# FORM – I

## (see rule 3)

## APPLICATION FOR A LICENSE FOR TAPPING AND SALE OF NEERA

| 1 | Name of the Applicant (Coconut producers company or Co-Operative Society. (IN BLOCK LETTERS). | | | | |
|---|---|---|---|---|---|
| 2 | Address of the applicant (Coconut Producer Company or Co-operative Society). | | | | |
| 3 | Whether the applicant is registered with the <u>Registrar of Co-operative Societies</u>. If yes, (a) Registration Number. (b) Date of Registration. (Copy of the registration certificate to be attached). | | | | |
| 4 | Whether the applicant is registered with the <u>Registrar of Companies.</u> If yes, (a) Registration Number. (b) Date of Registration. (Copy of the registration certification to be attached). | | | | |
| 5 | Whether the applicant is registered with Coconut Development Board. If yes, (a) Registration Number. (b) Date of Registration. (Copy of the registration certification to be attached). | | | | |
| 6 | Number of coconut trees to be licensed together with details of Survey Numbers and villages in which it is located along with number of members in coconut producers Company or Co-operative Society. (Details to be attached in a separate sheet) | Village | Survey no | Type of Tree (Variety/Hybrid) | Number of trees. |
| 7 | Number of trained technicians employed for tapping Neera. | | | | |
| 8 | Quantity of Neera Proposed to be tapped (in litres) | In a month. | In a Quarter | | In a year |

| 9 | Whether the applicant is committed of any offence under the Act or the rules made thereunder | |
|---|---|---|
| 10 | Recommendation of<br>(a) Coconut Development Board; and<br>(b) Deputy Director (Agri Business) of the Department of Agricultural Marketing and Agri Business of District concerned in case of Coconut Producers Company or Joint registrar (Co-operatives) who is the Functional registrar of the Co-Operative Societies of the district concerned in case of Co-operative society.<br><br>(Signature and Seal of the concerned officer). | |

I/We hereby declare that the particulars given above are true and correct.


Place:

Date:

Name and Designation of the Authorized Signatory.

(with Seal)