

Use this form to authorise an agent, partner or other for SPS

Notes - Please read these Notes very carefully before you start.

- A** This authorisation only relates to the Single Payment Scheme (including transfers of entitlements).
- B** Use CAPITAL LETTERS in blue or black ink. Do not use pencil. Write only in the spaces provided. Include a covering letter if you have any additional comments.
- C** Do not use correction fluid. If you make a mistake, please cross through, initial and date it.
- D** If you need help completing this form please contact the CSC on 0845 6037777

Part A:**Claimant Details**

Please complete your customer details below.

(SBI): Name of Business: Address of Business: Main CPH : **Part B:****Authorisation Details**

Use this part to give us details of the person(s) you wish to authorise for SPS and what you would like the person(s) to be empowered (authorised) to do.

The levels of empowerment are as follows:

View SPS claims - you want this person to access information about SPS but do not want them to submit the SPS application form or change any information.**View and amend SPS claims** - you want this person to access information about SPS, to submit the SPS application and to change or withdraw SPS information where scheme rules permit it.**View and amend SPS claims and receive all SPS mail** - you want this person to access information about SPS, to submit the SPS application and to change or withdraw SPS information where scheme rules permit it. You would also like this person to receive all SPS mail including entitlement information. You can only have one person with this level of empowerment.B1 Name:

B2 Empowerment level of person at B1. Mark one of the boxes with an 'X'

View SPS claims View and amend SPS claims View and amend SPS claims and receive all SPS mail

PO Box 300, Sheffield, S95 1AA

Customer Service Centre: csc@rpa.gsi.gov.uk or 0845 603 7777

The Rural Payments Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs (Defra)

B3 Address:

B4 Telephone No:

Mobile No:

B5 E-mail address

This form allows you to authorise more than one person for SPS if their correspondence address is the same as the address given at B3. This can be done by giving their details at B6 to B13. However if the persons you are authorising for SPS are at different addresses please complete a separate SP9 for each person.

If you do not wish to authorise anyone else on this form go to B14.

B6 Name:

B7 Empowerment level of person at B6. Mark one of the boxes with an 'X'

View SPS claims View and amend SPS claims View and amend SPS claims and receive all SPS mail

B8 Telephone No:

Mobile No:

B9 E-mail address

If you do not wish to authorise anyone else on this form go to B14.

B10 Name:

B11 Empowerment level of person at B10. Mark one of the boxes with an 'X'

View SPS claims View and amend SPS claims View and amend SPS claims and receive all SPS mail

B12 Telephone No:

Mobile No:

B13 E-mail address

B14 If you would like this authorisation to be ongoing leave the date blank, otherwise enter an end date. If in the future you wish to terminate this authorisation a legally or fully empowered person for the business should contact the CSC on 0845 603 7777

The person who actually signs the form should (a) sign with their own signature and (b) indicate in the status box the capacity in which they are able to sign, such as a partner, company secretary, etc. If you are not sure, call the Customer Service Centre before you complete this form.

Signature - person named at B1

Date

Personal identifier (if known)

Name

Status: e.g. agent, director, partner, trustee, other (please specify)

Signature - person named at B6

Date

Personal identifier (if known)

Name

Status: e.g. agent, director, partner, trustee, other (please specify)

Signature - person named at B10

Date

Personal identifier (if known)

Name

Status: e.g. agent, director, partner, trustee, other (please specify)

Part C: Declarations and undertakings

If you are a farming partnership, all partners should indicate their agreement to the appointment of the person(s) nominated at Part B by inserting their details and signature on the form.

I/we understand that any information given by the person or persons named in Part B of this authorisation will be deemed to have been provided by me/us and I/we will be subject to any penalties arising from the regulations which apply.

Claimant's signature

Date

Personal identifier (if known)

Name

Status: e.g. sole trader, director, partner, trustee, other (please specify)

Claimant's signature

Date

Personal identifier (if known)

Name

Status: e.g. sole trader, director, partner, trustee, other (please specify)

Claimant's signature

Date

Personal identifier (if known)

Name

Status: e.g. sole trader, director, partner, trustee, other (please specify)

Claimant's signature

Date

Personal identifier (if known)

Name

Status: e.g. sole trader, director, partner, trustee, other (please specify)

Claimant's signature

Date

Personal identifier (if known)

Name

Status: e.g. sole trader, director, partner, trustee, other (please specify)

Data protection

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 RPA website. If you have any questions please contact the Customer Service Centre.

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