



BWA AGRICULTURAL WATER RATE FORM

GUIDELINES TO FILLING OUT THIS FORM

- To guarantee smooth processing of your form, please check that all details are accurate.
- This form 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 form be completed and re-submitted.
- Once completed save the file to your device.
- Attach this file along with the completed Agribusiness Registration Form to an email. In the subject line of the email: type Your Name / Business / Cluster / Organization. Email to agriwater@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 format: 535-51xx. Emails will be sent from an address with the format: <<username>>@agriculture.gov.bb

BWA PROCESSING

- If your farm enterprise has more than one BWA account or more than one location, a separate form must be filled out for each account or location.
- If your operation is approved by the Ministry as fulfilling the requirements as a registered farmer, the Ministry will email a verification letter to the Barbados Water Authority for their processing. This letter will be copied to your email address which you identified on the form.
- The BWA will contact you via email and/or WhatsApp messaging.



BWA AGRICULTURAL WATER RATE FORM

Farmers ID: _____ Farmers ID Expiry Date (dd/mm/yy): _____

BUSINESS / ORGANISATION DETAILS (if applicable):

Business / Organisation Name:
Business / Organisation Email:
Business / Organisation Telephone:

INDIVIDUAL / PRIMARY CONTACT DETAILS:

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

Mailing Address:

Street: _____
District: _____ Parish: _____

AGRICULTURAL WATER USE:

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): _____
Size of Plot in Sq Ft / Acres: _____

BWA Account Name: _____ BWA Account Number: _____
BWA Service Address _____
Does this account service a residence or other non-farm building?
If Yes: How many persons in residence? _____ How many bathrooms? _____
Largest Use of BWA Water: _____ 2nd Largest Use of BWA Water: _____

ATTESTATION

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

Name: _____
Date: _____