



**Kuffel Creek Apple Nursery of Uganda, Ltd.**

**Form № 001**

PO Box 74857 (Ntinda-Buye, Kiwatule Road)

Kampala, Uganda Tel/Fax +256 312 266 244

## Tropic Apple Growing Application Form

**Contact Details:**

Date (d/m/y): \_\_\_\_/\_\_\_\_/20\_\_\_\_

Surname of Client: \_\_\_\_\_ Other Names: \_\_\_\_\_

Telephone Contact:

Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Apple Trees ordered: \_\_\_\_\_ (Attach **Apple Nursery Order Form**)

Desired Date of Planting: \_\_\_\_\_ (Month)

**Planting Location Details:**

Distict: \_\_\_\_\_ County: \_\_\_\_\_

Sub-county: \_\_\_\_\_ Parish: \_\_\_\_\_

Village/Zone: \_\_\_\_\_ Rural/Urban: \_\_\_\_\_

GPS Coordinates: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Plot Surveyed?  Yes  No Survey Date (d/m/y): \_\_\_\_/\_\_\_\_/20\_\_\_\_

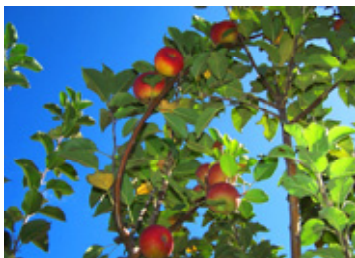
Expected date of delivery/planting: (d/m/y): \_\_\_\_/\_\_\_\_/20\_\_\_\_

Deposit fee: \_\_\_\_\_ for \_\_\_\_\_ Apple Trees

**Order Received By:**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date (d/m/y): \_\_\_\_/\_\_\_\_/20\_\_\_\_



***The order takes up to 90 days to process depending on stock availability and grafting workload***

***Income, Nutrition and Health for All***

**THANK YOU FOR YOUR ORDER FOR TROPIC APPLE GROWING IN BUGANDA**

