



# 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

Reference Number: \_\_\_\_\_



**PART I: PERSONAL INFORMATION**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ EXTENSION NAME \_\_\_\_\_ SEX:  Male  Female

ADDRESS \_\_\_\_\_ HOUSE/LOT/BLDG. NO./PUROK \_\_\_\_\_ STREET/SITIO/SUBDV. \_\_\_\_\_ BARANGAY \_\_\_\_\_

MUNICIPALITY/CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ REGION \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ LANDLINE NUMBER: \_\_\_\_\_

HIGHEST FORMAL EDUCATION:

Pre-school  Junior High School (K-12)  Vocational

Elementary  Senior High School (K-12)  Post-graduate

High School (non K-12)  College  None

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

RELIGION:  Christianity  Islam  Others, specify \_\_\_\_\_

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  No

4P's Beneficiary?  Yes  No

Member of an Indigenous Group?  Yes  No

If yes, specify: \_\_\_\_\_

With Government ID?  Yes  No

If yes, specify ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_

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  AGRI YOUTH

<i>For farmers:</i>	<i>For farmworkers:</i>	<i>For fisherfolk:</i>	<i>For agri youth:</i>
<b>Type of Farming Activity</b> <input type="checkbox"/> Rice <input type="checkbox"/> Corn <input type="checkbox"/> Other crops, please specify: _____ <input type="checkbox"/> Livestock, please specify: _____ <input type="checkbox"/> Poultry, please specify: _____	<b>Kind of Work</b> <input type="checkbox"/> Land Preparation <input type="checkbox"/> Planting/Transplanting <input type="checkbox"/> Cultivation <input type="checkbox"/> Harvesting <input type="checkbox"/> Others, please specify: _____	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). <b>Type of Fishing Activity</b> <input type="checkbox"/> Fish Capture <input type="checkbox"/> Fish Processing <input type="checkbox"/> Aquaculture <input type="checkbox"/> Fish Vending <input type="checkbox"/> Gleaning <input type="checkbox"/> Others, please specify: _____	For the purposes of trainings, financial assistance, and other programs catered to the youth with involvement to any agriculture activity. <b>Type of involvement</b> <input type="checkbox"/> part of a farming household <input type="checkbox"/> attending/attended formal agri-fishery related course <input type="checkbox"/> attending/attended non-formal agri-fishery related course <input type="checkbox"/> participated in any agricultural activity/program <input type="checkbox"/> others, specify _____

Gross Annual Income Last Year: Farming: \_\_\_\_\_ Non-farming: \_\_\_\_\_



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

Reference Number: \_\_\_\_\_

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ EXTENSION NAME \_\_\_\_\_



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>  <b>For Livestock &amp; Poultry</b> <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: _____ <small>BARANGAY</small>						
	_____ <small>CITY/MUNICIPALITY</small>						
	Total Farm Area (in hectares): ____ ha <b>Within Ancestral Domain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____ <b>Agrarian Reform Beneficiary:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>Ownership Type:</b> <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: _____ <small>BARANGAY</small>						
	_____ <small>CITY/MUNICIPALITY</small>						
	Total Farm Area (in hectares): ____ ha <b>Within Ancestral Domain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____ <b>Agrarian Reform Beneficiary:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>Ownership Type:</b> <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: _____ <small>BARANGAY</small>						
	_____ <small>CITY/MUNICIPALITY</small>						
	Total Farm Area (in hectares): ____ ha <b>Within Ancestral Domain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____ <b>Agrarian Reform Beneficiary:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>Ownership Type:</b> <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: _____)						

<b>OWNERSHIP DOCUMENT *</b> 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)	<b>FARM TYPE **</b> 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>.

**THIS FORM IS NOT FOR SALE**

**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**