

**Authorisation for an agent to access Basic Payment Scheme (BPS)**  
**Entitlements Online Service**

When completed, this form will authorise your agent access to BPS entitlements within online services. This authorisation will enable your agent to transfer BPS entitlements on your behalf and also to view information in relation to your entitlements online.

**Section 1: Details of the Farm Business**

Business ID: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Name of business contact person (usually the head of business):

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

**Section 2: Details of the Authorised Person**

Agent ID: \_\_\_\_\_

Surname/Business Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Section 3: Declaration

I, on behalf of the farm business listed in Section 1, authorise the person named in Section 2 to transfer BPS entitlements out of this farm business in accordance with EU Regulations. I understand that any information given by the authorised person on behalf of this farm business will be deemed to have been provided by a member of this farm business. I accept that, if the Department later discovers a problem relating to the original allocation of entitlements or their use prior to transfer, then the entitlements may be recovered or their value revised.

In signing this declaration, I accept that the Department will not be liable for any direct or indirect loss or liability to this farm business as a result of this authorised person acting on my behalf.

I understand that I am signing this form on behalf of all members of the business and that all members agree.

I understand that this authority will remain in place until DAERA online services are informed that the farm business is to be disassociated with the online agent.

Completed forms should be scanned and e-mailed to [apnom@daera-ni.gov.uk](mailto:apnom@daera-ni.gov.uk) or posted to the Department of Agriculture, Environment and Rural Affairs, Orchard House, 40 Foyle Street, Derry/Londonderry, BT48 6AT.

Signature of farm business member: \_\_\_\_\_

NAME (BLOCK CAPITALS): \_\_\_\_\_

Signature of authorised person: \_\_\_\_\_

NAME (BLOCK CAPITALS): \_\_\_\_\_