



STELLENBOSCH
STELLENBOSCH • PNIEL • FRANSCHHOEK

MUNICIPALITY • UMASIPALA • MUNISIPALITEIT

FARMS LEASE APPLICATION FORM APPLICATION INFORMATION AND CONDITIONS

1. Eligibility Criteria

To be eligible to be granted a Land / Farm to Lease you must meet the following Eligibility Criteria:

- a) Applicant/s must not be employed by the three spheres of government or employees of all public entities prior to the signing of lease, politicians who hold public office, traditional leaders who receives remuneration from the State and permanent residents who are issued permanent residence permits as prescribed into Sec 26 & 27 of
- b) Immigration Act, 2002 (Act 13 of 2002). Public servants shall not qualify to benefit from agricultural support irrespective of them falling under any of the categories identified above.
- c) The target group for agricultural support which is Africans, Indians and coloureds.
- d) If you are not a resident of the Stellenbosch Municipal area for 5 years or longer.
- e) Subsistence farmers:
 - Communal/village subsistence farmers,
 - Municipal commonage farmers, and
 - sustained homestead garden producers.
- f) Further priority, within the target group shall be given to women and the youth who either have basic farming skills or experience. Special attention shall be paid to the youth with experience or qualifications in the field of agriculture.
- g) Public servants shall not qualify to benefit from agricultural support irrespective of them falling under any of the categories identified above

2. Compliance Check

A full compliance check of your details provided in this Application for Land Lease and any other information requested and provided by you will be undertaken checked for compliance. If you are deemed ineligible:

- a) Your application will be rejected
- b) If you have provided false or misleading information, Stellenbosch Municipality will terminate contract.

3. Acceptance or Rejection of Application

The Application will be assessed in accordance with the conditions and requirements advertised and may be rejected if:

- a) You do not meet the Eligibility Criteria above; or
- b) You are employed by the state
- c) If you are not a resident of the Stellenbosch Municipal area for 5 years or longer.
- d) The Application has not been fully completed or executed to the satisfaction of Stellenbosch Municipality

4. Termination of Application

A provisional allocation or selection shall cease under the following circumstances:

- a) Death of the potential beneficiary
- b) Criminal records or conviction
- c) Written withdrawal of application by the beneficiary
- d) Withdrawal of the farm by the landowners or seller
- e) Any other circumstances that the committee may feel justify the termination or withdrawal of the allocation.

5. Documents to be attached to the application Form

- a) SA certified ID copy of applicant & spouse.
- b) Proof of residence
- c) Certified Legal Entity Registration Certificate (if the applicant is an entity)
- d) Schedule of own assets (related to farming) eg. farm implements and machinery etc.
- e) Copy of marriage certificate (if married)
- f) Certificate/s of training provided (if any)
- g) Financial Resources to cover first production Cycle (e.g. proof from the bank).
- h) Business plan/agricultural plan for the identified portion of agricultural land.

DATE RECEIVED:
APPLICATION REFERENCE NUMBER:
NAME OF OFFICIAL RECEIVING APPLICATION:
SIGNATURE OF APPLICANT:

All questions contained in this questionnaire are strictly confidential

The applicant/s must provide a written commitment (in the form of affidavit) to pay the lease as per contract terms. The land obtained should not be sub-let/rented out. If found the Department should take back the land.

APPLICANT DEMOGRAPHIC PROFILE		
FULL NAME	M <input type="checkbox"/> F <input type="checkbox"/>	ID NUMBER:
SURNAME		DATE OF BIRTH:
MARITAL STATUS: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Cohabitation (Living Together) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
CATEGORY OF APPLICANT: <input type="checkbox"/> Category 1 (Subsistence Farmer) <input type="checkbox"/> Category 2 (Small Scale Farmer) <input type="checkbox"/> Category 3 (Medium Scale Farmer) <input type="checkbox"/> Category 4 (Large Scale Commercial Farmer)		
TARGET GROUP OF APPLICANT: <input type="checkbox"/> Farm Dweller <input type="checkbox"/> Farm Worker <input type="checkbox"/> Labor Tenant <input type="checkbox"/> Youth <input type="checkbox"/> Women		

<input type="checkbox"/> Commonage Farmer <input type="checkbox"/> Agricultural Graduate <input type="checkbox"/> Other Specify	
ETHNIC GROUP OF APPLICANT:	
<input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Coloured	
SPOUSE FULL NAME	SPOUSE EMPLOYER:
SPOUSE ID	SPOUSE CONTACT DETAILS:
RESIDENTIAL ADDRESS:	POSTAL ADDRESS:
SUBURB/VILLAGE:	SUBURB:
NEAREST TOWN:	
MUNICIPALITY:	POSTAL CODE:
DISTRICT:	PROVINCE:
PROVINCE:	FACEBOOK/TWITTER ACCOUNT:
TELEPHONE NO:	CELL PHONE NO:
FAX NUMBER:	EMAIL ADDRESS
HOW LONG HAVE YOU BEEN LIVING IN MUNICIPAL AREA:	<input type="checkbox"/> 1-2 YRS <input type="checkbox"/> 2-4 YRS <input type="checkbox"/> 5-9 YRS <input type="checkbox"/> 10+
PREFERRED LEASE AREA (Farm number):	
EMPLOYMENT AND EDUCATIONAL DETAILS	
OCCUPATION:	
<input type="checkbox"/> Student <input type="checkbox"/> Pensioner <input type="checkbox"/> Farmer <input type="checkbox"/> Farm Worker <input type="checkbox"/> Self-Employed	

- Employed In the Private Sector
- Unemployed
- Internship
- Other
- Specify Other: _____

NAME OF EMPLOYER:

TYPE OF EMPLOYMENT:

BUSINESS ACTIVITIES (SELF-EMPLOYED):

SOURCES OF INCOME:

- Salaries, wages, commissions
- Income from business
- Pension Funds
- Grants (includes old age pension)
- Sales of farming products and services
- Remittances (money received from people living elsewhere)
- No income
- Other income sources (rental income, interest, etc)

HIGHEST LEVEL OF EDUCATION COMPLETED:

- Primary
- Secondary
- Matric
- N1-N4
- N5-N6
- National Diploma(TVET/University)
- Honors Degree
- Bachelor's Degree
- Bachelor's Degree & Postgraduate
- Master's Degree
- Doctorate Degree

HAVE YOU RECEIVED ANY TRAINING RELATED TO FARMING (FORMAL OR INFORMAL): <input type="checkbox"/> YES <input type="checkbox"/> NO		
TRAINING OF APPLICANT RELATED TO FARMING/AGRICULTURE:		
NAME OF TRAINING	YEAR	INSTITUTION (FORMAL/INFORMAL)
INSTITUTIONAL ARRANGEMENT		
ARE YOU A MEMBER OF A GROUP THAT WANTS TO FARM COLLECTIVELY		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> M <input type="checkbox"/> F		
SIZE OF GROUP:		
NUMBER OF DISABLED:		
18-35 YEARS:		
36-50 YEARS:		
51-65 YEARS:		
65-79 YEARS:		
80 YEARS AND ABOVE		
TOTAL:		
TYPE OF LEGAL ENTITY:		
<input type="checkbox"/> Communal Property Association <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Close Cooperation <input type="checkbox"/> Cooperative <input type="checkbox"/> Farmers Association		

<input type="checkbox"/> Other		
YEARS OF GROUP ENTITY EXISTENCE:		
<input type="checkbox"/> 0-1 year <input type="checkbox"/> 2-4 years <input type="checkbox"/> 5-9 years <input type="checkbox"/> 10 + years		
LEGAL ENTITY REGISTRATION NUMBER:		
NAME & SURNAME OF CONTACT PERSON:		
POSTAL ADDRESS OF ENTITY:		
TELEPHONE:	CELL:	EMAIL:
AGRICULTURAL ACTIVITY:		
ARE YO CURRENTLY INVOLVED IN FARMING:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU PAY RENT WHERE YOU FARM:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF LAND OWNERWHIP WHERE YOU CURRENTLY FARM:		
<input type="checkbox"/> Rented <input type="checkbox"/> Private/Family Farm <input type="checkbox"/> Communal land (tribal land) <input type="checkbox"/> State land <input type="checkbox"/> Communal land <input type="checkbox"/> Labor tenant <input type="checkbox"/> Farm dweller <input type="checkbox"/> Other (specify)		
HOW MANY YEARS HAVE YOU BEEN FARMING:		

- 0-1 year
- 2-4 years
- 5-9 years
- 10 + years

TYPE OF FARMING EXPERIENCE:

WHICH SOCIAL CLUBS/ASSOCIATION/ORGANIZATION DO YOU BELONG TO:

- Farmers Association
- Producers Association
- Cooperatives
- Community Garden Group
- Stokvel
- Special Interest Group
- Other (specify)

DO YOU REQUIRE ASSISTANCE WITH THE FOLLOWING:

- Development of Business Plan
- Market Access
- Business Registration
- Mentorship
- Agricultural Training
- Management Training
- Other (specify)

NO OF PEOPLE TO BE EMPLOYED BY PROJECT:

NO OF EMPLOYEES:

TYPE OF EMPLOYMENT:

- Permanent
- Temporal
- Contract
- Seasonal
- Internship
- Volunteer
- Other

DOES YOUR HOUSEHOLD OWN CROPS / LIVESTOCK:

- Cattle
- Sheep

<input type="checkbox"/> Goat <input type="checkbox"/> Pigs <input type="checkbox"/> Chicken <input type="checkbox"/> Geese <input type="checkbox"/> Grain <input type="checkbox"/> Vegetables <input type="checkbox"/> Sugar Cane <input type="checkbox"/> Other (Specify)		
Type of Horticulture and Crop Production	Number of hectares farmed	<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
		<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
		<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
		<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
		<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
		<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
		<input type="checkbox"/> Household consumption <input type="checkbox"/> Sale
PREVIOUS GRANTS RECEIVED FROM GOVERNMENT:		
<input type="checkbox"/> SLAG <input type="checkbox"/> LRAD <input type="checkbox"/> CASP <input type="checkbox"/> Restitution grant <input type="checkbox"/> Housing subsidy <input type="checkbox"/> Agricultural grant <input type="checkbox"/> Other(Specify)		
NAME OF GRANT	GOVERNMENT DEPARTMENT	AMOUNT RECEIVED

INCOME RANGE RECEIVED THROUGH WORK, BUSINESS OR FARMING PER MONTH	<input type="checkbox"/> 0-R199	
	<input type="checkbox"/> R200 - R499	
	<input type="checkbox"/> R500 - R1199	
	<input type="checkbox"/> R1200 - R1799	
	<input type="checkbox"/> R1800 - R2499	
	<input type="checkbox"/> R2500 - R4999	
	<input type="checkbox"/> R5000 - R9999	
	<input type="checkbox"/> R10000 - above	

WHAT ARE YOU INTENDING TO USE THE LAND FOR?	
AGRICULTURAL ACTIVITY	TYPE
<input type="checkbox"/> Crop Production	<input type="checkbox"/> Grains <input type="checkbox"/> Vegetables <input type="checkbox"/> Sugar Cane <input type="checkbox"/> Tobacco <input type="checkbox"/> Cotton <input type="checkbox"/> Tea <input type="checkbox"/> Other Specify
<input type="checkbox"/> Viticulture/Vineyards	
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Fruits <input type="checkbox"/> Herbs <input type="checkbox"/> Flowers <input type="checkbox"/> Medicinal plants

	<input type="checkbox"/> Mushrooms <input type="checkbox"/> Sprouts <input type="checkbox"/> Non-food crops(grass) <input type="checkbox"/> Other(specify)				
<input type="checkbox"/> Beekeeping					
MAIN AREAS OF INTEREST	<input type="checkbox"/> Primary Production <input type="checkbox"/> Processing <input type="checkbox"/> Marketing				
INTERESTED IN PRODUCING FOR	<input type="checkbox"/> Own consumption <input type="checkbox"/> Informal market <input type="checkbox"/> Formal market				
LIST OF FARM IMPLEMENTS (IRRIGATION LAND)					
HOUSEHOLD MEMBER DETAILS (List all persons in your Household, Group Applications, this part must be completed by all Members of the group).					
HOUSEHOLD REF NO:					
FATHER	<input type="checkbox"/> Employed (E)	Full Name:	CHILDREN/ GRAND CHILDREN	<input type="checkbox"/> M	Full Name:
	<input type="checkbox"/> Unemployed (U)	ID:		<input type="checkbox"/> F	ID:
MOTHER	<input type="checkbox"/> Employed (E)	Full Name:		<input type="checkbox"/> M	Full Name:
	<input type="checkbox"/> Unemployed (U)	ID:		<input type="checkbox"/> F	ID:
SIBLING	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> U	Full Name:		<input type="checkbox"/> M	Full Name:
		ID:		<input type="checkbox"/> F	ID:
	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> U	Full Name:	GRANDMOTHER	<input type="checkbox"/> Employed (E)	Full Name:
		ID:	<i>MATERNAL</i>	<input type="checkbox"/> Unemployed (U)	ID:
	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> U	Full Name:	GRANDFATHER	<input type="checkbox"/> Employed (E)	Full Name:
		ID:	<i>MATERNAL</i>	<input type="checkbox"/> Unemployed (U)	ID:
<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> U	Full Name:	GRANDMOTER	<input type="checkbox"/> Employed (E)	Full Name:	
	ID:	<i>PATERNAL</i>	<input type="checkbox"/> Unemployed (U)	ID:	
<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> U	Full Name:	GRANDFATHER	<input type="checkbox"/> Employed (E)	Full Name:	
	ID:	<i>PATERNAL</i>	<input type="checkbox"/> Unemployed (U)	ID:	

DECLARATION:

I declare that the information furnished in this applicant form is, to the best of my knowledge, true and correct. I also declare that I am not employed by the public service/ not a politician/ not a member of the traditional authority remunerated by the State and to the effect that my spouse is not a civil servant and acknowledge that any misrepresentation in this regard constitutes a ground for immediate termination of the agreement.

.....
SIGNATURE OF APPLICANT

.....
DATE