



Theewaterskloof
Municipality

Local Economic Development
SMALL FARMERS DATABASE REGISTRATION FORM

Id Number:

Surname:

Initial:

First Name:

DOB:

Gender:

Name of Entity

Type of farming

Current location/hectares

Number of animals

Disability

If yes, nature of disability

Government Grant:

First Language:

Other Language:

Highest Level of Education:

Village:

Ward Number/Name:

Address:

Cell Number:

Nationality:

Professional skills and interests, tick a box.

⇒ Agricultural training:

Literacy Skills

	Excellent	Fair	Poor
Read			
Write			

Applicant Signature : _____

Date : _____

For office use:

Processed by : _____

Date : _____

Name of Town office : _____