**Department of Agriculture, Environment and Rural Affairs**

**Area-based Schemes Payment Branch**

**Basic Payment Scheme**

**Orchard House**

**40 Foyle Street**

**Derry/Londonderry**

**BT48 6AT**

**BASIC PAYMENT SCHEME - INDEMNITY ON TRANSFERRING OF ENTITLEMENTS**

**IMPORTANT**

*For the transfer to be approved by the Department of Agriculture, Environment and Rural Affairs (DAERA) the business receiving the entitlements will have to satisfy DAERA that they are an active farmer on the effective date of transfer.*

|  |
| --- |
| In consideration of you transferring the Basic Payment Scheme Entitlements to: |
| **Name:** |       | **Business ID:** |       |
|  |  |  |  |
| without requiring grant of probate/letters of administrationto be produced in relation to the estate of: |
| **Names of Deceased:** |       |
| **Business ID of Deceased:** |       |
| **Date of Death:** |       |
|  |  |
| [ ]  | I confirm that I have been named executor of the deceased’s estate by will dated |
|  |       | (copy enclosed) and have applied for probate on  |       |
|  |  |  |  |
|  | (copy enclosed) and do not intend to prove the Will which is believed to be unrevoked. Having received my own legal advice I undertake to indemnify and hold harmless DAERA and all its officers against any losses, damages, costs and expenses which they or any of them may incur or be put to for or by reason of any claim or demand that may be made hereafter on them or any of them for or on account of the said entitlements being transferred. |
| **Signed by:**  |       |
| **Name (*block capitals):*** |       |
| **Date:** |       |
| **In the presence of:** |       |
|  | ***[Solicitor]*** |
| **Name (*block capitals):*** |       |
| **Date:** |       |
| **Address:** |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| [ ]  | I confirm that the deceased has left no will and I am responsible for administering the deceased’s estate. |
|  |  |
|  | \*I applied for letters of administration on |       |  (copy attached). |

\*There is no intention to apply for letters of administration.

*\*Delete as appropriate*

Having received my own legal advice I undertake to indemnify and hold harmless the DAERA and all its officers against any losses, damages, costs and expenses which they or any of them may incur or be put to for or by reason of any claim or demand that may be made hereafter on them or any of them for or on account of the said entitlements being transferred.

|  |  |
| --- | --- |
| **Signed by:**  |       |
| **Name (*block capitals):*** |       |
| **Date:** |       |
| **In the presence of:** |       |
|  | ***[Solicitor]*** |
| **Name (block capitals)** |       |
| **Date:** |       |
| **Address:** |       |
|  |       |
|  |       |

**Completed forms should be returned by:**

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

**Or**

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**Post to:** **Area-based Schemes Payment Branch, Orchard House, 40 Foyle Street, Derry/Londonderry, BT48 6AT**

**The Department will attempt to reply to you within 3-5 working days.**