

Personal Details	Photograph of
Name of Applicant	Applicant or Designated
National Identity Card Number	Representative
SFWF Card Number (if available)	
Name of Designated Representative (in case of Company)	
Address of Applicant	
Telephone/Fax Number(s)	
Company Details	
BRN Number	
Certificate of Incorporation/Current Standing (in case of company)	
Certificate of Registration from Registrar of Co-Operative Societies	
How do you intend to be paid by the National Wholesale Market?	
Cheque Telegraphic Transfer Telegraphic Telegraphic Transfer Telegraphic	
Cash	
Please provide the following details	
Bank Account Number	
Bank Name & Branch	



Please name major vegetables, fruits and flowers you intend to supply:

Product	Name	Quantity/kg/Unit	Region
Vegetables			
Fruits			
AGRIC	CULTURAL MA	RKETING	BOARD
Flowers			



follow noted	ting on behalf of myself oring list of drivers, helpers and staff are he	bearing ID Card, nocompany, confirm that the ereby authorised to represent me/or the above that the following list of vehicles are hereby the company's behalf.
S/N	Name	ID Number
1		
2		
3		
S/N	Vehicle No	Registration Certificate (Submitted)
2		
DECLA	ARATION	
are, to		n this application form and its related annexures hful and correct, and request that my application ordingly.
Signat	ure	
Name		
Acting	For (if applicable)	
Date		



The following documents are also submitted (if applicable):

Please tick if submitted.

Documents				
Copy of BRN				
Copy of SFWF Card				
Copies of the National Identity Card for applicant and representative(s)				
Copy of Certificate of Incorporation				
Two (2) recent photo passport of the applicant and any other designated representative(s)				

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