



TRI - AFRICA

"Shaping the future"

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Attach Photo

FARMER REGISTRATION FORM

FARMER'S DETAILS

Surname: _____ Other Name: _____

Date of Birth: ____/____/____ Sex: _____

Occupation: _____

Marital Status: _____ Number of Children: _____

LOCATION

District: _____ Sub county: _____

County: _____ Parish: _____

Village: _____

BANK DETAILS

BANK NAME: _____ ACCOUNT NO. _____

BRANCH NAME: _____

FARM DETAILS

Location: _____ Village: _____

Parish: _____ Sub county: _____

County: _____ District: _____

Acreage: _____ Activity: _____

OFFICIAL USE

Administrator's Name: _____ Signature _____

Date: ____/____/____