## **Basic Payment Scheme – Provisional Payment Region Allocation**

## **Provisional Payment Region Allocation Review Request Form**

Please complete the form in CAPITAL LETTERS using black ink.

Your area office must receive your completed form **within 60 days** of the date of our Provisional Payment Region Allocation letter.

Name and Address of Business	FOR OFFICIAL USE ONLY
	Business Reference Number
	Main Location Code
	Phone
	Mobile
	Fax
Contact Name	Email

There are three specific criteria under which you can ask us to review our provisional payment region allocation of your land parcels. These are listed below with details of the information you need to give us if you want us to review the provisional payment region allocation of any of your land parcels. For more information go to www.scotland.gov.uk/CAP2015 or contact your area office.

**1. IACS map boundaries are incorrect**. Please list the land parcel identifier(s) (LPID) below with incorrect boundaries, complete a Land Maintenance Form (PF06) and attach to this form with a map(s).

LPID		

**2. Crop code on SAF 2014 is incorrect**. Please list the land parcel identifier(s) (LPID) below, the area claimed with the incorrect crop code and the crop code you should have claimed on your SAF 2014.

LPID	Area claimed	Amended crop code

3. Split of arable crops, permanent grass (PGRS), rough grazing (RGR) claimed on SAF 2014 is incorrect. Please list the land parcel identifier(s) (LPID) below and the revised "split" you should have claimed on your SAF 2014. The revised crop codes and areas for a parcel(s) must add to the same total as the total area claimed in the parcel(s) on your SAF 2014.

LPID		Area claimed on SAF 2014			
Crop code 1	Revised area	Crop code 2	Revised area	Crop code 3	Revised area

LPID		Area claimed on SAF 2014			
Crop code 1	Revised area	Crop code 2 Revised area		Crop code 3	Revised area

LPID		Area claimed on SAF 2014			
Crop code 1	Revised area	Crop code 2	Revised area	Crop code 3	Revised area

LPID		Area claimed on SAF 2014			
Crop code 1	Revised area	Crop code 2 Revised area		Crop code 3	Revised area

LPID		Area claimed on SAF 2014			
Crop code 1	Revised area	Crop code 2 Revised area		Crop code 3	Revised area

LPID		Area claimed on SAF 2014			
Crop code 1	Revised area	Crop code 2 Revised area		Crop code 3	Revised area

4. Please tell us below if you have other circumstances or additional information that you wish us to consider.

## **Declarations and Undertakings**

- I/we agree the information supplied on this form is correct.
- I/we agree to provide any additional information relating to this request that SGRPID may reasonably require.
- To permit the duly authorised officers of SGRPID, or its appointed agents and those persons accompanying them, to enter the farm covered by this request to inspect land and farm records in order to verify the accuracy of the information I/we have given on this form.
- (Jointly and severally) to repay any aid paid in respect of our holding, together with any interest thereon, if as a consequence of a breach of the declarations and undertakings given on this form, we or any one of our number is asked to make such repayment to SGRPID.

## This request must be signed by an authorised representative of the business or by an agent who has written authority from the business

Before you sign and date the form below, please check that you have completed **all** the necessary questions have attached any relevant additional information.

Signature	Name (BLOCK LETTERS)	Status *
If you are an agent please enter	your Agent Identification Number.	Date
		D D / M M / Y Y Y

Contact address if different to business address

Telephone no: