Application Form for seeking Equity Grant by FPO

Date:

To,

(i) The Managing Director Small Farmers' Agri-Business Consortium (SFAC), NCUI Auditorium, August Kranti Marg, Hauz Khas, New Delhi 110016.

(ii) The Managing Director National Co-operative Development Corporation (NCDC), 4, Siri Institutional Area, Hauz Khas, New Delhi 110016.

(iii) The Chief General Manager National Bank for Agriculture and Rural Development (NABARD), Regional Office ------

(iv) To any other additional Implementing Agency allowed/designated, as the case may be.

Sub: Application for Equity Grant under scheme of Formation and Promotion of 10,000 Farmer Producer Organizations (FPOs)

Dear Sir/Madam,

We herewith apply for Equity Grant as per the provisions under the captioned scheme.

1. The details of the FPO are as under-

S. No.	Particulars to be furnished	Details
1.	Name of the FPO	
2.	Correspondence address of FPO	
3.	Contact details of FPO	
4.	Registration Number	
5.	Date of registration/incorporation of FPO	
6.	Brief account of business of FPO	
7.	Number of Shareholder Members	
8.	Number of Small, Marginal and Landless Shareholder Members	

9.	Paid up Capital (in INR)	
10.	Amount of Equity Grant sought (in INR)	
11.	Maximum shareholding of an Individual Shareholder Member	
12.	Bank name in which account is maintained	
13.	Account number	
14.	Branch name & IFSC code	
15.	Number of Directors with their briefs	
16.	Mode of Board formation (election/ nomination)	
17.	Number of Women Director(s)	
18.	Date(s) of Board/Governing Body Meetings held in the last year	
19.	Number of functional committees of the FPO: (Mention the major activities of each committee)	1. 2. 3.
20.	Roles & Responsibility of Boards/ Governing Body	1. 2. 3. 4.

2. Details of Board of Directors/Governing Body-

S. No	Name of the Directors of Board/ Governing Body	Designati on/ Role in the FPO	Aadhar Numbe r	DIN Number	Qualificati ons Tenure (in yrs.)	Contact No./ Address	Land holding (in Acres)
1.							
2.							
3.							
4.							

3. Details of Members of Board/ Governing Body

S. No	Name of the Members of Board/ Governing	Role in the FPO	Aadhar Number	Qualifications Tenure (in yrs.), if any	Contact No./ Address	Land holding (in Acres)
1.	Body					

4. Details of Shareholding of FPO Members-

#	Number of shareholders	Number and face value (INR) of shares allotted	•

We certify that no member of our FPO had availed Equity Grant facility earlier.

We submit our application along with the mandatory documents and request that the equity grant be approved.

Yours faithfully,

President/Chief Executive Officer/Manager

Authorized Representative/ Director of FPO