



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

To Be Filled Out by Individual Farm Applicants NOT Registered as a business.

INDIVIDUAL FARM DETAILS:

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:

Mailing Address:

Street:

District:

Parish:

This Area Has Been Left Deliberately Blank

Please Proceed to Next Page



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P.O Box 505, GRAEME HALL, CHRIST CHURCH, BARBADOS. WEST INDIES. BB15003



SECTION C: (To Be Answered by ALL Applicants)

FARM STATUS:

Land Tenure: _____ Cooperation Status: _____
 Operation Status: _____ No. Full-Time Employees: _____ No. Part-Time Employees: _____
 Target Market: (tick all that apply)
 Local Regional International

AGRIBUSINESS TYPE OF FARM OPERATIONS:

Types of Farming: _____

Crops (select ALL that apply)

FOOD CROPS	AREA (sq ft / acres)	NON-FOOD CROPS	AREA (sq ft / acres)
Seedling Nursery ¹		Horticulture Nursery	
Protected Fruits & Veg		Cut Flowers	
Protected Culinary Herbs		Medicinal Herbs ²	
Field Fruits & Vegetables ³		Cotton	
Field Culinary Herbs		Forages ONLY	
Sugar Cane		Forages + Livestock	
Orchard Trees		Forages + Bees	

¹ Includes seedlings for row crop fruits, vegetables & culinary herbs as well as orchard trees

² Includes medicinal cannabis

³ Includes papayas, bananas, plantains, figs

Livestock (select ALL that apply)

LARGE ANIMALS	# HEADS	SMALL ANIMALS	# HEADS
Cattle – Dairy*		Chicken – Hatchery	
Cattle – Beef/Veal Producers		Chicken – Layers	
Goats – Dairy ϕ		Chicken – Broilers	
Goats – Breeders		Turkey – Meat Producers	
Goats – Chevon/Meat Producers		Other Poultry Meat & Eggs ⁴	
Sheep – Breeders		Rabbits – Breeders	
Sheep – Lamb/Mutton Producers		Rabbits – Meat Producers	
Pigs – Breeders			3
Pigs – Pork Producers			

* Indicate Milk Output (Kgs/Day)

ϕ Indicate Milk Output (Kgs/Day)

⁴ Includes Duck, Pheasant, Cornish Hen etc



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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: