



**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"/>
3 <input type="text"/>	<input type="text"/>	4 <input type="text"/>	<input type="text"/>
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  MRS  MISS  DR  OTHER \_\_\_\_\_

Full Names \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

ID Number \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiry Date         Date of Birth

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 2/Partner 2 /Signatory 2/ Shareholder 2

Title MR  MRS  MISS  DR  OTHER \_\_\_\_\_

Full Names \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

ID Number \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiry Date         Date of Birth

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 3/Partner 3 /Signatory 3/ Shareholder 3

Title MR  MRS  MISS  DR  OTHER \_\_\_\_\_

Full Names \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

ID Number \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport Expiry Date         Date of Birth

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 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         Date of Birth

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         Date of Birth

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         Date of Birth

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 advise 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		_____				
Martial 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
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**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.

<p><b>Farmer Details</b></p> <p>Farmer Fullname_____</p> <p>Signature_____ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 15px;"> <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></p>	D	D	M	M	Y	Y	Y	Y	<p><b>Witness</b></p> <p>Witness Fullname_____</p> <p>Signature_____ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 15px;"> <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></p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
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**

<p><b>Stamp</b></p>  <p>Agronomist Officer_____</p>
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## 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