Company and for this purpose any instruction varying or purporting to vary the Mandate contained in these Resolutions shall be deemed a revocation.

Details of Person Authorised to Act

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Other _____
First Name	_____				Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	_____				Date of Birth	_____	
Maiden Surname	_____				Country of Birth	_____	
Number of Dependants	_____				National ID No	_____	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single never married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Engaged		
Email Address	_____						
Mobile Number	_____				Home Telephone No	_____	
Address	_____						

We further certify that the recorded above are correct

Chairman

_____ Signature _____

Secretary

_____ Signature _____

Signed at _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Facility Details

Farm Name_____	Address_____
Province_____	District_____
Town_____	Ward_____
Land Ownership <input type="checkbox"/> 99 Year lease <input type="checkbox"/> Freeholding <input type="checkbox"/> Title deeds <input type="checkbox"/> Other_____ Land Type <input type="checkbox"/> Dryland <input type="checkbox"/> Irrigated	
Arable Land Size_____	Nearest GMB Depot_____
Crop_____	Hectarage Applied for_____
Offer Letter/Plot Number_____	Agritex Reference_____

Farm Coordinates

Farm Name	Coordinates

Past Performance

Season	Crop	Ha

Other Crops on the Farm

Crop	Ha	Contractor

Applicant's Declaration

1. I/we authorize CBZ Agro Yield Private Limited (herein after referred to as the Lender) to make any enquiries which may be considered necessary for confirmation of these facts and for credit assessment. I/we authorize any source to which you may apply, each source being hereby authorized by me/us to provide you with such information. I/we agree that if any situation arises before this facility is granted which materially changes any of the representations made by me/us in this application, I/we will promptly notify you thereof.
2. I/we represent, warrant and confirm that all the statements made by me/us in this application are correct and have been made by me/us for the purpose of inducing you to consider this application and knowing that you will rely thereupon, without in any way limiting the foregoing and for the same purpose, I/we reaffirm, represent and warrant that I/we have no outstanding obligations to any bank, loan company, corporation or any individual, and that no suits, judgements or legal claims of any kind whatsoever are pending against me/us, except as stated by me/us in this application.
3. I/we understand that in the event that any information proving to be inaccurate, this application may be declined and the Lender reserves the right to decline this application without giving reasons.
4. I/we further authorize the Lender that it may retain this application for its records.

Farmer Details

Farmer Fullname_____

Signature_____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Witness

Witness Fullname_____

Signature_____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To be completed by Agritex Officer

Agritex Officer Full Name_____

Province_____

District_____ Cell_____

Ward_____

Signature_____ Date_____

Office Use

Stamp	Stamp
Agronomist Officer_____	Agronomist Officer_____

Asset Declaration Form

Assets during the year ended 31st December Year: _____

Name of Farmer _____ ID Number _____

Section A: Assets

Particulars of Assets

Type of Asset	Details of Asset	Mode of Acquisition	Market value (Est)
Total			

Section B: Liabilities

Type of Liability	Details of Liabilities	Name of Creditor

Declaration

I _____ declare that the information in this application is complete, true and correct in every detail and understand that any misleading information is a serious offence.

Signature _____ Date _____

Checklist Form

Applicant Name: _____

To be Completed by the Applicant

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you previously been contracted by CBZ Agro-Yield? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If so, do you have an outstanding debt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has the land you're intending to farm been previously utilised and or contracted for under CBZ Agro-Yield funded scheme? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If so, are there any outstanding obligations to CBZ Agro-Yield associated to that land or legal title/offer letter/lease holder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

To be Completed by Agritex Officer

- | | | |
|---|--------------------------------|--|
| 1. Do you know the farmer or owner of the land of the attached offer letter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the farmer new or seasoned | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Confirm if the farmer has a GMB vendor number | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Confirm ownership of the land | <input type="checkbox"/> Lease | <input type="checkbox"/> Joint Venture |
| | <input type="checkbox"/> Owned | <input type="checkbox"/> Communal |

For Office Use Only

Name of Agronomy Officer/ CBZ AY representative _____

Documents Checklist

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Copy of MOLAWRR Contract | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificate of Incorporation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Proof of Land Ownership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credit Clearance Letter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CR 14 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Directors Copy National IDs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Directors Proof of residence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Directors valid passport photos | <input type="checkbox"/> Yes | <input type="checkbox"/> No |