

Single Payment Scheme

Agent/Partnership Authorisation

SP 9



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.

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 tell us who you wish to authorise to make representation(s) on your behalf and have access to any information relating to any SPS application used for the purpose of calculating entitlements under the Single Payment Scheme.

B1 Name(s):

B2 Address:

B3 Telephone No:

B4 Indicate status: Agent Partner Other

If other, enter status:

B5 Indicate when you would like this authorisation to end. Leave the date blank if you would like it for an indefinite period.

Rural Payments Agency, PO Box 1058, Newcastle-upon-Tyne, NE99 4YQ.
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)

Part C: Declarations and undertakings

If you are a farming partnership, all partners should indicate their agreement to the appointment of the person nominated at B1 by inserting their details and signature on the form.

Where the representative you appoint is a partnership or company, the person who actually signs the form should not sign in the name of the partnership or company itself, but 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. In case of any doubt, assistance can be sought from the RPA prior to completing this form.

I/we understand that any information given pursuant to 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

Name

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

Claimant's signature

Date

Personal identifier

Name

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

Claimant's signature

Date

Personal identifier

Name

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

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