



# 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: <input type="checkbox"/> Male <input type="checkbox"/> Female			
ADDRESS _____		_____	
HOUSE/LOT/BLDG. NO./PUROK _____		STREET/SITIO/SUBDV. _____	
BARANGAY _____			
MUNICIPALITY/CITY _____		PROVINCE _____	
REGION _____			
MOBILE NUMBER: _____		LANDLINE NUMBER: _____	
DATE OF BIRTH: _____		PLACE OF BIRTH: _____	
M M D D Y Y Y Y		MUNICIPALITY _____	
PROVINCE/STATE _____		COUNTRY _____	
RELIGION: <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Others, specify _____		HIGHEST FORMAL EDUCATION:	
CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		<input type="checkbox"/> Pre-school <input type="checkbox"/> Junior High School (K-12) <input type="checkbox"/> Vocational <input type="checkbox"/> Elementary <input type="checkbox"/> Senior High School (K-12) <input type="checkbox"/> Post-graduate <input type="checkbox"/> High School (non K-12) <input type="checkbox"/> College <input type="checkbox"/> None	
NAME OF SPOUSE IF MARRIED: _____		PERSON WITH DISABILITY (PWD): <input type="checkbox"/> Yes <input type="checkbox"/> No	
MOTHER'S MAIDEN NAME: _____		4P's Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOUSEHOLD HEAD? <input type="checkbox"/> Yes <input type="checkbox"/> No		Member of an Indigenous Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, name of household head: _____		If yes, specify: _____	
Relationship: _____		With Government ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of living household members: _____		If yes, specify ID Type: _____	
No. of male: _____ No. of female: _____		ID Number: _____	
		Member of any Farmers Association/Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, specify: _____	
		PERSON TO NOTIFY IN CASE OF EMERGENCY: _____	
		CONTACT NUMBER: _____	

**PART II: FARM PROFILE**

MAIN LIVELIHOOD <input type="checkbox"/> FARMER <input type="checkbox"/> FARMWORKER/LABORER <input type="checkbox"/> FISHERFOLK <input type="checkbox"/> AGRI YOUTH			
<p><b>For farmers:</b></p> <p><b>Type of Farming Activity</b></p> <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: _____	<p><b>For farmworkers:</b></p> <p><b>Kind of Work</b></p> <input type="checkbox"/> Land Preparation <input type="checkbox"/> Planting/Transplanting <input type="checkbox"/> Cultivation <input type="checkbox"/> Harvesting <input type="checkbox"/> Others, please specify: _____	<p><b>For fisherfolk:</b></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 Registration (FishR).</p> <p><b>Type of Fishing Activity</b></p> <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: _____	<p><b>For agri youth:</b></p> <p>For the purposes of trainings, financial assistance, and other programs catered to the youth with involvement to any agriculture activity.</p> <p><b>Type of involvement</b></p> <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	<b>Farm Location:</b> _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	<b>Total Farm Area (in hectares):</b> ____ ha <b>Within Ancestral Domain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>Ownership Document No*:</b> _____ <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	<b>Farm Location:</b> _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	<b>Total Farm Area (in hectares):</b> ____ ha <b>Within Ancestral Domain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>Ownership Document No*:</b> _____ <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	<b>Farm Location:</b> _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	<b>Total Farm Area (in hectares):</b> ____ ha <b>Within Ancestral Domain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>Ownership Document No*:</b> _____ <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: _____)						

**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
13. Others (e.g. Barangay Certification)

**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/ 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