

## REGISTRY SYSTEM FOR BASIC SECTORS IN AGRICULTURE (RSBSA)

PHOTO TAKEN  
WITHIN 6 MONTHS

**ENROLLMENT TYPE &  
DATE ADMINISTERED:**☐ New    ☐ Updating

M	M	D	D	Y	Y	Y	Y

Reference Number:

[illegible]

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	

<b>MOBILE NUMBER:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>LANDLINE NUMBER:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>HIGHEST FORMAL EDUCATION:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Pre-school  <input type="checkbox"/> Elementary  <input type="checkbox"/> High School (non K-12)         </div> <div> <input type="checkbox"/> Junior High School (K-12)  <input type="checkbox"/> Senior High School (K-12)  <input type="checkbox"/> College         </div> <div> <input type="checkbox"/> Vocational  <input type="checkbox"/> Post-graduate  <input type="checkbox"/> None         </div> </div>
<b>DATE OF BIRTH:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>M</span><span>M</span><span>D</span><span>D</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div>	<b>PLACE OF BIRTH:</b> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: x-small; margin-bottom: 5px;">MUNICIPALITY</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>PROVINCE/STATE</span> <span>COUNTRY</span> </div>	

**RELIGION:** ☐ Christianity ☐ Islam ☐ Others, specify \_\_\_\_\_

**CIVIL STATUS:** ☐ Single ☐ Married ☐ Widowed ☐ Separated

**NAME OF SPOUSE**  
**IF MARRIED:**

**MOTHER'S  
MAIDEN NAME:**

**HOUSEHOLD HEAD?** ☐ Yes ☐ No

If no, name of household head: \_\_\_\_\_

Relationship: \_\_\_\_\_

No. of living household members: \_\_\_\_\_

No. of male: \_\_\_\_\_ No. of female: \_\_\_\_\_

**HIGHEST FORMAL EDUCATION:**

<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

**PERSON WITH DISABILITY (PWD):** ☐ Yes ☐ No

**4P's Beneficiary?** ☐ Yes ☐ No

Member of an **Indigenous Group?** ☐ Yes ☐ No

If yes, specify:

With **Government ID?** ☐ Yes ☐ No  
If yes, specify **ID Type:** \_\_\_\_\_  
**ID Number:** \_\_\_\_\_

Member of any **Farmers Association/Cooperative?** ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

[illegible]

MAIN LIVELIHOOD ☐ FARMER ☐ FARMWORKER/LABORER ☐ FISHERFOLK ☐ AGRI YOUTH

<p><b><u>For farmers:</u></b></p> <p><b>Type of Farming Activity</b></p> <p><input type="checkbox"/> Rice</p> <p><input type="checkbox"/> Corn</p> <p><input type="checkbox"/> Other crops, please specify: _____</p> <p><input type="checkbox"/> Livestock, please specify: _____</p> <p><input type="checkbox"/> Poultry, please specify: _____</p>	<p><b><u>For farmworkers:</u></b></p> <p><b>Kind of Work</b></p> <p><input type="checkbox"/> Land Preparation</p> <p><input type="checkbox"/> Planting/Transplanting</p> <p><input type="checkbox"/> Cultivation</p> <p><input type="checkbox"/> Harvesting</p> <p><input type="checkbox"/> Others, please specify: _____</p>	<p><b><u>For fisherfolk:</u></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> <p><input type="checkbox"/> Fish Capture      <input type="checkbox"/> Fish Processing</p> <p><input type="checkbox"/> Aquaculture      <input type="checkbox"/> Fish Vending</p> <p><input type="checkbox"/> Gleaning</p> <p><input type="checkbox"/> Others, please specify: _____</p>	<p><b><u>For agri youth:</u></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> <p><input type="checkbox"/> part of a farming household</p> <p><input type="checkbox"/> attending/attended formal agri-fishery related course</p> <p><input type="checkbox"/> attending/attended non-formal agri-fishery related course</p> <p><input type="checkbox"/> participated in any agricultural activity/program</p> <p><input type="checkbox"/> others, specify _____</p>
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**Gross Annual Income Last Year:** Farming: Non-farming:



## Registry System for Basic Sectors in Agriculture (RSBSA)

### ENROLLMENT CLIENT'S COPY

**Reference Number:**

[illegible]

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>  For Livestock & Poultry <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	Farm Location: _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	Total Farm Area (in hectares): ____ ha      Within Ancestral Domain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____      Agrarian Reform Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Type: <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	Farm Location: _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	Total Farm Area (in hectares): ____ ha      Within Ancestral Domain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____      Agrarian Reform Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Type: <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	Farm Location: _____ BARANGAY _____ CITY/MUNICIPALITY _____						
	Total Farm Area (in hectares): ____ ha      Within Ancestral Domain: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Document No*: _____      Agrarian Reform Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Ownership Type: <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: _____)						
<b>OWNERSHIP DOCUMENT *</b> 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)				<b>FARM TYPE **</b>  1 - Irrigated 2 - Rainfed Upland 3 - Rainfed Lowland  <i>(NOTE: not applicable to agri-fishery)</i>			
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