

CSP 02



APPLICATION FORM FOR COMMUNITY SEED PRODUCERS ACCREDITATION

1. NAME OF GROUP/ COOPERATIVE:
2. ADDRESS IN FULL:
.....
3. VILLAGE/ COMMUNITY:
4. STATE/ LGA:
5. PHONE NUMBER OF CONTACT PERSON:
6. E-MAIL ADDRESS:
7. WHEN WAS YOUR CERTIFICATE GRANTED? (Attach photocopy).
YEAR..... CERTIFICATE NO.....
8. HOW LONG HAVE YOU BEEN IN SEED PRODUCTION? STATE THE YEAR:
.....
9. HOW LONG HAVE YOU BEEN IN SEED MARKETING? STATE THE YEAR:
.....
10. SOURCES OF PLANTING MATERIALS :
FOUNDATION SEED.

S/NO	YEAR	CROP	VARIETY	SOURCES	HECTARAGE CROPPED WITH THE SEED	QUANTITY OF CERTIFIED SEED PRODUCED(MT)

11. (A) WAS YOUR APPLICATION ACCOMPANIED WITH ACCREDITATION FEE?
.....
B). IF YES, HOW MUCH?.....
12. SEED PRODUCTION.
(A). TOTAL LAND (HECTARAGE) AVAILABLE FOR CROPPING:

CSP 02

(B)

S/NO	EQUIPMENT/ IMPLEMENT	NUMBER	MAKE	CAPACITY	% CAPACITY UTILIZATION	CONDITION
	TRACTOR					
	PLOUGH					
	HARROW					
	RIDGER					
	HARVESTER					
	VEHICLES					
	IRRIGATION FACILITIES					
	OTHERS:					

13. STATE THE COMMON CROPS GROWN BY FARMERS AROUND YOUR COMMUNITY.

.....

14. WHAT IS YOUR PURPOSE OF SEED PRODUCTION?

- I. SELF USE.....
- II. SALES TO OTHER FARMERS.....
- (III) a. OUTGROWERS TO SEED COMPANIES: YES...../NO.....
- b. IF YES, NAME OF THE COMPANY.....

15. POST HARVEST HANDLING.

(A). DO YOU HAVE A SEED SORTING FLOOR/SHED?.....

(B). IF YES WHAT IS THE SIZE (sqm).....

(C). DO YOU HAVE CROP THRESHER? YES/ NO (CIRCLE).

(D). IF YES, COMPLETE THE FOLLOWING TABLE.

TYPE	MAKE	NUMBER	CONDITION	REMARKS
RICE THRESHER				
MAIZE SHELLER				
SOYABEAN THRESHER				
RICE REAPER				

CSP 02

OTHERS:				

16. SEED PROCESSING:

(A). DO YOU HAVE ACCESS TO SEED PROCESSING PLANT? YES/NO (CIRCLE)

(B). HOW DO YOU PROCESS YOUR SEED?.....

17. SEED STORAGE:

(A). WHAT IS THE TOTAL CAPACITY OF YOUR WAREHOUSE/SEED STORE?

.....

(B). PACKAGING MATERIALS:

I. STATE THE TYPE OF PACKAGING MATERIALS USED.....

II. THE UNIT OF PACKAGING 0.1kg, 0.5kg, 1kg, 2kg, 5kg, 10kg, 20kg (CIRCLE AS APPROPRIATE).

18. SEED QUALITY CONTROL

A) DO YOU HAVE ACCESS TO SEED TESTING LABORATORY? YES/ NO:

B) LOCATION OF THE LABORATORY:

19. SEED MARKETING, COMPLETE THE FOLLOWING TABLE FOR THE LAST FIVE YEARS.

YEAR	CROP	QUANTITY PRODUCED	QUANTITY SOLD	CARRY OVER SEED	REMARKS

CSP 02

WHAT WAS DONE TO THE CARRY OVER SEED IF ANY?

.....
.....

20. BIODATA ON MEMBERS OF THE GROUP/ COOPERATIVES?

NAME	POSITION	QUALIFICATIONS	DATE OBTAINED

21. HAS THE GROUP/ COOPERATIVE BENEFITED FROM ANY TRAINING IN THE PAST

YEAR	TYPES OF TRAINING	ORGANIZED BY

CSP 02

26. EVIDENCE OF FINANCIAL CAPABILITY TO COVER OPERATIONAL COST SOURCES OF FUND.
(EVIDENCE)

- 1. BANK GUARANTEE.....
- 2. BANK REFERENCE.....
- 3. STATEMENT OF ACCOUNT.....

27. ANY OTHER COMMENTS

.....

.....

.....

.....

GROUP LEADER

NAME.....

SIGNATURE.....

DATE.....

SECRETARY

NAME.....

SIGNATURE.....

DATE.....