



AGRIBUSINESS FARM REGISTRATION FORM

GUIDELINES TO CLASSIFYING APPLICANTS

DO NOT PRINT THIS FORM. IT IS DESIGNED TO CAPTURE THE INFORMATION PROVIDED TO AVOID RETYPING.

FILL IT OUT WITH A PDF PROGRAM ON YOUR COMPUTER, TABLET OR CELLPHONE AND RETURN VIA EMAIL

- The Ministry classifies four (4) types of applicants:
 - (i) Individual – This applies to an individual farmer or family farm that is not registered as a business.
 - (ii) Business – This applies to a farm that is registered as a business.
 - (iii) Farming Group / Cluster – This applies to a farming group / cluster that is not a registered organization.
 - (iv) Farming Organization / Cooperative Society – This applies to a farming group that is a registered organization.

GUIDELINES TO FILLING OUT THIS FORM

- Two (2) forms are provided. One for individuals and one for Cluster groups, Businesses and Cooperatives.
- Fill all fields. Fields with Red Borders are considered important
- To guarantee smooth processing of your application, please check that all details are accurate.
- This application is only considered complete when ALL fields with a **red border** are accurately filled out. Otherwise, an email will be sent to you requesting the application be completed and re-submitted.
- Once completed save the file to your device.
- Attach this file to an email. In the subject line of the email: type FARMR + Your present farm number or name. Email to PDFFORMS@agriculture.gov.bb.

MAFNS PROCESSING PROCEDURE

- Your farm operation may be inspected by an officer who will validate the information provided. The inspecting officer will contact you by phone, whatsapp or email to schedule the appointment for inspection. Please monitor your contact numbers and emails. Telephone calls or whatsapp messages will originate from numbers with the following format: 535-51xx. Emails will be sent from an address with the format: <<username>>@agriculture.gov.bb
- On approval, you will be issued with new Farm ID Cards along with your associates. All Farmer ID cards associated with this farm must be returned to the Ministry to receive the new Farm ID Cards.



AGRIBUSINESS FARM REGISTRATION FORM
for Registered Farming Cooperatives

To Be Filled out by Registered Farm Businesses, Registered Farming Cooperatives and Non-Registered Cluster Group of Farmers working together.

Vat No.: _____ We are a: _____
 Enterprise Name: _____ NIS No.: _____
 Enterprise Email: _____ Enterprise No.: _____
 Enterprise Telephone: _____

Mailing Address:

Street: _____
 District: _____ Parish: _____

Principal/Owner 1:

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: _____
 Email: _____
 Telephone: _____ Mobile: _____ Whatsapp/Messaging: _____

Principal/Owner 2: (if applicable)

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: _____
 Email: _____
 Telephone: _____ Mobile: _____ Whatsapp/Messaging: _____

Primary Contact:

Barbados ID: _____
 Other ID (Driver's License/Passport No.) _____
 NIS No.: _____ Farmers ID (if applicable): _____
 First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: _____
 Email: _____
 Telephone: _____ Mobile: _____ Whatsapp/Messaging: _____

ASSOCIATED FARMERS:

Number of Additional Farmers Associated with Farm (if applicable): _____
 Name: _____ Farmers ID (if applicable): _____
 Name: _____ Farmers ID (if applicable): _____
 Name: _____ Farmers ID (if applicable): _____
 Name: _____ Farmers ID (if applicable): _____

(if more than 4, please contact the Ministry's Services Department at 535-5100)



**MINISTRY OF AGRICULTURE
AND FOOD AND NUTRITIONAL SECURITY**
P.O Box 505, GRAEME HALL, CHRIST CHURCH, BARBADOS. WEST INDIES. BB15003



Apiculture & Aquaculture (select ALL that apply)

APICULTURE	# HIVES	FRESHWATER AQUACULTURE	AREA (sq ft / acres)
Breeders		Aquaculture – Breeders	
Pollinators		Aquaculture – Producers	
Honey Producers		Aquaponics	
Other Bee Product Producers			

Other:

FARM PLOT LOCATION (S):

Number of Farm Plot Locations:

(if more than 4, please contact the Ministry's Services Department at 535-5100)

Farm Address/Location 1:

Street:

District:

Parish:

Land Tax Map Ref#/GPS Ref:

Size of Plot in Sq Ft / Acres:

Water Sources: (tick all that apply)

Well Spring Pond Roof Harvested BADMC BWA

Irrigation Type (if applicable):

Area Irrigated in Sq Ft / Acres (if applicable):

Farm Address/Location 2:

Street:

District:

Parish:

Land Tax Map Ref#/GPS Ref:

Size of Plot in Sq Ft / Acres:

Water Sources: (tick all that apply)

Well Spring Pond Roof Harvested BADMC BWA

Irrigation Type (if applicable):

Area Irrigated in Sq Ft / Acres (if applicable):



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Farm Address/Location 3:

Street:

District:

Parish:

Land Tax Map Ref#/GPS Ref:

Size of Plot in Sq Ft / Acres:

Water Sources: (tick all that apply)

Well Spring Pond Roof Harvested BADMC BWA

Irrigation Type (if applicable):

Area Irrigated in Sq Ft / Acres (if applicable):

Farm Address/Location 4:

Street:

District:

Parish:

Land Tax Map Ref#/GPS Ref:

Size of Plot in Sq Ft / Acres:

Water Sources: (tick all that apply)

Well Spring Pond Roof Harvested BADMC BWA

Irrigation Type (if applicable):

Area Irrigated in Sq Ft / Acres (if applicable):



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BUSINESS MEMBERSHIPS: (tick all that apply)

- Barbados Agricultural Society (BAS)
- Barbados Sugar Industry Limited (BSIL)
- Small Business Association (SBA)
- Addis Anselm Cooperative Society
- Barbados Agricultural Trading & Investment Co-operative Society
- Barbados Pig Farmers' Co-operative Society
- Organic Consumers & Growers Cooperative Society
- St. George Farmer's Marketing Cooperative Society
- South Eastern Farmers' Co-operative Society
- Other:

ATTESTATION

I attest that all information submitted is accurate to the best of my knowledge.

Name:

Position/Job Title

Date: