

**YOU ARE ADVISED TO KEEP A COPY OF THIS FORM**

**Form SAF 3 - Amendments after Single Application submitted**

Please use this form to tell us about changes you want to make to your field data after you have submitted your Single Application.

**THIS FORM SHOULD ONLY BE USED TO ADD OR REMOVE FIELDS TO A SINGLE APPLICATION AFTER THE APPLICATION PERIOD HAS CLOSED.**

**WARNING:**

Penalties may apply for over or non-declarations including duplicate fields and other inaccuracies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Field Number** | **Eligible Usage Code** | **Area to activate entitlements for Basic Payment Scheme** | **Area claimed for Protein Crops Scheme** |
| **1** |       |       |       |       |
| **2** |       |       |       |       |
| **3** |       |       |       |       |
| **4** |       |       |       |       |
| **5** |       |       |       |       |
| **6** |       |       |       |       |
| **Additional Information** |
|  |
| **Business ID:** |       |
| **Name:** |       |
| **Address:** |       |
| **Date:** |       |
| **Signature:** |       |

|  |  |
| --- | --- |
|  | **Call us on 0300 200 7848**If you need any help to complete this form |

**Return completed form by:**

|  |  |
| --- | --- |
|  | **Email:** areabasedschemes@daera-ni.gov.uk |
|  |  |
| See the source image | **Post to:** Area-based Schemes Payment Branch, Orchard House, 40 Foyle Street, Londonderry,Derry/Londonderry, BT48 6AT  |