



# “MAJA-A-IKGOROSA” SCHEME APPLICATION FORM



**Botswana  
Meat  
Commission**  
Meat Perfection Defined



Customer No: 

# Application Form

## 1. Applicants' Details

Farmer Details			
Farmer/ Business/Association/Holding Name			
Location/Area & Farming Zone (i.e.) (Mahotshwane Zone 11/C11)			
Animal Keeper Identifications Number:			
Animal Keeper ID Date of Expiry:			
Animal Brand (Tshipi):			
European Union (EU) Compliance Status (Tick the Correct)		Already EU Compliant	On-going EU Registration
Contact Person		Tel:	
Resources Required (Please tick appropriate)	Animal Feed & Vet services ONLY - <b>BAMB</b>	Funding for infrastructural development - <b>CEDA</b>	Business Advisory & Mentoring Services - <b>LEA</b>

## 2. Cluster/Association Members' Details

Name(s)	Nationality	Omang Number	Position	Keeper ID Number

## 3. EU Compliance Check - Department of Veterinary Services (DVS)

The applicants are required to attest/confirm eligibility of his/her/their holding, and attach copy of EU Compliance certificate.

Holding EU Compliance	Yes	No	Certificate Number:	Expiry Date:
Name of DVS Officer:		Position:		Area:

3.1. DVS Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

Official Stamp:

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#### 4. PRE-APPROVAL – Botswana Meat Commission (BMC)

BMC to issue/attach pre-approval (letter of approval) to qualifying applicants.

Contacts:	Cell Phone:		Landline Telephone:					
Email Address:								
Number of cattle intended to feed/condition & sell/book per feeding cycle	Cycle1		Cycle 2		Cycle 3		Cycle 4	
	Disability			Yes			No	
Farming Area	Zone:		Locality/Area:					
	Region/District:		:					

1.1. BMC Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp:

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## 5. Funding for Infrastructural Development – Citizen Entrepreneurial Development Agency

### Applicants Personal Details

Title:	Dr	Mr	Mrs	Ms	Other
Surname:					
Other Names:					

#### 5.1. Next Of Kin Detail

Name:		Name:	
Relationship:		Relationship:	
Omang No:		Omang No:	
Postal Address		Postal Address	
Physical Address		Physical Address	
Landline Phone No:		Landline Phone No:	
Cell Phone No:		Cell Phone No:	
Employer (If Any)		Employer (If Any)	
Work Tel:		Work Tel:	

#### 5.2. Loan Facility Details

Amount applied for BWP		Amount in Words:
Purpose of Loan Description (Give a brief description of what the funding is towards)		

#### 5.3. Loan Breakdown (Working Capital / Infrastructure)

Item/ Description	Quantities	Total Amount
1		
2		
3		
4		
5		
6		
Total		

Customer No:

#### 5.4. Bank Account Details

Account Name:	Branch:
Account Type:	Account No:
Bank	

#### 5.5. Credit History

Do you currently have a CEDA Loan?	If yes provide the contract Number:	Loan amount
Yes or No		

5.6. Applicants' Signature \_\_\_\_\_ Date \_\_\_\_\_

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## 6. ANIMAL FEED & VETERINARY SERVICES - Botswana Agricultural Marketing Board (BAMB)

Feed requirement(s) per feeding cycle	Cycle1		Cycle 2		Cycle 3		Cycle 4	
	Finisher		Finisher		Finisher		Finisher	
	Vet. Med		Vet Med		Vet Med		Vet Med	
Farming Area	Zone:		Locality/Area:					
	Region/District:							

### 6.1. Feed advance/coupon Value

Value of Feed & Vet Services applied for (BWP)		Amount in Words:
Description of Feed Advance (Give a brief description of what the advance is towards)		

### 6.2. Breakdown of Feed and veterinary medicine/services

Item/ Description	Quantities	Total Amount
1		
2		
3		
4		
5		
6		
Total		

6.3. Applicants' Signature \_\_\_\_\_ Date \_\_\_\_\_



Customer No:



#### 6.4. APPLICATION OUTCOME

Approval Outcome	Yes	No	Reason:	Date:
Name of BAMB Officer:			Position:	Area:

6.5. BAMB Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp:



Customer No:



## 7. BUSINESS ADVISORY SERVICES – Local Enterprise Authority (LEA)

<b>Title:</b>	Mr	Ms	Mrs	Dr	Other			
Surname:								
Other Names:								
Omang No:								
Animal Keeper ID No.								
Scheme Application No.								
Contacts:	Cell Phone:			Landline Telephone:				
Email Address:								
Training Requirements	Cycle1		Cycle 2		Cycle 3		Cycle 4	
Farming Area	Zone:		Locality/Area:					
	Region/District:							

### 7.1. Breakdown of Training Costs

Feeding Cycle	Training Modules/Description	Number of Attendees	Total Cost (To be provided by LEA)
1. Cycle 1			
2. Cycle 2			
3. Cycle 3			
4. Cycle 4			
Total			

7.2. Applicants' Signature \_\_\_\_\_ Date \_\_\_\_\_

### 7.3. APPLICATION OUTCOME

Approval Outcome	Yes	No	Reason:	Date:
Name of LEA Officer:	Position:		Area:	

7.4. LEA Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp:

