



**LIVESTOCK
AND LIVESTOCK
PRODUCTS BOARD**

LUMPY SKIN DISEASE (LSD) VACCINATION 15% SUBSIDY SCHEME

APPLICATION FORM

1. APPLICANT DETAILS	
Applicant Name (Full Names)	
LLPBN Producer Number	
ID Number	
Farm / Business Name	
Region	
Constituency	
Farm Location / Physical Address	
Postal Address (if different)	
Contact Number	
Email Address	

2. CLAIM PERIOD (tick applicable)

- Claim Period 1: 01 September 2025 – 31 March 2026
 Claim Period 2: 01 April 2026 – 31 March 2027

3. VACCINE PURCHASE DETAILS	
Vaccine Name / Brand	
Supplier / Veterinary Practice	
Invoice Number	
Invoice Date	
Number of Doses Purchased	
Total Cost of Vaccine (NAD)	
Amount Claimed (15%) (NAD)	
<i>Note: Subsidy is limited to a maximum of 350 doses per producer per claim period.</i>	

4. BANKING DETAILS (for EFT payment)	
Bank Name	
Account Holder Name	
Account Number	
Branch Code	
Account Type	

Agricultural Boards Building, 30 David Hosea Meroro Road | PO Box 38 Windhoek Namibia

 **Phone:**
+264 61 275 830

 **Email:**
info@nammic.com.na

 **Website:**
www.nammic.com.na

 **Facebook:**
Livestock and Livestock
Products Board

5. REQUIRED SUPPORTING DOCUMENTS (*attach all*)

- Applicant ID;
- Stock Brand Card/Certificate;
- Proof of LLPBN Producer Registration (certificate or FAN Meat Producer card);
- Proof of LSD Vaccine Purchase within the selected claim period;
- LSD Vaccination Certificate as issued by the Directorate of Veterinary Services; and
- Bank Confirmation Letter (not older than 6 months)

Incomplete applications will not be processed. Copies must be certified and not older than 6 months

6. DECLARATION

I, the undersigned, hereby declare that all information provided in this application is true and correct. I understand that submission of false or misleading information may result in disqualification from the subsidy scheme and/or recovery of funds paid.

I further consent to verification of the information provided with relevant institutions, including the Directorate of Veterinary Services (DVS) and NamLITS, where applicable.

Applicant Name:

Signature:

Date:/...../.....

FOR OFFICE USE ONLY (LLPBN)	
Application Received Date	
Application Reference Number	
Verified By	
Approved / Not Approved	
Reason (if not approved)	
Amount Approved (NAD)	
Payment Date	

IMPORTANT NOTES

- The subsidy is equal to 15% of the LSD vaccine cost, limited to a maximum of 350 doses per producer per claim period;*
- One producer may only receive one pay-out per claim period;*
- Applications are processed on a first come, first served basis, subject to availability of funds; and*
- The waiting period from submission to pay-out is approximately one calendar month.*