

ANI AT KITA RSBSA ENROLLMENT FORM

REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE (RSBSA)

ENROLLMENT: ☐ New ☐ Existing

Reference/Control No.: _____



2x2
PICTURE

PHOTO TAKEN
WITHIN 6 MONTHS

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.	STREET/SITIO/SUBDV.	BARANGAY	
MUNICIPALITY/CITY	PROVINCE	REGION	

CONTACT NUMBER: _____

DATE OF BIRTH:

M	M	D	D	Y	Y	Y	Y

PLACE OF BIRTH:

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: _____

HIGHEST FORMAL EDUCATION:

☐ None ☐ Elementary ☐ High School

☐ Vocational ☐ College ☐ Post Graduate

PERSON WITH DISABILITY (PWD): ☐ Yes ☐ No

4P's Beneficiary? ☐ Yes ☐ No

Member 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

<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 Fisherfolk 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>
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Gross Annual Income Last Year: Farming: _____ Non-farming: _____

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

Reference/Control No.: _____

SURNAME		FIRST NAME	
MIDDLE NAME	EXTENSION NAME		

No. of Farm Parcels: _____		Agrarian Reform Beneficiary (ARB): <input type="checkbox"/> Yes <input type="checkbox"/> No					
FARM PARCEL NO.	FARM LAND DESCRIPTION	CROP/COMMODITY (Rice/Corn/HVC/ Livestock/Poultry/ Agri-fishery) For Livestock & Poultry (specify type of animal)	SIZE (ha)	NO. OF HEAD (For Livestock and Poultry)	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"/> Tenant (Name of Land Owner: _____)						
3	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: _____)						
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		FARM TYPE ** 1 - Irrigated 2 - Rainfed Upland 3 - Rainfed Lowland (NOTE: not applicable to agri-fishery)					
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				_____ 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>.							

THIS FORM IS NOT FOR SALE

VERIFIED TRUE AND CORRECT BY:

SIGNATURE ABOVE PRINTED NAME / DATE
BARANGAY CHAIRMAN

SIGNATURE ABOVE PRINTED NAME / DATE
CITY/MUNICIPAL AGRICULTURE OFFICE

SIGNATURE ABOVE PRINTED NAME / DATE
CAFC/MAFC CHAIRMAN