

NOMINATION OF AN AUTHORISED PERSON TO ACT ON BEHALF OF A FARM BUSINESS WITH THE DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT.

This authorisation, if approved, applies only to schemes you claim on the Single Application Form (SAF)

Please complete in BLACK ink using block capital letters

SECTION 1. DETAILS OF THE FARM BUSINESS

Business I.D. Number:

Business Name:

Business Address:

Name of business contact person:

Contact telephone number:
(Usually the head of business)

SECTION 2. DETAILS OF THE AUTHORISED PERSON

Name:

Address:

Contact Tel. Number:

Fax No:

E-mail 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, i.e. the farm business, or the authorised person writes to us to stop the arrangement.**

- 1. Complete, submit and view my claim online on my on my behalf.
- 2. Complete, submit, view my claim online **and** allow the authorised person to discuss my claims with the Department.
- 3. Complete, submit, view my claim online, discuss my claims **and** allow the authorised person to make changes to my Single Application where scheme rules permit i.e. change or withdraw information on my behalf.
- 4. Complete, submit, view my claim **and** payment details online, discuss my claims with the Department and allow the authorised person to make changes to my Single Application where scheme rules permit i.e. change or withdraw information on my behalf.

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.

I confirm that I have read and understand the guidance provided on completing an application to nominate an authorised person. In signing this declaration, I understand that I am doing so on behalf of all members of the business and that all members agree.

Completed forms should be forwarded to SFP Branch, Online Section, Orchard House, 40 Foyle Street, Derry / Londonderry, BT48 6AT.

Signature of farm business member.....

NAME (BLOCK CAPITALS)

Signature of authorised person

NAME (BLOCK CAPITALS)