UMZUMBE MUNICIPALITY

UMASIPALA WASEMZUMBE

Tel: 039 972 0005 | **Fax:** 039 972 0099 | **Direct:** 039 940 5488
E-mail: led@umzumbe.gov.za
Address: P.O. BOX 561, Hibberdene, 4220
Department: Office of the MM | **Unit:** Office of the Municipal Manager
Facebook: @Umzumbe Municipality |
Instagram: @umzumbe_municipality | **Website:** www.umzumbe.gov.za

UMZUMBE LM FARMER DATABASE APPLICATION FORM

SUBSISTENCE FARMING APPLICATION

Please complete all fields below:

Full Name (s): _____ ID Number: _____

Contact Number: _____ Ward No: _____

Residential Address: _____

Type of Farming (Crop/Livestock/Mixed): _____

Plot Size (in hectares): _____

Type of Crops Grown / Livestock Kept: _____

Availability of Water Source: _____

Training Attended (if any): _____

Signature: _____, Date: _____

Received By: _____

Signature: _____, Date: _____

Municipal Stamp

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UMZUMBE LM FARMER DATABASE APPLICATION FORM

SMALLHOLDER FARMING APPLICATION

Please complete all fields below:

Full Name(s): _____ ID Number: _____

Contact Number: _____Ward No: _____

Residential Address: _____

Type of Farming (Crop/Livestock/Mixed): _____

Farm Size (in hectares): _____

Type of Crops Grown / Livestock Kept: _____

Market Access (Yes/No): _____

Training/Workshops Attended: _____

Basic Equipment Available (Specify): _____

Signature: _____Date: _____

Received By: _____

Signature: _____ Date: _____

Municipal Stamp

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UMZUMBE LM FARMER DATABASE APPLICATION FORM

EMERGING COMMERCIAL FARMER APPLICATION

Please complete all fields below:

Full Name(s): _____ ID Number: _____

Contact Number: _____Ward: _____

Business Name (if any): _____

Farm Size (in hectares): _____

Location of Farm: _____

Type of Farming (Crop/Livestock/Mixed): _____

Main Products: _____

Existing Market Channels: _____

Training/Qualifications: _____

Staff Employed (if any): _____

Business Plan Available (Yes/No): _____

Mechanisation Support Needed (Yes/No): _____

Signature: _____Date: _____

Received By: _____

Signature: _____ Date: _____

Municipal Stamp