

**1150-1  
APPLICATION FORM**

**MEASURE NO : 201  
AGRI-ENVIRONMENT-CLIMATE AND ORGANIC FARMING**

**Sub Measure No: 1  
MANAGEMENT OF SOIL COVER AND SOIL EROSION CONTROL**

IMPLEMENTATION PERIOD: 5 YEARS  
WHICH APPLICATION YEAR:

I WILL APPLY FOR :

<input type="checkbox"/> 1 st PACKAGE INCLUDING GREEN FALLOW REQUIREMENTS	<input type="checkbox"/> 2 nd PACKAGE INCLUDING PERENNIAL GREEN COVER
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APPLICATION ID NUMBER

PROVINCE CODE	MEASURE SUB-MEASURE & PACKAGE NUMBER	SERIAL NUMBER	MONTH	YEAR
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
TO BE FILLED BY ARDSI				

APPLICATION SUBMISSION DATE AND TIME

<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input style="width: 100%;" type="text"/></td> <td style="width: 15%;"><input style="width: 100%;" type="text"/></td> <td style="width: 10%; text-align: center;">:</td> <td style="width: 15%;"><input style="width: 100%;" type="text"/></td> <td style="width: 15%;"><input style="width: 100%;" type="text"/></td> <td style="width: 15%;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="6" style="text-align: center; font-size: small;">TIME</td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	TIME						APPLICATION HANDLING EXPERT NAME SURNAME _____ SIGNATURE /STAMP _____ <div style="text-align: center; font-size: x-small; margin-top: 5px;">TO BE FILLED BY ARDSI</div>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>								
TIME													

<b>1. INFORMATION ABOUT PROVINCE WHERE APPLICATION IS SUBMITTED AND THE MEASURE WILL BE IMPLEMENTED</b>	
PROVINCE CODE <input style="width: 20px;" type="text"/>	PROVINCE NAME <input style="width: 200px;" type="text"/>
<b>2. IDENTIFICATION DATA OF APPLICANT</b>	
<b>2A. STATUS OF THE APPLICANT</b>	
<input type="checkbox"/> NATURAL PERSON	<input type="checkbox"/> LEGAL ENTITY
<b>2C. APPLICANT'S NATIONAL ID NUMBER OR TAX ID NUMBER</b>	
NATIONAL ID NUMBER <input style="width: 200px;" type="text"/>	NATURAL PERSON
TAX ID NUMBER <input style="width: 200px;" type="text"/>	LEGAL ENTITY
<b>2D. NATURAL PERSON</b>	
SURNAME <input style="width: 150px;" type="text"/>	NAME <input style="width: 150px;" type="text"/>
DATE OF BIRTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>2E. LEGAL ENTITY</b>	
COMPANY NAME <input style="width: 500px;" type="text"/>	
ADDRESS <input style="width: 500px;" type="text"/>	
<b>AUTHORIZED PERSON AT LEGAL ENTITY</b>	
NATIONAL ID NUMBER <input style="width: 200px;" type="text"/>	
POSITION <input style="width: 250px;" type="text"/>	
SURNAME <input style="width: 150px;" type="text"/>	NAME <input style="width: 150px;" type="text"/>
DATE OF BIRTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>3. BANK INFORMATION</b>	
NAME OF BANK <input style="width: 500px;" type="text"/>	
NAME OF BRANCH <input style="width: 500px;" type="text"/>	
IBAN NUMBER <input style="width: 200px;" type="text"/>	
<b>4. CONTACT INFORMATION</b>	
<b>4.A. COMMUNICATION ADDRESS OF THE APPLICANT</b>	
APPLICANT'S NAME <input style="width: 300px;" type="text"/>	
ADDRESS OF APPLICANT <input style="width: 700px;" type="text"/>	
ADDRESS: <input style="width: 650px;" type="text"/>	POSTAL CODE <input style="width: 40px;" type="text"/>
DISTRICT <input style="width: 400px;" type="text"/>	PROVINCE NAME <input style="width: 200px;" type="text"/>
TELEPHONE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
FAXS <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
E-MAIL <input style="width: 250px;" type="text"/>	@ <input style="width: 100px;" type="text"/>

5. REGISTRATION LIST FOR PARCELS																	
5.1. INFORMATION ON PARCELS (TO BE FILLED EVERY YEAR)																	
Agricultural parcel ID											Agricultural parcel size (ha)	The size of the total applied area (ha)	Lot/Block number	Agriculture Type (irrigated, non-irrigated etc.)	Agricultural crop	OWNERSHIP OF THE IMPLEMENTATION AREA (RENTAL/OWNER)	Slope

New lines can be added.

6. CONTENT OF CERTIFICATES					
NO	DOCUMENT NAME	IF EXISTS ( ✓ )	VALIDITY DATE		
1	NOTARY APPROVED "STATEMENT OF SIGNATURE" FOR NATURAL PERSON		N/A		
2	NOTARY APPROVED "SPECIMEN SIGNATURE OF AUTHORIZED PERSONS" FOR LEGAL ENTITIES		THE VALIDITY DATE OF THIS CERTIFICATE SHOULD COVER THE DATE OF SIGNING THE CONTRACT		
3	IF THE APPLICANT IS A LEGAL ENTITY, THE CERTIFICATE WHICH SHOWS THE PARTNERSHIP STRUCTURE AND SHARE PERCENTAGE OF THE LEGAL ENTITY		THIS CERTIFICATE IS VALID IF IT IS OBTAINED AFTER THE AGENCY MADE THE CALL FOR APPLICATIONS		
4	IF THE APPLICANT IS NOT OWNER OF IMMOVABLE PROPERTY WHERE COMMITMENT WILL BE REALIZED				
	DEED OF CONSENT		THE VALIDITY DATE OF THIS CERTIFICATE SHOULD COVER CONTRACT PERIOD		
	OR				
	LEASE CONTRACT		THE VALIDITY DATE OF THIS CERTIFICATE SHOULD COVER CONTRACT PERIOD		
5	TRAINING CERTIFICATE (if available)		THIS CERTIFICATE IS VALID IF IT IS OBTAINED DURING FIRST YEAR OF APPLICATION BEFORE NOVEMBER		
6	RECEIPT OF REVENUE (if available)		THIS CERTIFICATE IS VALID IF IT IS OBTAINED DURING FIRST YEAR OF APPLICATION BEFORE NOVEMBER		
7	PHOTOGRAPH OF TERRACES (if available)		THIS PHOTOGRAPH IS VALID IF IT IS TAKEN AFTER THE AGENCY MADE THE CALL FOR APPLICATIONS		
8	COPY OF BANK BOOK		N/A		
9	PRINT OF MAPS		MAP IS PRINTED DURING APPLICATION		
APPLICANT (AUTHORISED PERSON IF LEGAL ENTITY) NAME SURNAME SIGNATURE DATE (STAMPED FOR LEGAL ENTITIY)			I confirm by my signature that information and certificates submitted above are correct; I agree with use of my personal data and controls of information during the implementation period. If I sign the contract with ARDSI, I fulfill all requirements of this AE measure which have a 5-year commitment period on voluntary basis. ....../...../201..		







