REVISED VERSION IMSU-11-2020

NCFRS ENROLLMENT FORM

NATIONAL COCONUT FARMERS' REGISTRY SYSTEM (NCFRS)

REFERENCE / CONTROL NO.: _____ Date : m m d d y y y y

New ☐ Existing ☐

Write legibly and neatly (not in cursive handwriting) **Items with * are mandatory fields and must not be left blank**

PART I. PERSONAL INFORMATION

NAME OF FARMER* Lastname (LN) Firstname (FN) Middle Name (MN) Extension Name or Suffix (EN)

LN _____ **FN** _____ **MN** _____ **EN** _____

ADDRESS*

_____ HOUSE / LOT / BLDG.NO.
_____ STREET / SITIO / SUBD.
_____ BARANGAY
_____ MUNICIPALITY / CITY
_____ PROVINCE
_____ REGION

DATE OF BIRTH*: m m d d y y y y

SEX* M ☐ F ☐

PLACE OF BIRTH _____

CIVIL STATUS* ☐ Single ☐ Married ☐ Widowed ☐ Separated

With Gov't. ID?* ☐ Y ☐ N ID Type_____ ID No._____

HIGHEST EDUCATIONAL ATTAINMENT*

☐ Elem. Level ☐ HS Level ☐ College Level ☐ None
☐ Elem. Grad ☐ HS Grad. ☐ College Grad. ☐ Vocational ☐ Postgraduate

CONTACT NUMBERS* 1._____ 2 ._____

RELIGION* _____

Mother's Maiden Name Lastname (LN) Firstname (FN) Middle Name (MN) Extension Name or Suffix (EN)

LN _____ **FN** _____ **MN** _____ **EN** _____

Name/s of Legal Spouse/s, if Married: Lastname (LN) Firstname (FN) Middle Initial (MI)

				Date of Birth of Spouse (m m d d y y y y)	Works in Coco Farm:	Number of Children
LN _____	**FN** _____	**MI** ____			Y ☐ N ☐	_____
LN _____	**FN** _____	**MI** ____			Y ☐ N ☐	_____
LN _____	**FN** _____	**MI** ____			Y ☐ N ☐	_____
LN _____	**FN** _____	**MI** ____			Y ☐ N ☐	_____

CHILDREN: Use separate sheet if necessary.

				SEX (M/F)	DATE OF BIRTH (m m d d y y y y)	Works in Coco Farm:	Civil Status:
1. LN _____	**FN** _____	**MI** ____		M ☐ F ☐		Y ☐ N ☐	_____
2. LN _____	**FN** _____	**MI** ____		M ☐ F ☐		Y ☐ N ☐	_____
3. LN _____	**FN** _____	**MI** ____		M ☐ F ☐		Y ☐ N ☐	_____
4. LN _____	**FN** _____	**MI** ____		M ☐ F ☐		Y ☐ N ☐	_____
5. LN _____	**FN** _____	**MI** ____		M ☐ F ☐		Y ☐ N ☐	_____
6. LN _____	**FN** _____	**MI** ____		M ☐ F ☐		Y ☐ N ☐	_____

Person to Notify in Case of Emergency: **LN** _____ **FN** _____ **MI** ____ **Contact No.:** _____

HOUSEHOLD HEAD?* ☐ Yes ☐ No **If No, Indicate Name of Household Head.** Relationship:_____ No. of Household Members?_____

LN _____ **FN** _____ **MN** _____ **EN** _____

Current Occupation/Profession aside from Coco Farming* _____ **Year Started in this Occu./Prof.**_____ **Monthly Income** _____

Beneficiary of Agrarian Reform* ☐ Yes ☐ No Since When (Indicate Year): _____

PERSON WITH DISABILITY (PWD): ☐ Yes ☐ No
If yes, specify: _____

Member of an Indigenous Group? ☐ Yes ☐ No
If yes, specify: _____

Beneficiary of any Gov't. Program?* ☐ Yes ☐ No

Program	☐ 4Ps	☐ SAP	☐ Insurance	☐ Others_____
Year/s Participated				

Beneficiary of any PCA Programs/Projects | Year Participated* ☐ Yes ☐ No

Intervention/s	☐ Seedlings	☐ Fertilizers	☐ Incentives	☐ Intercrops	☐ Livestock	☐ Equipment	☐ Training	☐ Others _____
Year/s Participated								

Membership in Coco Farmers Assoc/Coop?* ☐ Yes ☐ No

☐ Cooperative	☐ Farmers' Assoc.	☐ Others _____

Year started in Coco Farming _____

NUMBER OF COCONUT FARM PARCEL OWNED, TENANTED, OR WORKED FOR?* (CHECK BOX/ES AND INDICATE NUMBER/S)

Owner ☐	Owner-Tiller ☐	Grower ☐	Tenant ☐	Tenant-Worker ☐	Worker-Laborer ☐	Others ☐	TOTAL PARCEL

NATIONAL COCONUT FARMERS' REGISTRY SYSTEM (NCFRS)

ENROLLMENT CLIENT'S COPY

REFERENCE / CONTROL NO.: _____

Date: m m d d y y y y

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

THIS FORM IS NOT FOR SALE

PART II. FARM PROFILE

Parcel No.

Land-Holding Status* ☐ Owner ☐ Owner-Tiller ☐ Grower ☐ Tenant ☐ Tenant-Worker ☐ Worker-Laborer ☐ Others

Farm Location*: Prov.:_____ Mun/City:_____ Brgy:_____

FOR OWNER or OWNER-TILLER | GROWER | TENANT or TENANT-WORKER[1/] | OTHERS

[1/] For Tenant or Tenant-Worker with ABSENTEE OWNER only

Land Ownership Area (in Hectares)*

Absolute	Coconut	Intercrop	Other Crop	Idle

Organic Certified* Y ☐ N ☐

GAP Certified* Y ☐ N ☐

Area Classification* ☐ Inland-Upland ☐ Inland-Flat ☐ Coastal-Upland ☐ Coastal-Flat

NOTE: PUT ONLY THE EQUIVALENT NUMBER/S ON QUESTIONS WITH CHOICES. REFER TO VALUES ON RIGHT.

COCONUT TREES*

Variety (A)	Year Planted	Planting Pattern (B)	Planting Distance (C)	No. of Trees	Ave.Nut/Tree/Year

FARM INCOMES / EXPENSES*

Type (D)	Quantity of Produce per Hectare/Year	Unit (check one or specify)					Unit Price (P)	Expenses (Specify Per Type)	
		Kg	Pc	Liter	Head	_____		Type/s (E)	Amount (P)

Types of Processing Facilities: ☐ Dryer, Specify_____ ☐ Charcoal Kiln ☐ Decort. Machine ☐ Others, _____

Distance of Farm to Market: _____kms. **Coco Harvesting Cycle:** ☐ Less than 45 days ☐ 45 days ☐ 60 days ☐ 90 days

Percent Utilization of Coconut Parts:

	1	2	3	4	5	6	Others, specify:		
(F) Husks									
(G) Shell									
(H) Water									

Whom and Where Products are Sold?

	Nuts	Buko	Shell	Copra	Husks	Intercrop	Others, specify:		
(I)									
(J)									

OWNERSHIP DOCUMENT*:

- ☐ Certificate of Land Transfer
- ☐ Emancipation Patent
- ☐ Individual Certificate of Land Ownership Award (CLOA)
- ☐ Collective CLOA
- ☐ Co-ownership CLOA
- ☐ Agricultural sales patent
- ☐ Homestead patent
- ☐ Free Patent
- ☐ Extrajudicial Partition
- ☐ Certificate of Title or Regular Title
- ☐ Certificate of Ancestral Domain Title
- ☐ Certificate of Ancestral Land Title
- ☐ Tax Declaration
- ☐ Deed of Sale
- ☐ DAR ID

For TENANT or TENANT-WORKER only: Write the Name of Farm Owner.
For FARM WORKER-LABORER only: Write the Name of Owner or Tenant you are working for.

NAME OF OWNER or TENANT*: Lastname (LN) Firstname (FN) Middle Name (MN) Extension Name or Suffix (EN)

LN ☐☐☐☐☐☐☐☐☐☐☐☐ **FN** ☐☐☐☐☐☐☐☐☐☐☐☐ **MN** ☐☐☐☐☐☐☐☐☐☐☐☐ **EN** ☐☐☐

Farm Location*: Prov.:_____ Mun/City:_____ Brgy:_____

FOR TENANT-WORKER | FARM WORKER-LABORER | OTHERS ONLY

	1	2	3	4	5	6	7	Others, specify:		
Kind of Work: (K)										
Monthly Income:*										

Number of Days Working on Coconut Farm: In a Week _____ In a Month _____ In a Year _____

I hereby declare that all information indicated above are true and correct, and that they may be used by Philippine Coconut Authority for the purposes of registration to the NCFRS and other legitimate interests of the Authority pursuant to its mandates. The personal information I provide in this form is given on my own volition. I understand and agree to the intended purpose of the information being given and authorize PCA or its official agents to handle, process and store said information for the intended purpose subject to compliance with RA 10173 or the Data Privacy Act.

Date	Printed Name of Applicant	Signature of Applicant	Thumbmark

VERIFIED TRUE AND CORRECT BY:

SIGNATURE ABOVE PRINTED NAME / DATE **BARANGAY CHAIRMAN**	SIGNATURE ABOVE PRINTED NAME / DATE **CITY/MUNICIPAL AGRIC. OFFICE**	SIGNATURE ABOVE PRINTED NAME / DATE **PCA AGRICULTURIST/DIV. CHIEF**	SIGNATURE ABOVE PRINTED NAME / DATE **CAFC/MAFC CHAIRMAN**

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 PCA. 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 PCA Hotline: _____

Interviewed by:		**Encoded by:**	
	SIGNATURE ABOVE PRINTED NAME / DATE		SIGNATURE ABOVE PRINTED NAME / DATE

CHOICES

COCONUT TREES

Variety (A)
1-Laguna Tall, **2**-Tagnanan Tall, **3**-Tacunan Dwarf, **4**-Catigan Dwarf, **5**-Makapuno **6**-PCA 15-1, **7**-PCA 15-2, **8**-Others,specify

Planting Pattern (B)
1-Triangular, **2**-Square, **3**-Irregular, **4**-Triple Planting, **5**-Others,specify

Planting Distance (C)
1-8x8, **2**-9x9, **3**-10x10, **4**-Irregular, **5**-Others,specify

FARM INCOME TYPES: (D)

Coconut Products
1-Copra, **2**-Whole Nut, **3**-Buko, **4**-Others,specify

Food By-Products
5-VCO, **6**-Sugar, **7**-Vinegar, **8**-Tuba, **9**-Others,specify

Non-Food By-Products
10-Husk, **11**-Shell, **12**-Others,specify

Intercrops
13-Coffee, **14**-Cacao, **15**-Corn, **16**-Vegetables, **17**-Others,specify

Other Crops
18-Rice, **19**-Others,specify

Livestock/Poultry
20-Carabao, **21**-Cattle, **22**-Pig, **23**-Goat, **24**-Chicken, **25**-Others,specify

EXPENSE TYPE: (E)
1-Farm Labor, **2**-Marketing, **3**-Farm Inputs, **4**-Others, specify

HUSKS UTILIZATION: (F)
1-Fuel for Copra Making, **2**-Household Fuel, **3**-Handicraft, **4**-Ornamental, **5**-Farm Mulching, **6**-Wasted, **7**-Others,specify

SHELL UTILIZATION: (G)
1-Fuel for Copra Making, **2**-Household Fuel, **3**-Handicraft, **4**-Directly Sold, **5**-Charcoal Making, **6**-Wasted, **7**-Others,specify

WATER UTILIZATION: (H)
1-Vinegar Making, **2**-Wasted, **3**-Others,specify

WHOM SOLD (A): (I)
1-Picked-up by Buyer, **2**-Delivered to Buyer, **3**-Direct to Processor, **4**-Direct to Exporter; **5**-Others, specify

WHERE SOLD (B): (J)
1-Trader within the Brgy, **2**-Trader within the Mun, **3**-Trader in Neighboring City, **4**-Others, specify

KIND OF WORK: (K)
1-Land Preparation, **2**-Planting, **3**-Cultivation, **4**-Harvesting, **5**-Farm Maintenance, **6**-Copra Making, **7**-Dehusking, **6**-Drying, **7**-Charcoal Making, **8**-Others,specify

VERIFIED TRUE AND CORRECT BY:

SIGNATURE ABOVE PRINTED NAME / DATE **BARANGAY CHAIRMAN**	SIGNATURE ABOVE PRINTED NAME / DATE **CITY/MUNICIPAL AGRIC. OFFICE**	SIGNATURE ABOVE PRINTED NAME / DATE **PCA AGRICULTURIST/DIV. CHIEF**	SIGNATURE ABOVE PRINTED NAME / DATE **CAFC/MAFC CHAIRMAN**

For more information, please contact: