



Client Information and Application Form

Last Name:	First Name:	Middle Name:
Postal Address:	Contact Numbers:	
Email:	Home:	
	Mobile:	
	FAX:	
Company/Organization:	Office phone:	(____ A.M. to ____ PM)
Position:	FAX:	(____ A.M. to ____ PM)
Address:		

Farm Description:

LOCATION: Brgy/Sitio: Municipality/City: Province: Country:	SIZE: Total area _____ Culture area: _____ Legal Status: <input type="checkbox"/> Titled <input type="checkbox"/> Untitled <input type="checkbox"/> FLA <input type="checkbox"/> others, specify _____ Ownership: <input type="checkbox"/> Client <input type="checkbox"/> Rent/lease, duration _____	
WATER TYPE: <input type="checkbox"/> Freshwater <input type="checkbox"/> Brackishwater <input type="checkbox"/> Marine Water Source: <input type="checkbox"/> deep well <input type="checkbox"/> shallow well <input type="checkbox"/> river <input type="checkbox"/> lake <input type="checkbox"/> others, specify _____ Salinity range: _____ <input type="checkbox"/> tidal river <input type="checkbox"/> estuary <input type="checkbox"/> cove <input type="checkbox"/> bay	EXISTING CULTURE FACILITY: <input type="checkbox"/> Ponds <input type="checkbox"/> Tanks <input type="checkbox"/> Cages <input type="checkbox"/> Others, specify _____ Description:	
SPECIES present & previous: 1. 2. 3.	CULTURE PHASE: <input type="checkbox"/> Hatchery <input type="checkbox"/> Nursery <input type="checkbox"/> Grow out <input type="checkbox"/> Hatchery <input type="checkbox"/> Nursery <input type="checkbox"/> Grow out <input type="checkbox"/> Hatchery <input type="checkbox"/> Nursery <input type="checkbox"/> Grow out	PROBLEMS ENCOUNTERED:

Technical assistance needed through ABOT AquaNegosyo:

Species of Interest, in order of priority/preference: 1. 2. 3.	Culture Phase: <input type="checkbox"/> Hatchery <input type="checkbox"/> Nursery <input type="checkbox"/> Grow out	Culture System: <input type="checkbox"/> Ponds <input type="checkbox"/> Tanks <input type="checkbox"/> Cages <input type="checkbox"/> Others, specify _____
<input type="checkbox"/> Site Assessment	<input type="checkbox"/> ABOT AquaNegosyo Business Package	<input type="checkbox"/> Others, specify _____

Approximate funds available for this business _____; Will allocate funds as required.

Funds source: personal, bank loan, others, _____. Start-up Schedule for assistance: _____

Remarks:

TO BE FILLED-UP BY SEAFDEC AQD: TASK Team Lead Specialist:

Members:	Task

Client Signature/Date

Received by SEAFDEC AQD Senior Technical Staff/DATE