



ANI AT KITA RSBSA ENROLLMENT FORM

REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE (RSBSA)

**2x2
PICTURE**

PHOTO TAKEN
WITHIN 6 MONTHS

**ENROLLMENT TYPE &
DATE ADMINISTERED:**☐ New ☐ Updating

M	M	D	D	Y	Y	Y	Y

Reference Number:

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PART I: PERSONAL INFORMATION

SURNAME										FIRST NAME									
MIDDLE NAME										EXTENSION NAME									
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female																			
ADDRESS										HOUSE/LOT/BLDG. NO./PUROK									
STREET/SITIO/SUBDV.										BARANGAY									
MUNICIPALITY/CITY										PROVINCE									
REGION																			
MOBILE NUMBER:										LANDLINE NUMBER:									
DATE OF BIRTH:										PLACE OF BIRTH:									
M M D D Y Y Y Y										MUNICIPALITY									
PROVINCE/STATE										COUNTRY									
RELIGION: <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Others, specify _____																			
CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated																			
NAME OF SPOUSE										IF MARRIED: _____									
MOTHER'S MAIDEN NAME:																			
HOUSEHOLD HEAD? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If no, name of household head: _____																			
Relationship: _____																			
No. of living household members: _____																			
No. of male: _____										No. of female: _____									
HIGHEST FORMAL EDUCATION:																			
<input type="checkbox"/> Pre-school <input type="checkbox"/> Junior High School (K-12) <input type="checkbox"/> Vocational																			
<input type="checkbox"/> Elementary <input type="checkbox"/> Senior High School (K-12) <input type="checkbox"/> Post-graduate																			
<input type="checkbox"/> High School (non K-12) <input type="checkbox"/> College <input type="checkbox"/> None																			
PERSON WITH DISABILITY (PWD): <input type="checkbox"/> Yes <input type="checkbox"/> No																			
4P's Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Member of an Indigenous Group? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If yes, specify: _____																			
With Government ID? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If yes, specify ID Type: _____																			
ID Number: _____																			
Member of any Farmers Association/Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If yes, specify: _____																			
PERSON TO NOTIFY IN CASE OF EMERGENCY: _____																			
CONTACT NUMBER: _____																			

PART II: FARM PROFILE

MAIN LIVELIHOOD <input type="checkbox"/> FARMER		<input type="checkbox"/> FARMWORKER/LABORER	<input type="checkbox"/> FISHERFOLK	<input type="checkbox"/> AGRI YOUTH
<p><u>For farmers:</u></p> <p>Type of Farming Activity</p> <p><input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Corn</p> <p><input type="checkbox"/> Other crops, please specify: _____</p> <p><input type="checkbox"/> Livestock, please specify: _____</p> <p><input type="checkbox"/> Poultry, please specify: _____</p>		<p><u>For farmworkers:</u></p> <p>Kind of Work</p> <p><input type="checkbox"/> Land Preparation</p> <p><input type="checkbox"/> Planting/Transplanting</p> <p><input type="checkbox"/> Cultivation</p> <p><input type="checkbox"/> Harvesting</p> <p><input type="checkbox"/> Others, please specify: _____</p>	<p><u>For fisherfolk:</u></p> <p>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 Registration (FishR).</p> <p>Type of Fishing Activity</p> <p><input type="checkbox"/> Fish Capture <input type="checkbox"/> Fish Processing</p> <p><input type="checkbox"/> Aquaculture <input type="checkbox"/> Fish Vending</p> <p><input type="checkbox"/> Gleaning</p> <p><input type="checkbox"/> Others, please specify: _____</p>	<p><u>For agri youth:</u></p> <p>For the purposes of trainings, financial assistance, and other programs catered to the youth with involvement to any agriculture activity.</p> <p>Type of involvement</p> <p><input type="checkbox"/> part of a farming household</p> <p><input type="checkbox"/> attending/attended formal agri-fishery related course</p> <p><input type="checkbox"/> attending/attended non-formal agri-fishery related course</p> <p><input type="checkbox"/> participated in any agricultural activity/program</p> <p><input type="checkbox"/> others, specify _____</p>
<p>Gross Annual Income Last Year:</p>		<p>Farming: _____ Non-farming: _____</p>		



Registry System for Basic Sectors in Agriculture (RSBSA)

ENROLLMENT CLIENT'S COPY

Reference Number:

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REGION		PROVINCE		CITY/TOWN		DISTRICT	
SURNAME				FIRST NAME			
MIDDLE NAME				EXTENSION NAME			



Ministry of Education, Culture and Sports
MKE



THIS FORM IS NOT FOR SALE

No. of Farm Parcels: _____ Name of Farmer/s in Rotation: (P1) _____ (P2) _____ (P3) _____							
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)	REMARKS
1	Farm Location: _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	Total Farm Area (in hectares): ____ ha Within Ancestral Domain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____ Agrarian Reform Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Type: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Others: _____						
	<input type="checkbox"/> Tenant (Name of Land Owner: _____) <input type="checkbox"/> Lessee (Name of Land Owner: _____)						
2	Farm Location: _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	Total Farm Area (in hectares): ____ ha Within Ancestral Domain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____ Agrarian Reform Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Type: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Others: _____						
	<input type="checkbox"/> Tenant (Name of Land Owner: _____) <input type="checkbox"/> Lessee (Name of Land Owner: _____)						
3	Farm Location: _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	Total Farm Area (in hectares): ____ ha Within Ancestral Domain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____ Agrarian Reform Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Type: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Others: _____						
	<input type="checkbox"/> Tenant (Name of Land Owner: _____) <input type="checkbox"/> Lessee (Name of Land Owner: _____)						
OWNERSHIP DOCUMENT * 1. Certificate of Land Transfer 2. Emancipation Patent 3. Individual Certificate of Land Ownership Award (CLOA) 4. Collective CLOA 5. Co-ownership CLOA 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 13. Others (e.g. Barangay Certification)				FARM TYPE ** 1 - Irrigated 2 - Rainfed Upland 3 - Rainfed Lowland <i>(NOTE: not applicable to agri-fishery)</i>			
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	
VERIFIED TRUE AND CORRECT BY:							
SIGNATURE ABOVE PRINTED NAME / DATE BARANGAY CHAIRMAN/ CITY / MUN. VETERINARIAN (LIVESTOCK) / MILL DISTRICT OFFICER (SUGARCANE) / IP LEADER / C/M/PARO (ARB)		SIGNATURE ABOVE PRINTED NAME / DATE CITY/MUNICIPAL AGRICULTURE OFFICE		SIGNATURE ABOVE PRINTED NAME / DATE 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>.							

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VERIFIED TRUE AND CORRECT BY:		
SIGNATURE ABOVE PRINTED NAME / DATE BARANGAY CHAIRMAN/ CITY / MUN. VETERINARIAN (LIVESTOCK) / MILL DISTRICT OFFICER (SUGARCANE) / IP LEADER / C/M/PARO (ARB)	SIGNATURE ABOVE PRINTED NAME / DATE CITY/MUNICIPAL AGRICULTURE OFFICE	SIGNATURE ABOVE PRINTED NAME / DATE CAFC/MAFC CHAIRMAN