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| **FORM BC1** | **BUSINESS CHANGE APPLICATION** |

Basic Payment Scheme (BPS)

Form BC1 should be used to notify us of straightforward changes to your farm business that do not require a transfer of entitlements.

Complete the form in CAPITAL LETTERS and use **black** ink. Do not use correction fluid. If you make a mistake, initial and date the change(s).

Minor Changes

If you are making minor changes to your telephone / mobile number or email, whether you are a sole trader or a member of a multi-member business, you can make these changes at any time by accessing ‘My Account’ through DAERA’s Online Services or at any DAERA Direct Office without having to complete this form.

If you are a member of a category 1 business and a sole trader, you can change your title, name or address at your local DAERA Direct Office as long as you bring evidence to verify your ID.

If you are a member of a multi-member business you must complete Form BC1 - Business Change.

**Before completing the form you are advised to read the ‘Guide to Business Change’ particularly where:**

* You have nominated an authorised person to act on your behalf.
* An EJO or Bankruptcy Order exists against you. If the Order restricts the transfer of assets, including payment entitlements, the business change may be rejected.
* There are outstanding debts / penalties against the original business.

It is envisaged that this form will cover the majority, but not all, of the situations likely to occur in Northern Ireland. If you feel that this form does not adequately cover your situation you should contact Area-Based Schemes Payment Branch on 0300 200 7848 and seek further advice.

**Form BC1 should be used to notify the Department of changes to the farm business, i.e.:**

* Contact details of a farm business.
* Legal status of a farm business, e.g. from a sole trader to a partnership or from a partnership to a limited company.
* Trading title of a farm business.
* Membership of a farm business (someone joining or leaving the business).
* Contact details for each member of the farm business.

If you are adding members to the farm business these individuals must, in person, provide to a DAERA Direct Office an acceptable form of photographic proof of identity before the change can take effect. The photographic identity will not be retained or copied. The Department will accept:

* a UK, Irish or EEA driving license (photographic part)
* a UK, Irish of EU passport
* an Electoral Identity card
* a Translink Senior SmartPass
* a Translink 60+ SmartPass
* a Translink War Disabled SmartPass
* a Translink Blind Person’s SmartPass

In cases where Form BC1 relates to a change in the business (this could be a member leaving or joining) and this is a partnership or multi member business under the same business ID, the entitlements remain unaffected by the business change.

If the farm business is changing its structure, either by merging with another business or splitting into 2 or more farm businesses, then Form BC1 is not required. Instead you need to complete:

* Form BC3 application for business merger or
* Form BC4 application for business scission (split).

You are advised to read the ‘Guide to Business Change’ which can be downloaded from the DAERA website at:

<https://www.daera-ni.gov.uk/articles/area-based-schemes-2020-guidance-and-forms>

**Where a business change results in the setting up of a new farm business you must submit Form FB1 to apply for a new business ID. Form FB1 must be submitted on or before 15 May if any transfer associated with the business change is to take effect for this scheme year.**

You will have to be fully separate and independent from any other farm businesses you have an interest in and you must be able to demonstrate your business meets certain criteria concerning the legal status, economic structure, commercial structure and operational management of the business.

Completed forms should be returned to:

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

**Area-based Schemes Payment Branch**

**Orchard House**

##### 40 Foyle Street

## Derry/Londonderry

## BT48 6AT

The Department will acknowledge receipt of your application form within 3 days of receipt. If you have not received an acknowledgement letter within 10 days from the date of posting please telephone Area-Based Schemes Payment Branch on 0300 200 7848 without delay.

**FORM BC1 – BUSINESS CHANGE APPLICATION**

This form has 8 sections. You must complete sections 1 - 3 and thereafter the sections of the form relevant to the business change.

**Section 1** – Existing business details

**Section 2** – Change to business details.

**Section 3** – Change to business membership.

**Section 4** – Change of address only for existing members.

**Section 5** – Reason for the business change

**Section 6** – Links with other businesses

**Section 7** – Change to bank account details

**Section 8** – Declarations and warnings

**Section 9** – Personal Data Privacy Notice

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**FOR OFFICE USE ONLY [Member(s) joining]**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TITLE** | **FORENAME(S) AND SURNAMES** | **TYPE OF PHOTOGRAPHIC ID PRESENTED** | **LAST 2 DIGITS OF SERIAL NUMBER OF ID** | **DAERA STAFF INITIALS & DATE** |
|  |  |  |  |  |
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| **Section 1** | **EXISTING BUSINESS DETAILS** |

**Before completing this part of the form you should refer to the existing business details if issued with this form.**

|  |  |
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| **CATEGORY 1 BUSINESS ID:** |  |
| **BUSINESS TRADING NAME:** |  |
| **NAME OF THE PERSON(S) TO WHOM PAYMENT WILL BE MADE, IF THIS IS DIFFERENT FROM THE BUSINESS TRADING NAME.** |  |
| **DATE OF BIRTH:** |  |
| **BUSINESS ADDRESS**: | |
| **POSTCODE:** |  |
| **PHONE NUMBER:** |  |
| **MOBILE NUMBER:** |  |
| **E-MAIL:** |  |

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| **Section 2** | **CHANGE TO BUSINESS DETAILS** |

Give the business details **after** the change.

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| **NEW BUSINESS TRADING NAME:** |  |
| **NAME OF THE PERSON(S) TO WHOM PAYMENT WILL BE MADE, IF THIS IS DIFFERENT FROM THE BUSINESS TRADING NAME.** |  |
| **DATE OF BIRTH:** |  |
| **BUSINESS ADDRESS**: | |
| **POSTCODE:** |  |
| **PHONE NUMBER:** |  |
| **MOBILE NUMBER:** |  |
| **E-MAIL:** |  |

**Please note the above will only update the Business details. If any of the current members need their individual details updated please complete Section 4.**

Does your business have a herd(s) / flock? Yes  No

If yes, give the herd(s) / flock number(s).

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| **Section 3** | **CHANGE TO BUSINESS MEMBERSHIP** |

Please note:

If a sole trader is leaving or retiring from a business and a new member is joining the business, **there must be an overlap of dates**, in which both members are in a partnership.

In addition **there must be a continuity of farming activities**. The Department may seek evidence that the change to the business is not being made to create an artificial situation in an attempt to obtain an allocation of entitlements from the Regional Reserve or obtain benefit from the Young Farmers’ Payment.

Enter membership change(s) in the following table. Each member joining the business must provide an acceptable form of photographic proof of identity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | | **LEFT (L) OR JOINED (J)** | **DATE** |
|  | **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  | **L  J** |  |
|  | **Forename(s):** |  | | **Surname:** |  | |
|  | **Date of Birth:** |  | | **Tel No:** |  | |
|  | **Address** |  | | | | |
|  | **e-mail:** |  | | | | |

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|  | **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | | **LEFT (L) OR JOINED (J)** | **DATE** |
|  | **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  | **L  J** |  |
|  | **Forename(s):** |  | | **Surname:** |  | |
|  | **Date of Birth:** |  | | **Tel No:** |  | |
|  | **Address:** |  | | | | |
|  | **e-mail** |  | | | | |

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| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | | **LEFT (L) OR JOINED (J)** | **DATE** |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  | **L  J** |  |
| **Forename(s):** |  | | **Surname:** |  | |
| **Date of Birth:** |  | | **Tel No:** |  | |
| **Address:** |  | | | | |
| **e-mail** |  | | | | |

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| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | | **LEFT (L) OR JOINED (J)** | **DATE** |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  | **L  J** |  |
| **Forename(s):** |  | | **Surname:** |  | |
| **Date of Birth:** |  | | **Tel No:** |  | |
| **Address:** |  | | | | |
| **e-mail** |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | | | **LEFT (L) OR JOINED (J)** | **DATE** |
| **Applicant Ref No:** | |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  | **L  J** |  |
| **Forename(s):** | |  | | **Surname:** |  | |
| **Date of Birth:** | |  | | **Tel No:** |  | |
| **Address:** | |  | | | | |
| **e-mail** | |  | | | | |
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**Continue on a separate sheet as necessary**.

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| **Section 4** | **CHANGE OF DETAILS ONLY FOR EXISTING MEMBERS** |

**Enter the details of the change of contact details of any members of the business.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  |
| **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Tel No:** |  |
| **Address:** |  | | |
| **e-mail** |  | | |

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| --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  |
| **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Tel No:** |  |
| **Address:** |  | | |
| **e-mail** |  | | |

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| --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  |
| **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Tel No:** |  |
| **Address:** |  | | |
| **e-mail** |  | | |

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| --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  |
| **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Tel No:** |  |
| **Address:** |  | | |
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| --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  |
| **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Tel No:** |  |
| **Address:** |  | | |
| **e-mail** |  | | |

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| --- | --- | --- | --- |
| **NAME(S)**  **(*FOR ALL NEW MEMBERS PLEASE GIVE ADDRESS*)** | | | |
| **Applicant Ref No:** |  | **Title:**  *e.g. Mr, Mrs, Miss, Dr* |  |
| **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Tel No:** |  |
| **Address:** |  | | |
| **e-mail** |  | | |

**Continue on separate sheet as necessary.**

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| **Section 5** | **REASON FOR THE BUSINESS CHANGE** |

**State the reason for the change to your business details.**

|  |
| --- |
| **Reason(s) for change:**  ***(If change is due to a death of member please enclose death certificate.)*** |
|  |

In some cases it may be necessary to provide appropriate evidence to support your notification that the change to the business has actually taken place.

**List any evidence you are enclosing with this application.**

If you do not provide any evidence, we may ask you to do so if we think this is necessary.

|  |
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| Evidence**:** |
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| **Section 6** | **LINKS WITH OTHER BUSINESSES** |

1. Do you or any member in your business own other land which forms all or part of another farm business?

**YES**  **NO**

1. Do you or any member in your business have any current interest in any other agricultural business(es)?

**YES**  **NO**

If you have answered **YES** to either Question 1 **or** Question 2 please provide details below of the business(es) in which you or any of your partners have an interest.

|  |  |  |  |
| --- | --- | --- | --- |
| **Business ID Number:** |  | | |
| **Business Trading Name:** |  | | |
| **The person(s) to whom payment is made, if different from Business Trading Name.** | |  | |
| **Business Address:** | | | |
|  | | | |
| **Postcode:** | | |  |
|  | | | |
| **Business ID Number:** |  | | |
| **Business Trading Name:** |  | | |
| **The person(s) to whom payment is made, if different from Business Trading Name.** | |  | |
| **Business Address:** | | | |
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| **Postcode:** | | |  |
|  | | | |
| **Business ID Number:** |  | | |
| **Business Trading Name:** |  | | |
| **The person(s) to whom payment is made, if different from Business Trading Name.** | |  | |
| **Business Address:** | | | |
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| **Postcode:** | | |  |

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| **Section 7** | **CHANGE TO BANK ACCOUNT DETAILS** |

Do you need to change the Bank Account that your subsidies are paid into?

**YES  NO**

If you have ticked YES, the current bank account details will be suspended and we will issue a BACS 21 form to you requesting new bank account details when the change(s) to the business have been approved.

|  |  |
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| **Section 8** | **DECLARATION AND WARNING** |

***If applicable, references within the declaration to EU regulations and legislation are to be taken as references to those provisions, as retained in UK law for 2020 scheme year [by the Direct Payments to Farmers (Legislative Continuity) Act and corresponding secondary legislation].***

The Declaration MUST be signed by all members of the business.

**DECLARATION**

1. I/We declare that the information given by me/us in this application is true and complete to the best of my/our knowledge and belief.
2. I/We have enclosed all relevant documents relating to this application.

3. I/We have ticked the relevant box re BACS (Bank Account) at Section 7.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |
| **Signed:** |  |
| **Print Name:** |  |
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| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |

**If the applicant is unable to sign the form personally the signatory must have Power of Attorney. Evidence of Power of Attorney must be submitted with this form.**

**WARNING**

Applications for the allocation of payment entitlements under the BPS will be considered in the context of the provisions of Article 60 of Regulation (EC) 1306/2013 which states:

|  |
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| *‘no advantage provided for under sectoral agricultural legislation shall be granted in favour of a natural or legal person in respect of whom it is established that the conditions required for obtaining such advantages were created artificially, contrary to the objectives of that legislation.’* |

In other words, if there is a suspicion that a farmer or a farm business has artificially created the conditions for obtaining payments contrary to the objectives of the BPS, Greening Payment, Young Farmers’ Payment (YFP) or any other payment scheme then such a claim will be thoroughly investigated.

**If a false statement is knowingly or recklessly made to obtain payment under the BPS, Greening Payment, YFP or any other payment scheme, the farm business is liable to prosecution. Furthermore a false statement will lead to the loss of the whole claim and recovery of any payment made.**

|  |  |
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| **Section 9** | **PERSONAL DATA PRIVACY NOTICE** |

The Department takes data protection, freedom of information and environmental information issues seriously. It takes care to ensure that any personal information supplied to it is dealt with in a way which complies with the General Data Protection Regulation and the Data Protection Act 2018. This means that any personal information you supply will be processed principally for the purpose for which it has been provided. However, the Department is under a duty to protect the public funds it administers, and to this end may use the information you have provided for this purpose. It may also share this information with other bodies responsible for the audit or administration of public funds, in order to prevent and detect fraud.

In addition, the Department may also use it for other legitimate purposes in line with the Freedom of Information Act 2000, Environmental Information Regulations 2004 and will comply with the General Data Protection Regulation and the Data Protection Act 2018.

These include:

* Administration of the Common Agricultural Policy and other aid schemes;
* Administration of the Common Fisheries Policy;
* The production and safety of food;
* Management of land and other environmental controls;
* Animal health and welfare;
* Occupational health and welfare;
* The prevention and detection of fraud or maladministration (e.g. The Comptroller & Auditor General and HM Revenue & Customs.);
* Compilation of maps and statistics;
* Disclosure to other organisations when required by law to do so; and
* Disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 where such disclosure is in the public interest.

Legislation introduced by the European Commission in 2014 requires Member States to publish details of the amounts paid to CAP beneficiaries. Data will be published for all beneficiaries on a searchable website, and will include the name and locality of the beneficiary and details of the amounts and schemes for which subsidy has been paid. However, for those receiving less than the equivalent of €1,250 in subsidies, the name of the beneficiary will be withheld. Data will be made available from 31 May each year and will cover all payments made in the previous EU financial year (October to October). The data will be updated annually and remain available for 2 years from the date it is published.