



CERTIFIED BY _____

DATE _____

ANI AT KITA RSBSA ENROLLMENT FORM

REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE (RSBSA)

2x2
PICTUREENROLLMENT: New Existing

Reference/Control No. 05-□□-□□-□□□-□□□□□□

PHOTO TAKEN
WITHIN 6 MONTHS

PART I: PERSONAL INFORMATION

SURNAME _____

FIRST NAME _____

MIDDLE NAME _____

EXTENSION NAME _____

SEX: Male Female

ADDRESS

HOUSE/LOT/BLDG. NO. _____

STREET/SITIO/SUBDV. _____

BARANGAY _____

MUNICIPALITY/CITY _____

PROVINCE _____

REGION _____

CONTACT NUMBER: _____

HIGHEST FORMAL EDUCATION:

- None Elementary High School
 Vocational College Post Graduate

DATE OF BIRTH:

PLACE OF BIRTH: _____

□	□	□	□	□	□	□	□
M	M	D	D	Y	Y	Y	Y

RELIGION: _____

 CIVIL STATUS: Single Married
 Widowed Separated
NAME OF SPOUSE
IF MARRIED: _____MOTHER'S
MAIDEN NAME: _____HOUSEHOLD HEAD? Yes No

If no, name of household head: _____

Relationship: _____

No. of living household members: _____

No. of male: _____ No. of female: _____

PERSON WITH DISABILITY (PWD): Yes No4P's Beneficiary? Yes NoMember of an Indigenous Group? Yes No

If yes, specify: _____

With Government ID? Yes No

Specify ID number if yes: _____

Member of any Farmers Association/Cooperative? Yes No

If yes, specify: _____

PERSON TO NOTIFY IN
CASE OF EMERGENCY: _____

CONTACT NUMBER: _____

PART II: FARM PROFILE

 MAIN LIVELIHOOD FARMER FARMWORKER/LABORER FISHERFOLK
For farmers:

Type of Farming Activity

- Rice
 Corn
 Other crops,
please specify: _____
 Livestock,
please specify: _____
 Poultry,
please specify: _____

For farmworkers:

Kind of Work

- Land Preparation
 Planting/Transplanting
 Cultivation
 Harvesting
 Others, please specify: _____

For fisherfolk:

The Lending Conduit shall coordinate with the Bureau of Fisheries and Aquatic Resources (BFAR) in the issuance of a certification that the fisherfolk-borrower under PUNLA/PLEA is registered under the Municipal Fisherfolk Registration (FishR).

Type of Fishing Activity

- Fish Capture Fish Processing
 Aquaculture Fish Vending
 Gleaning
 Others, please specify: _____

Gross Annual Income Last Year: Farming: _____ Non-farming: _____

Registry System for Basic Sectors in Agriculture (RSBSA) ENROLLMENT CLIENT'S COPY

Reference/Control No. 05-□□-□□-□□□-□□□□□□



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SURNAME _____

FIRST NAME _____

MIDDLE NAME _____

EXTENSION NAME _____

THIS FORM IS NOT FOR SALE

No. of Farm Parcels: _____ Agrarian Reform Beneficiary (ARB): Yes No

FARM PARCEL NO.	FARM LAND DESCRIPTION	CROP/COMMODITY <i>(Rice/Corn/HVC/ Livestock/Poultry/ Agri-fishery)</i> For Livestock & Poultry <i>(specify type of animal)</i>	SIZE (ha)	NO. OF HEAD <i>(For Livestock and Poultry)</i>	FARM TYPE **	ORGANIC PRACTITIONER (Y/N)
1	Location (Barangay & Municipality): _____					
	Total Farm Area: _____ ha					
	*Ownership Document No: _____					
	<input type="checkbox"/> Registered Owner <input type="checkbox"/> Others: _____					
	<input type="checkbox"/> Tenant (Name of Land Owner: _____)					
2	Location (Barangay & Municipality): _____					
	Total Farm Area: _____ ha					
	*Ownership Document No: _____					
	<input type="checkbox"/> Registered Owner <input type="checkbox"/> Others: _____					
	<input type="checkbox"/> Lessee (Name of Land Owner: _____)					

<p>OWNERSHIP DOCUMENT *</p> <ol style="list-style-type: none"> 1. Certificate of Land Transfer 2. Emancipation Patent 3. Individual Certificate of Land Ownership Award (CLOA) 4. Collective CLOA 5. Co-ownership CLOA 	<ol style="list-style-type: none"> 6. Agricultural sales patent 7. Homestead patent 8. Free Patent 9. Certificate of Title or Regular Title 10. Certificate of Ancestral Domain Title 11. Certificate of Ancestral Land Title 12. Tax Declaration 	<p>FARM TYPE **</p> <ol style="list-style-type: none"> 1 - Irrigated 2 - Rainfed Upland 3 - Rainfed Lowland <p><i>(NOTE: not applicable to agri-fishery)</i></p>
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I hereby declare that all information indicated above are true and correct, and that they may be used by Department of Agriculture for the purposes of registration to the Registry System for Basic Sectors in Agriculture (RSBSA) and other legitimate interests of the Department pursuant to its mandates.

DATE	PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	THUMBMARK
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VERIFIED TRUE AND CORRECT BY:

SIGNATURE ABOVE PRINTED NAME / DATE	SIGNATURE ABOVE PRINTED NAME / DATE	SIGNATURE ABOVE PRINTED NAME / DATE
BARANGAY CHAIRMAN	CITY/MUNICIPAL AGRICULTURE OFFICE	CAFC/MAFC CHAIRMAN

DATA PRIVACY POLICY

The collection of personal information is for documentation, planning, reporting and processing purposes in availing agricultural related interventions. Processed data shall only be shared to partner agencies for planning, reporting and other use in accordance to the mandate of the agency. This is in compliance with the Data Sharing Policy of the department.

You have the right to ask for a copy of your personal data that we hold about you as well as to ask for it to be corrected if you think it is wrong. To do so, please contact <Contact Person and Contact Details>.

THIS FORM IS NOT FOR SALE

VERIFIED TRUE AND CORRECT BY:

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BARANGAY CHAIRMAN	CITY/MUNICIPAL AGRICULTURE OFFICE	CAFC/MAFC CHAIRMAN