

Beef Export Schemes

Notification of boning

EC regulation no. 1964/82

Notes about this form

A Please complete in BLOCK CAPITALS and black ink using a ball point pen.

Data Protection Act

Defra is the data controller in respect of any personal data that you provide to the Rural Payments Agency. Your personal information will be protected in line with the Data Protection Act 1998. The information will be used mainly to support the application to which it relates. The information may also be used in line with the Data Protection Act, for other purposes as explained in scheme guidance and on the Access to Information pages on the RPA website. If you have any questions please contact the Customer Service Centre.

Part A – General details.

To be filled in by

Name and address	
Post code	
Status: sole proprietor <input type="checkbox"/> partnership <input type="checkbox"/> company <input type="checkbox"/> trust <input type="checkbox"/>	
<i>If other, please specify:</i>	

Telephone no. <i>Incl. area code</i>	<input style="width: 100%;" type="text"/>
Fax no. <i>Incl. area code</i>	<input style="width: 100%;" type="text"/>
Trader registration no. <i>(If known)</i>	<input style="width: 100%;" type="text"/>
<i>SER approval no.</i>	<input style="width: 100%;" type="text"/>

Part B – Criteria

Name and address of boning plant	
Post code	
Status: sole proprietor <input type="checkbox"/> partnership <input type="checkbox"/> company <input type="checkbox"/> trust <input type="checkbox"/>	
<i>If other, please specify:</i>	

Quantity of meat	<input style="width: 80%;" type="text"/> kg
Dates when boning will take place	<input style="width: 100%;" type="text"/>
Licence No.	<input style="width: 100%;" type="text"/>

Declaration

- I have given details that are true and complete to the best of my knowledge and belief.

WARNING: any person who makes a false declaration may be prosecuted. A false or inaccurate statement can lead to loss of entitlement and recovery of any payments made.

Signature
Name <small>(BLOCK CAPITALS)</small>
Capacity of person signing - <i>please specify</i> <small>(for example: sole proprietor, partner, director)</small>
Date

Part C – For official use only

SER No. checked <input type="checkbox"/>	Date and time sent to TI <input style="width: 100%;" type="text"/>
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