**Nomination of an Authorised Person to act as an EFS Planner on behalf of a Farm Business for the Environmental Farming Scheme (EFS)**

When completed, this form will instruct the DAERA Online Services Team to enable your authorised person to complete and submit a site specific Remedial Management Plan (ssRMP) and associated documents on behalf of your farm business. It will also permit your authorised person to make EFS Higher level related enquiries to DAERA and answer DAERA queries related to the EFS Higher level scheme on behalf of your farm business.

**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 acting as EFS Planner**

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

**SECTION 3 – Details of company Authorised Person is acting on behalf of as an EFS Planner (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Telephone No:** |  | **Email address:** |  |

**SECTION 4 - Declaration**

I, as representative of the farm business listed in Section 1, duly authorise the person named in Section 2, to act on my/our behalf to:

1. Complete and Submit the EFS ssRMP and associated documents.

2. To make and answer EFS enquiries to and from the DAERA.

I understand that any information given by the authorised person on my/our behalf will be deemed to have been provided by this business.

I accept that, in doing so, the business will remain subject to any penalties resulting from a failure to comply with the terms and conditions of the EFS.

In signing this declaration, I accept that the Department will not be liable for any direct or indirect loss or liability to the farm business listed at Section 1, as a result of the authorised person acting on my/our behalf.

I understand that I am signing this form as representative of all members of the farm business listed at Section 1, and that all members agree.

|  |  |
| --- | --- |
| **Signature of farm business representative:** |  |
| **Name:** |  |
| **Date:** |  |
| **Signature of authorised EFS Planner:** |  |
| **Name:** |  |
| **Date:** |  |

Due to the COVID-19 pandemic all our offices are closed to the public. **DO NOT POST THIS FORM.**

**To submit this form:**

|  |  |
| --- | --- |
|  | **Email to:**  [EFS.plannerauthorisation@daera-ni.gov.uk](mailto:EFS.plannerauthorisation@daera-ni.gov.uk) |

**IMPORTANT NOTE:**

Due to the current COVID-19 outbreak, the Department will attempt to acknowledge receipt of your form within 3-5 working days of receipt via email.

As multiple signatories are involved in this process we will reissue this form at a later date for completion.