**Nomination of an Authorised Person to act on behalf of a Farm Business with the Department of Agriculture, Environment and Rural Affairs**

**SINGLE APPLICATION AND MAPS**

Basic Payment Scheme | Young Farmers’ Payment Scheme | Regional Reserve Scheme | Environmental Farming Scheme | Protein Crop Scheme | Small Woodland Grant Scheme | Farm Woodland Premium Scheme | Farm Woodland Scheme | Forest Expansion Scheme (Annual Premia) Scheme Beef Carbon Reduction Scheme

This authorisation, if approved, applies only to those area-based schemes claimed on your Single Application. **Note: You can only nominate one agent in respect of your Single Application.** The submission of initial evidence forms, documents and/or agreements in support of a claim is excluded, e.g. Young Farmers’ Payment/Regional Reserve form, Environmental Farming Scheme agreement. It is in the interest of the business to check that any agent acting on its behalf, has appropriate professional indemnity insurance.

**SECTION 1 – Details of the Farm Business**

|  |  |  |  |
| --- | --- | --- | --- |
| **Business ID:** |       | **Business Name**: |       |
| **Business Address:** |       |
| **Postcode:** |       |
| **\*Name of business contact person:** |       |
| **Telephone No:** |       | **Email address:** |       |

*\*[Usually the head of business]*

**SECTION 2 – Details of the Authorised Person**

|  |  |
| --- | --- |
| **Agent ID:** *[if appropriate]* |       |
| **Surname/****Business Name:** |       |
| **Surname:** |       | **Forename:** |       |
| **Address:** |       |
| **Postcode:** |       |
| **Telephone No:** |       | **Email address:** |       |

**SECTION 3 – Levels of Authority**

Please indicate the level of authority you want to give the authorised person named in Section 2. You should record an “X” in ONE box ONLY. **This authority will remain effective until either you or the authorised person writes to us to stop the arrangement.**

|  |  |  |
| --- | --- | --- |
| 1 | Complete, submit and view my Single Application and Maps for all relevant schemes. Submit online and paper applications to transfer Basic Payment Scheme Entitlements.  | [ ]  |
| 2 | Complete, submit and view my Single Application for all relevant schemes. Submit online and paper applications to transfer Basic Payment Scheme Entitlements, amend my farm maps and discuss my claims with the Department. | [ ]  |
| 3 | Complete, submit, and view my Single Application for all relevant schemes. Submit online and paper applications to transfer Basic Payment Scheme Entitlements, amend my farm maps, discuss my claims and make changes to my Single Application where scheme rules permit (i.e. change or withdraw information on my behalf). | [ ]  |
| 4 | Complete, submit, and view my Single Application and Business Changes forms for all relevant schemes. Submit online and paper applications to transfer Basic Payment Scheme Entitlements, amend my farm maps, discuss my claims, make changes to my Single Application where scheme rules permit (i.e. change or withdraw information on my behalf) and allow the authorised person to view my payment details online. | [ ]  |
|  |  |  |
| **Does your farm business have an EFS Agreement?** | Yes [ ]  No [ ]  |

**SECTION 4 - Declaration**

I, on behalf of the farm business listed in Section 1, authorise the person named in Section 2 to act on my behalf to the level as specified in Section 3.

I understand that any information given by the authorised person on my behalf will be deemed to have been provided by this business. I accept that, in so doing, this business will remain subject to any penalties for non-compliance with the regulations and scheme rules.

In signing this declaration I accept that the Department of Agriculture, Environment and Rural Affairs will not be liable for any direct or indirect loss or liability to me 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.

|  |  |
| --- | --- |
| **Signature of farm business member:** |       |
| **Name:** |       |
| **Date:** |       |
| **Signature of authorised person:** |       |
| **Name:** |       |
| **Date:** |       |

**To submit this form:**

|  |  |
| --- | --- |
|  | **Email to:**areabasedschemes@daera-ni.gov.uk |

|  |  |
| --- | --- |
| C:\Users\1228287\Pictures\Post envelope black.png | **Post to:**Area-based Schemes Payment Branch, Business Change Section, Orchard House, 40 Foyle Street, Londonderry, Derry/Londonderry BT48 6AT |

**IMPORTANT NOTE:**

The Department will attempt to acknowledge receipt of your form within 3-5 working days of receipt via email.