

# COOPERATIVE FORM

## A) NAME of Farm/ Farmers group/ Co-op society

Business name: \_\_\_\_\_

Govt. registered [Y  / N ] Reg Num: \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ LGAs: \_\_\_\_\_

Business Address: \_\_\_\_\_

Country code: \_\_\_\_\_ Phone contact: \_\_\_\_\_

## B) MEMBERS INFORMATION

Name of Chairman: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Vice Chairman: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## C) WHAT ARE THE FARMING CHALLENGES IN YOUR JURIDICTION?

- |   |                                       |
|---|---------------------------------------|
| - Warehousing <input type="checkbox"/>                | - Fertilizer <input type="checkbox"/> |
| - Farm machinery [Tractor] <input type="checkbox"/>   | - Farm tools <input type="checkbox"/> |
| - Irrigation <input type="checkbox"/>                 | - Marketing <input type="checkbox"/>  |
| - Logistics [Transportation] <input type="checkbox"/> | - Greenhouse <input type="checkbox"/> |
| - Grants, Loan <input type="checkbox"/>               | - Others... <input type="checkbox"/>  |

Explain your challenges in few sentence; \_\_\_\_\_

\_\_\_\_\_

1. What are the major crops/plant you cultivate in your community?

\_\_\_\_\_

2. What kind of Irrigation? \_\_\_\_\_

3. Do you have available water [Tick] Y/N, would you use the water for your Crop Irrigation? \_\_\_\_\_

4. What farm Equipment's/Tools would you like to have in your community?

\_\_\_\_\_

5. When do you begin your planting activities? \_\_\_\_\_

6. How do you sell your products? \_\_\_\_\_



We  
Farm  
Africa

