To be completed in Duplicate and sent under registered
cover to reach the Reginal Office of Rubber Development
Department Where your Rubber Land is located.

Re: No ....

<u>Rain guard Application for Subsidy Scheme</u>

1	a) Name of Applicant (This application can be made by the owner, or by any one of the co-owners of the Estate or by the authorize agent of the owner)	
	b) Address of Aplicant	
2	a) Name of Estate in respect of which the subsidy is applied for :	
	b) Name of the Division (Estate)	
	c) Is this land registered under your name in the Rubber Development Department Yes ☐ No ☐ If the reply is "yes" give extent and Registration Number of the Land If the reply is "No" the Rubber Land must be registered in the Rubber Development Department	
	d) How many hectarage do You propose for Fixing rain guard in year 2011.	
	e) What is the total number of trees	
	f) Revenue District in which the Estate is situated	
	g) Name of the village	

	h) State here how the Estate can be reached, giving the distance to the nearest town and the name of the road alone which one has to travel. If it is not possible to proceed to the Estate by a car, please state how many miles it is necessary to walk and alone what route	
3	a) Total hectares of Rubber on Estate / Field b) Number of tapping blocks c) Total stand (total trees/ha) d) Number of tappble trees (trees/ha) e) year of Planting f) Average girth of a Rubber tree at 120 cm height.	
4	a) Year of commencing the tapping	
	b) present panel (A/B/C/D/HIGH)	
	c) present tapping system and intensity	
	d) Average level of bank consumption in the present panel (Height from the bud grafter union)	
	e) Average intake per tapper	
	e) Average size of a tapping task (tree/tapping block)	
5	a) Average number of annual tapping days b) yield per hectare for 2010 c) Number of tapping days in 2010	
	i) Normal tapping ii Late tapping iii. washouts/partial tapping iv. Recovery / double tapping v. No (without) tapping	

I /We declare that thr statement made in this application are ture and accurate

Date

Signature of Applicant