

WARNING: Providing false information to Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to imprisonment for up to 10 years.



APPLICATION FORM FOR ALTERNATIVE LEASE OPTIONS FOR SUGARCANE FARMERS

SECTION A: DETAILS OF APPLICANT

Full Name:	Age:
Residential Address:	Gender:
District/Town:	Province:
Phone No.:	Mobile No.:
Current Occupation:	Full-time, Part-time or Casual:
Name of Employer (if applicable):	
FNPF No.:	Taxpayer Identification No.:
Farm No.:	Sector No.:

SECTION B: IDENTIFICATION (VOTER IDENTIFICATION CARD PREFERRED)

- Voter Identification Card No.: - -
- Other valid photo identification (please specify): _____

SECTION C: FARM DETAILS

Features	Applicant(s)	
Land Ownership		
Total Land Area:		
Accessibility		
Assistance Required (Residential Lease or Agriculture Lease)		
Lease Reference No.:	Lot No.:	Plan No.:
Land Description/Name:	Area:	

SECTION D: HOUSEHOLD DETAILS

List of income earners in household and annual income (gross):

Income Earner	Taxpayer Identification No. (if any)	Annual Income(if any) (before tax and FNPf deductions)

SECTION E: ADDITIONAL DOCUMENTS

Attached to this application form are:

- Certified copy of photo identification;
- Birth Certificate;
- Taxpayer Identification Number (TIN) Letter or Joint FNPf/FRCS card;
- Copy of Lease Document;
- Letter of Intention with a concept plan if the applicant is interested for a residential lease and a farm plan if the applicant intends to diversify into other agricultural commodities

SECTION F: DECLARATION

By ticking this box , I declare that:

- (a) I am a Fijian citizen residing in Fiji;
- (b) I am 18 years of age or above;
- (c) attached to this application form are original or true, correct and certified copies of the documents required to be attached under Section E; and
- (d) I understand that the provision of false information to Government for the purposes of receiving a benefit is an offence under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or an imprisonment term of up to 10 years or any or all of the foregoing.

SECTION G: SIGNATURE

I, (full name) _____,
of (address) _____,

certify that the above information contained in this form is true and correct and I make this solemn declaration believing the same to be true.

I hereby authorise Government to access any personal information or record of the applicant held by any entity that may be required to process the application.

Applicant signature

Date

SECTION H: OFFICIAL USE

Office:

Receiving officer:

Signature:

Date:

Application number: