



**DEPARTMENT OF AGRICULTURE
FARMERS REGISTRATION FORM**

(Please place a check in box where necessary).

Are you applying as an individual or a registered company? Individual Registered Company?

Renewal Application New Application (Please tick one)

SECTION 1 FARM BUSINESS AND PERSONAL INFORMATION

Farmers Registration Number _____

First Name _____ Middle Initials _____ Surname _____

Business Name: _____

Gender : Male Female Company

Date of Birth: Month _____ Day _____ Year _____

SECTION 11 CONTACT INFORMATION:

House Number _____ Street/Road _____

Island _____ Settlement _____

Telephone Number (home) _____ Mobile Number _____

Email: _____ Website: _____

SECTION 111 FARMERS IDENTIFICATION INFORMATION

Bahamian Passport Number: _____ National Insurance Number : _____

SECTION 1V FARM INFORMATION

Is this farm still operational? Yes No

How long was the farm inactive? Less than six months, a year more than a year

What is the reason for farm being inactive? Retirement Funding Hurricane Other _____

Do you plan to resume your farm operation? Yes No